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

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM COX COMMUNICATIONS KANSAS, LLC 0073122023	Α	ACCOUNTING PERIOD COVERI	ED BY THIS STATEMENT:						
Bowner          Given 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.         There were different owners of different owners of during the accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering the entire accounting period should submit         a single statement of account and rejulty free payment covering         account account and rejulty free payments of the system is indirect and the system is indirect         account account and rejulty free payment and the system is inditente system i	•	2023/2							
COX COMMUNICATIONS KANSAS, LLC  O073122023  007312 2023/  6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR ATLANTA, GEORIGA 30328		Give the full legal name of the owner of rate title of the subsidiary, not that of the pa List any other name or names under w <i>If there were different owners during to</i> <i>a single statement of account and royally of</i>	arent corporation. which the owner conducts the busines the accounting period, only the owner fee payment covering the entire account	as of the cable system on the last day of the unting period.	n. e accounting period should s		00731		
C       INSTRUCTIONS: 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.         2       INSTRUCTIONS: 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.         1       IDENTIFICATION OF CABLE SYSTEM:         2       Nulling ADDRESS OF CABLE SYSTEM:         2       Number, street, rural route, apartment, or suite number)         (bit) town, state, 2p code)       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.         Community       State       CITY OR TOWN         First Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CIT OR TOWN (SAMPLE)         Sample       Aida       1         Alliance       MD       A         Aida       MD       A         Alliance       MD       A         Gering       MD       B       2									
C       System       INSTRUCTIONS: 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.         1       IDENTIFICATION OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         2       Number, street, trust nume, apartment, or suite number)         City, town, state. zip code)         Area Served First Community         First Community         Sample         Ailaince         Community         Sample						00731	22023		
Bits       Call System       INSTRUCTIONS: 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.         1       DENTIFICATION OF CABLE SYSTEM:       1         2       NALING ADDRESS OF CABLE SYSTEM:       2         2       Number: steet, ruar route: apartment, or suite number)       1         Chity, town, state, 2p code)       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Aread Served       CITY OR TOWN       STATE         First       GADDEN CITY       KS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)         Sample       Aida       1         Alliance       MD       A         Alliance       MD       B       2         Gring       MD       B       2         Drivery Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this							2023/2		
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.         1       IDENTIFICATION OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         2       MAILING adDRESS OF CABLE SYSTEM:         2       INumber, street, runal route, apartment, or suite number)         (City, town, state, 2p code)       Street         Area Served First Community       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.         Sample       GARDEN CITY       KS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       STATE         Sample       Aida       1         Aliance       MD       A       1         Aliance       MD       B       2         Deriver Act Notice: Section 111 of tille 17 of the United States Code authorizes the Copyright Offce to colect the personally identifying information (PII) requested on this							2020/2		
C       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         D       MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apattment, or sulte number)         (City, town, state, 2p code)         D         Area         Served         First         GARDEN CITY         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)         State         Alda         Alliance         Gering         Alliance         Gering         Drivecy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this									
1       MAILING ADDRESS OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)         (City, town, state, zp code)         Area         Served         First         Community         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)         State         Alda         Alda         Alliance         Gering         Mail         Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this	С								
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       GARDEN CITY         Community       State         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Alda       1         Altiance       MD       A       1         Altiance       MD       B       2         Gering       MD       B       3	System	1 IDENTIFICATION OF CABLE SYSTEM:							
Image: City, town, state, 2p code)         Area       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       Image: City OR TOWN       STATE         GARDEN CITY       KS         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         Inacc       MD       B       2         Gering       MD       B       3		MAILING ADDRESS OF CABLE SYSTEM	1:						
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         First       GARDEN CITY       KS         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#         Sample       Alda       MD       A       1         Alliance       MD       B       2         Gering       MD       B       3			number)						
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Served     CITY OR TOWN     STATE       First     GARDEN CITY     KS       Community     Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     CITY OR TOWN (SAMPLE)       Sample     Alda     MD     A     1       Alliance     MD     B     2       Gering     MD     B     3	D	Instructions: For complete space D in	nstructions, see page 1b. Identify	only the frst comm	unity served below and re	elist on page	: 1b		
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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         Gering       MD       B       3         Privacy Act Notice:       Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this									
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Sample     Alda     MD     A     1       Alliance     MD     B     2       Gering     MD     B     3   Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this			munities if you report multiple cha			SUE	B CRP#		
Sample       MD       B       2         Alliance       MD       B       2         Gering       MD       B       3         Privacy Act Notice:       Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this		· · · · · · · · · · · · · · · · · · ·				301			
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this	Sample								
		Gering		MD	В		3		
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FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/27/2024

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID#									
COX COMMUNICATIONS KANSAS, LLC 007312									
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hon below the identified city or town.	ne parks should b	e reported in pare	entheses						
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 th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. I	f you report any s	tations						
When reporting the carriage of television broadcast stations on a community-by-commu 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 b	a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
GARDEN CITY	KS			First					
FINNEY COUNTY	KS			Community					
				Cool in structions for					
				See instructions for additional information					
				on alphabetization.					
				Add rows as necessary.					
				,					
	Γ	l		1					

FORM SA3E. PAGE 1b.

Name

Ε

Secondary

Transmission

Service: Sub-

scribers and

Rates

NOD: 2023/2	
	FORM SA3E. PAGE 2.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
COX COMMUNICATIONS KANSAS, LLC	007312
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).	n
<b>Number of Subscribers:</b> 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).	

separately for the particular service at 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.

BLC	DCK 1	BLO	CK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>		\$25-\$50.00			
<ul> <li>Service to additional set(s)</li> </ul>	21	No Cost			
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel	144	\$25-\$50.00			
Commercial	5,237	\$25-\$50.00			
Converter					
Residential	1,161	\$ 6.00			
Non-residential	6,563	\$ 6.00			
	iiii	<u>+</u>			<b>†</b>

F

Services Other Than Secondary

Rates

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. Transmissions: 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.

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

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 15.99	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>	10.00-32.00	Commercial		
<ul> <li>Fire protection</li> </ul>		• Pay cable		
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	20-100.00	<ul> <li>Burglar protection</li> </ul>		
<ul> <li>Additional set(s)</li> </ul>		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation	\$0-\$50.00	
		Move to new address	20.00-50.00	

Name

G

Primarv

Transmitters:

Television

SYSTEM ID#

007312

COX	COMML	INICATIONS	KANSAS.	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 multi-cast 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		
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	
KBSD-1	6.1	N	No		ENSIGN, KS	
KBSD-2	6.2	I-M	No		ENSIGN, KS	
KBSD-3	6.3	I-M	No		ENSIGN, KS	additional information
KBSD-4	6.4	I-M	No		ENSIGN, KS	
KDCK-1	21.1	E	Yes	0	DODGE CITY, KS	
KDCK-2	21.2	E-M	Yes	0	DODGE CITY, KS	
KDCK-3	21.3	E-M	Yes	0	DODGE CITY, KS	
KDCU-1	46.1	I	No		DERBY, KS	
KMTW-1	36.1	I	No		HUTCHINSON, KS	
KMTW-2	36.2	I-M	No		HUTCHINSON, KS	
KMTW-3	36.3	I-M	No		HUTCHINSON, KS	
KSAS-1	24.1	I	No		WICHITA, KS	
KSAS-2	24.2	I-M	No		WICHITA, KS	
KSAS-3	24.3	I-M	No		WICHITA, KS	
KSCW-1	33.1		No		WICHITA, KS	
KSCW-2	33.2	I-M	No		WICHITA, KS	
KSCW-3	33.3	I-M	No		WICHITA, KS	
KSCW-4	33.4	I-M	No		WICHITA, KS	

**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#

007312

COX	COMM	UNICATIONS	KANSAS.	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.

CHANNEL LINE-UP AA (2) 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CHANNEL CARRIAGE SIGN OF (Yes or No) STATION NUMBER (If Distant) KSNG-1 11.1 Ν No GARDEN CITY, KS KSNG-2 11.2 I-M No GARDEN CITY, KS KSNG-4 11.4 I-M No GARDEN CITY, KS KUPK-1 13.1 Ν No GARDEN CITY, KS KUPK-2 13.2 I-M No GARDEN CITY, KS

**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		LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         COX COMMUNICATIONS KANSAS, LLC       007312								
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: C	t every radio s whose signals ctions Concer ) it is carried by monitoring, to ormation abou paper SA3 form dentify the call State whether t f the radio stat this by placing Give the station	tation ca were "ge rning All y the sys be recei t the the n. sign of e he statio ion's sign g a check n's locati	arried on a separate and discr enerally receivable" by your ca <b>-Band FM Carriage:</b> Under C tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community with which the	ble system durin Copyright Office r t the system's he system's FM ante on this point, see ed by the cable s he station is licen	g the account egulations, ar eadend, and (2 enna, during c page (vi) of t system as a se sed by the FC	ing perio I FM sig 2) it can ertain st ne gene eparate	od. nal is generally be expected, tated intervals. ral instructions and discrete		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
	UALL SIGN		3/0	LOCATION OF STATION			3,0	LOCATION OF STATION		
		+								

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	
COX COMMUNICATIO	NS KANS	AS, LLC				007312	Name
SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LOG	1			
In General: In space I, ident	ify every no	nnetwork televi	sion program broadcast by a	a distant statio	on that your cable syste	em carried on a	I
substitute basis during the ac explanation of the programm							Substitute
1. SPECIAL STATEMENT				e general inst	ructions located in the	paper SAS form.	Carriage:
During the accounting per				is. anv nonne	twork television progr	am	Special Statement and
broadcast by a distant stat	•			-, <b>,</b>	_ Yes		Program Log
Note: If your answer is "No	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ist complete the prog	am	
log in block 2.							
2. LOG OF SUBSTITUTE In General: List each subst	itute progra	im on a separa		wherever pos	sible, if their meaning	l is	
clear. If you need more spa Column 1: Give the title			rision program (substitute p	rogram) that,	during the accounting	9	
period, was broadcast by a							
under certain FCC rules, re SA3 form for futher informa							
titles, for example, "I Love L	ucy" or "NE	BA Basketball:	76ers vs. Bulls."				
			er "Yes." Otherwise enter "N asting the substitute progra				
Column 4: Give the broa	dcast static	on's location (tl	he community to which the	station is lice		n	
the case of Mexican or Can Column 5: Give the mon			community with which the tem carried the substitute p			onth	
first. Example: for May 7 giv	/e "5/7."		·	-			
<b>Column 6:</b> State the time to the nearest five minutes.			ogram was carried by your of ied by a system from 6:01:1			tely	
stated as "6:00–6:30 p.m."		a program cam	ied by a system nom 0.01.	15 p.m. to 0.2	o.oo p.m. should be		
<b>Column 7:</b> Enter the letter to delete under FCC rules a			was substituted for progra				
gram was substituted for pr							
effect on October 19, 1976.							
				WHE	N SUBSTITUTE		
S	UBSTITUT	E PROGRAM	1	CARR	AGE 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	
	100 01 110	O/ LEE OI OI V		THE BITT			
					_		
					_		
					_		
						1	

FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2023/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEI									
Name	сох сомм	UNICATIONS	6 KANSAS, LLC	;					007312	
J Part-Time Carriage Log	In General: Thi time carriage du hours your syst Column 1 (C column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the start television statio "app." Example	State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the elevision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–								
		Γ	DATE	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
		WHEN	N CARRIAGE OCC	URRED			WHEN	N CARRIAGE O	CCURRED	
	CALL SIGN	DATE	HOU			CALL SIGN	DATE	H <sup>i</sup> FROM	OURS	
		DATE	FROM	то			DATE	FROM	TO	
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			_						_	
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									. —	

FORM	SA3E. PAGE 7.		
	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CO	X COMMUNICATIONS KANSAS, LLC	007312	
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount yo mounts (gross receipts) paid to your cable system by subscribers for the system's seconda dentifed in space E) during the accounting period. For a further explanation of how to come 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.	ary transmission service	K Gross Receipts
Instru • Com • Com • If yo fee f • If yo acco ▶ If pa	<b>(RIGHT ROYALTY FEE</b> <b>ctions</b> : 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 amou 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 ompanying this form and attach the schedule to your statement of account. rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be er k 3 below.	of the DSE Schedule	L Copyright Royalty Fee
If particular black 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be enter low.	ered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	be entered on line	
1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more ar least the minimum fee, regardless of whether they carried any distant stations. This fee is 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 Enter the result here.		
	This is your minimum fee.	\$ 10,868.62	
2 Block	<ul> <li>space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4 "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period?</li> <li>X Yes—Complete the DSE schedule.</li> <li>No—Leave block 3 below blank and control to the television state fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero</li> </ul>	-	
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	\$ 8,151.46	
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	<u>\$ 10,868.62</u>	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact 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         EFT Trace # or TRANSACTION ID #	\$ 11,593.62	appropriate form for submitting the 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 tab		

## ACCOUNTING PERIOD: 2023/2

ACCOUNTING PERIO	00: 2023/2	FORM SA3E. PAGE 8.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS KANSAS, LLC	SYSTEM ID# 007312								
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       23									
	system carried television broadcast stations	372								
N Individual to Be Contacted										
for Further Information	Address 6205B PEACHTREE DUNWOODY ROAD - 21 FLOOR (Number, street, rural route, apartment, or suite number)	404) 269-7471								
	ATLANTA, GEORIGA 30328         (City, town, state, zip)         Email       Delicia.Nwadike@cox.com         Fax (optional, N/A									
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regula</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or</li> </ul>									
	<ul> <li>(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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> </ul>									
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	rein								
	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 th button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatil Typed or printed name: Sanford Mencher									
	Title: SVP, Finance and Accounting (Title of official position held in corporation or partnership)									
Privacy Act Notice	Date: February 22, 2024 : Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (P	II) requested on this								

form in order to process your statement of account. Pll is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing Pll, 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 Pll 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.

GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
OX COMMUNICATIONS KANSAS, LLC	007312	Name
SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gro service of providing secondary transmissions of primary bro	111(d)(1)(A), of the Copyright Act by adding the fol- oss amounts paid to the cable system for the basic badcast transmitters, the system shall not include sub-	P Special
scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the		Statement Concerning Gross Receipts
paper SA3 form. During the accounting period did the cable system exclude any an	nounts of gross receipts for secondary transmissions	Exclusion
made by satellite carriers to satellite dish owners?		
YES. Enter the total here and list the satellite carrier(s) below.	\$	
Name	Name	
Mailing Address	Mailing Address	
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments sub		0
For an explanation of interest assessment, see page (viii) of the ge	eneral instructions in the paper SA3 form.	<u> </u>
For an explanation of interest assessment, see page (viii) of the generation of the amount of late payment or underpayment		Interest
		Interest Assessment
	x	
Line 1 Enter the amount of late payment or underpayment	x	
Line 1 Enter the amount of late payment or underpayment	x x xdays	
Line 1 Enter the amount of late payment or underpayment 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 su Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block	x x x im here x 0.00274	
Line 1 Enter the amount of late payment or underpayment 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 su	x x x im here x 0.00274	
Line 1 Enter the amount of late payment or underpayment 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 su Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block	x	
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the su</li> <li>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block space L, (page 7)</li></ul>	x	
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the su</li> <li>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block space L, (page 7)</li></ul>	x	
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the su</li> <li>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block space L, (page 7)</li></ul>	x	
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sur</li> <li>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block space L, (page 7)</li></ul>	x	
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the su</li> <li>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block space L, (page 7)</li></ul>	x	
Line 1 Enter the amount of late payment or underpayment 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 su Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block space L, (page 7)	x	

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

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

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

#### BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25

Note that local stations are not counted at all in computing DSEs.

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

#### SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

#### TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable 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 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

# COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

#### COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

## 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 The fifth and each additional DSE

1.064% of gross receipts 0.701% of gross receipts 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.

Identify the communities/areas represented by each subscriber group.
 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.

Distant Stations Carried

 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:

DSE

1.0

1.0

0.083

0.139

## COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

Santa Rosa

Rapid City

Bodega Bay

CITY

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

SERVICE AREA OF

Stations A. B. C. D .E

In most cases under current FCC STATION 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. E (network)

service areas of stations B, D, and E.		E (network)	<u>0.25</u>		ations B, D, and E		120,000.00
		TOTAL DSEs	2.472	TO	TAL GROSS RECEIPTS		\$600,000.00
		Minimum Fee Total Gross F	Receipts	\$6	00,000.00		
Santa Rosa	Stations A and C				x .01064		
	35 mile zone			\$	6,384.00		
		First Subscriber Group		Second Subscriber	Group	Third Subscriber Group	
	`~-/	(Santa Rosa)		(Rapid City and Bod	ega Bay)	(Fairvale)	
	Fairvale						
		Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
Rapid City		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
	Bodega	\$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
	Bay	\$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
Í		Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
Stati	ons B, D,						
	and E	Total Base Rate Fee: \$6,4					
<b>3</b> 5 n	nile zone	In this example, the cable s	ystem would ente	er \$10,008.94 in space	L, block 3, line 1 (page 7)		
~							

GROSS RECEIPTS

\$310,000,00

100,000.00

70,000.00

FROM SUBSCRIBERS

# DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS										
I	COX COMMUNICATIONS KANSAS, LLC 007312										
	SUM OF DSEs OF CATEGOR		IS:								
	<ul> <li>Add the DSEs of each station</li> <li>Enter the sum here and in line</li> </ul>	0.75									
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
	of space G (page 3).										
Computation of DSEs for	In the column headed "DSE" mercial educational station, giv			as "1.0"; for e	ach network or noncom-						
Category "O"	mercial educational station, giv		 CATEGORY "O" STATION	IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KDCK-1	0.250									
	KDCK-2	0.250									
	KDCK-3	0.250									
Add rows as											
necessary.											
Remember to copy all											
formula into new											
rows.											
					.]	l					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

DSE SCHEDULE. PAGE 12.
SYSTEM ID#

Name	COX COMMUNICATIONS KANSAS, LLC 007312								
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should c Column 3: Column 4: be carried out 5 Golumn 5: give the type-v Column 6:	t the call sign of all distant For each station, give th orrespond with the inform For each station, give th Divide the figure in colur at least to the third decim For each independent st	e number of hours yo nation given in space e total number of hou mn 2 by the figure in o al point. This is the "b tation, give the "type-v umn 4 by the figure in	ur cable system c J. Calculate only o rs that the station column 3, and give pasis of carriage v value" as "1.0." Fo column 5, and give	arried the station one DSE for each broadcast over th e the result in deci alue" for the static r each network or ve the result in col	during the accounting pe station. e air during the account mals in column 4. This f n. noncommercial educati umn 6. Round to no less	ing period. igure must onal station, s than the		
Capacity		(	CATEGORY LAC	STATIONS: 0	COMPUTATIO	N OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	IRS OF D BY ST 1 ON	IMBER HOURS ATION I AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE		iΕ	
			÷ ÷	=		x x	=		
			÷	=		×	=		
			÷ ÷	=		x x	=		
			÷	=		x	=		
			÷ ÷	=		x x	=		
4 Computation of DSEs for	Add the DSEs of Enter the sur Instructions: Column 1: Give • Was carried tions in effect	OF CATEGORY LAC ST of each station. In here and in line 2 of pa the call sign of each state by your system in substite on October 19, 1976 (a ne or more live, nonnetwo	rt 5 of this schedule, tion listed in space I ( ution for a program th s shown by the letter	page 5, the Log o at your system wa "P" in column 7 of	Substitute Progra as permitted to de space I); and	lete under FCC rules an	d regular-		
Substitute- Basis Stations	Column 2: F at your option. T Column 3: E Column 4: D	For each station give the r This figure should corresp Enter the number of days Divide the figure in column his is the station's DSE (	bond with the information in the calendar year: n 2 by the figure in co For more information	tion in space I. 365, except in a le lumn 3, and give t on rounding, see	ap year. he result in colum page (viii) of the g	n 4. Round to no less th eneral instructions in the	an the third		
	1. CALL	2. NUMBER	3. NUMBER	4. DSE	1. CALL		3. NUMBER	4. DSE	
	SIGN	OF PROGRAMS	OF DAYS IN YEAR	4. D3E	SIGN	2. NUMBER OF PROGRAMS	OF DAYS IN YEAR	4. D3E	
		÷				÷		=	
		÷				÷		=	
		÷ ÷				÷ ÷		=	
		÷				÷		=	
	Add the DSEs o	OF SUBSTITUTE-BASIS of each station. n here and in line 3 of pa				0.00			
5		<b>R OF DSEs:</b> Give the amo applicable to your system		n parts 2, 3, and 4	of this schedule an	d add them to provide the	e total		
Total Number	1. Number	of DSEs from part 2●			▶		0.75		
of DSEs	2. Number	of DSEs from part 3 ●			<b>}</b>		0.00		
	3. Number	of DSEs from part 4 ●			►		0.00		
	TOTAL NUMBER	R OF DSEs				<b>&gt;</b>		0.75	

ACCOUNTING PERIOD:	2023/2
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LEGAL NAME OF OWNER	R OF CABLE S	YSTEM:					S	YSTEM ID#	
COX COMMUNICA	TIONS KAN	NSAS, LLC	:					007312	Name
Instructions: Block A m In block A: • If your answer if "Yes,"			rt 6 and part 7	of the DSE schedu	ule blank and	complete part	8, (page 16) of the		6
schedule. • If your answer if "No," of the second s	complete bloc	ks B and C h	elow						
				ELEVISION MA	ARKETS				Computation of
Is the cable system loca effect on June 24, 1981	?						C rules and regula	itions in	3.75 Fee
Yes—Complete	part 8 of the s	schedule—DO	NOT COMP	LETE THE REMAIN	NDER OF PAI	RT 6 AND 7.			
X No—Complete b	locks B and C	C below.							
		BLOO	CK B: CARR		/ITTED DS	Es			
CALL SIGN unde instr	er FCC rules a uctions for the	and regulation e DSE Sched	ns prior to Jun	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below ref Act of 2010.)	ther explanati	on of permitted	l stations, see the		
BASIS OF (Not PERMITTED A S CARRIAGE 7 B S C N D G ir E C *F J G C	e the FCC rul Stations carrie 6.61(b)(c)] pecialty statio oncommerica randfathered natried pursua A station prev commercial UI	es and regula of pursuant to an as defined al educational station (76.6 <sup>-</sup> DSE schedu nt to individu. viously carried HF station wit	ations cited be the FCC mar in 76.5(kk) (76 station [76.59 5) (see paragr ile). al waiver of FC I on a part-tim	is on which you ca low pertain to those ket quota rules [76. 5.59(d)(1), 76.61(e) (c), 76.61(d), 76.6 aph regarding subs CC rules (76.7) e or substitute basi ontour, [76.59(d)(5) am.	e in effect on ( 57, 76.59(b), (1), 76.63(a) 3(a) referring stitution of gra s prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] ndfathered sta	5.63(a) referring to 61(e)(1) tions in the		
*(No		stations iden	tified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 1	4 of	
1. CALL 2. F SIGN	PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KDCK-1	С	0.25							
KDCK-2	М	0.25							
KDCK-3	М	0.25							
	I	I						<u>t</u> 1	
								0.75	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the total	number of D	SEs from p	art 5 of this s	chedule				0.75	
Line 2: Enter the sum	of permitted	DSEs from	block B abov	/e				0.75	
Line 3: Subtract line 2 (If zero, leave				of DSEs subject t ' of this schedule)		ite.		0.00	
Line 4: Enter gross rea	ceipts from s	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply line 4 l	by 0.0375 ar	nd enter sum	1 here						partially permited/ partially
Line 6: Enter total nun	nber of DSE	s from line 3	i				x	-	nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply line 6 l	by line 5 and	l enter here	and on line 2	, block 3, space L	_ (page 7)			0.00	<i>จ</i> การแนะแบกร.

DSE SCHEDULE. PAGE 13.

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#COX COMMUNICATIONS KANSAS, LLC007312							Name		
1. CALL	2. PERMITTED		1. CALL	2. PERMITTED		1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation
									3.75 Fee
			<b>.</b>						
			<b>.</b>						
			•						
			+						
			<b>.</b>						
			+						
			<b>I</b>						
			₽		<b>.</b>				
			++						
			1						
			<b> </b>						
			<u>†</u>						
			<b>[</b> ]						
			+			+			
			<u>†</u>						
			<b>[</b>						
			<u>+</u>			+			
			<u>†</u>			+			
			<b>[</b>						

						DSE SCHEDULE. PAGE 14.					
Nama	LEGAL NAME OF OWN	ER OF CABLE SYSTE	M:			SYSTEM ID#					
Name	COX COMMUNI	CATIONS KANS	AS, LLC			007312					
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	<ul> <li>Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)</li> <li>Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.</li> <li>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</li> <li>Column 3: Indicate the basis of carriage on which the station was carried by listing one of the following letters:         <ul> <li>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</li> <li>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(3)).</li> </ul> </li> <li>B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</li> <li>S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</li> <li>Column 5: Indicate the SE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.</li> <li>IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.</li> </ul>										
l	1 0411		SE FOR STATIONS CARRI								
l .	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE					
	SIGN	DGE	FERIOD	CARRIAGE	DSE	DSE					
7 Computation of the		"Yes," complete block	s B and C, below. and C blank and complete p	art 8 of the DSE schedule.							
Syndicated			BLOCK A: MAJOR	<b>TELEVISION MARKE</b>	T						
Exclusivity											
Surcharge	• Is any portion of the c	able system within a te	op 100 major television mark	et as defned by section 76.5	5 of FCC rules in effect Jur	ne 24, 1981?					
	Yes—Complete	blocks B and C .		X No—Proceed to	oart 8						
		biooks D and O .			Sarto						
	BLOCK B: C	arriage of VHF/Grade	B Contour Stations	BLOCK	C: Computation of Exem	npt DSEs					
	Is any station listed in commercial VHF static or in part, over the cat	on that places a grade	-	-	n block B of part 7 carried system prior to March 3 <sup>-</sup> 159)						
		ation below with its app	rapriata parmittad DSE		tion below with its appropria						
	X No—Enter zero a	nd proceed to part 8.		X No—Enter zero an	a proceed to part 8.						
	CALL SIGN	DSE C.	ALL SIGN DSE	CALL SIGN	DSE CALL SI	GN DSE					
					······						
		тс	TAL DSEs 0.00		TOTAL D	SEs 0.00					
						<b>_</b>					

LEGAL NA	Image of owner of cable system:     SYSTEM ID#       COX COMMUNICATIONS KANSAS, LLC     007312	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7) <b>1,021,486.54</b>	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	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	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC?	
	Yes—Complete section 3 below. X No—Complete section 4 below.	_
	SECTION 3: TOP 50 TELEVISION MARKET	_
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     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 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	
		1 -
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       Yes       Complete part 9 of this schedule.       X       No       Complete the applicable section below.	
44	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
L		-

## ACCOUNTING PERIOD: 2023/2

DSE	SCHEDULE.	DAGE	16
DSE	SCHEDULE.	PAGE	10

Name		DSE SCHEDU ME OF OWNER OF CABLE SYSTEM: SY COX COMMUNICATIONS KANSAS, LLC	VSTEM ID# 007312							
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1)								
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)	_							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge	<u></u>							
<b>8</b> Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
	<u> </u>	Yes—Complete part 9 of this schedule. Xo—Complete the following sections.								
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	1	Enter the amount of gross receipts from space K (page 7) \$ 1,021,486.54								
	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.)	5_							
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts         (the amount in section 1). <b>\$ 8,151.46</b>	<u> </u>							
		B. Enter 0.00701 of gross receipts (the amount in section 1)								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here	_							
		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	8,151.46							

#### DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Na					
сох	COMMUNICATIONS KANSAS, LLC	007312	Name					
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.							
4	A. Enter 0.01064 of gross receipts		8					
	A. Enter 0.01064 of gross receipts (the amount in section 1)							
	B. Enter 0.00701 of gross receipts		Computation					
	(the amount in section 1)		of					
	C. Multiply line B by 3.000 and enter here		Base Rate Fee					
	D. Enter 0.00330 of gross receipts							
	(the amount in section 1)							
	E. Subtract 4.000 from total DSEs							
	(the figure in section 2) and enter here							
	F. Multiply line D by line E and enter here							
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
	Base Rate Fee	0.00						
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas	t signals shall						
instead	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel		9					
Space In Gen	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,	to exclude	-					
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ad		Computation of					
			Base Rate Fee and					
station	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine th	ne number of	Syndicated Exclusivity					
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	ach group.	Surcharge					
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa		for Partially					
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo ble system is wholly located outside all major television markets, complete block A only.	w. However, if	Distant Stations, and					
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted					
•	For each community served, determine the local service area of each wholly distant and each partially distant static to that community.	n you	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 stati							
	oken, the station is distant to the subscriber.) : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E	ach						
subscri	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that e only one subscriber group when the distant stations it carried have local service areas that coincide.							
Compo groups	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m's subscriber						
	section:							
• Give	fy 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 here is the group.	of the						
• If:	bers in the group.							
1) your	• If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, 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 gave it in blo 6 of this schedule.	ock B,						
•	ne 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 general instructions in the paper SA3 form.</li> </ul>								
page. DSEs f	• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STE
Name	COX COMMUNICATIONS KANSAS, LLC	00
	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 Rat and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	е
	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.	

	6YSTEM ID# 007312						R OF CABLE	COX COMMUNICA		
				TE FEES FOR EAC		: COMPUTATION OF				
		SUBSCRIBER GRO			5					
Com	0			COMMUNITY/ AREA			SUBGR	COMMUNITY/ AREA SUB		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base										
Syn										
Exc										
Sur										
_										
Pa Di										
Sta						•				
	•••••	+								
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	ond Group	Gross Receipts Seco	,486.54	<u>\$ 1,021</u>	oup	Gross Receipts First Gr		
	0.00	\$	ond Group	Base Rate Fee Seco	0.00	\$	oup	<b>Base Rate Fee</b> First Gr		
	JP	SUBSCRIBER GRO	FOURTH		THIRD SUBSCRIBER GROUP					
	0			COMMUNITY/ AREA	COMMUNITY/ AREA 0					
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
						•				
						-				
	0.00			Total DSEs	0.00			Fotal DSEs		
		S	th Group			s	roup			
	0.00	<u>S</u>	th Group	Total DSEs Gross Receipts Four	0.00	\$	roup	Total DSEs Gross Receipts Third G		

LEGAL NAME OF OWNE						S	6YSTEM ID# 007312	Name
COMMUNITY/ AREA		SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP ) SUBSCRIBER GROU	UP <b>0</b>	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
							·····	and Syndicated
						•		Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								•••••••
						•••••		
Total DSEs			0.00	Total DSEs		11	0.00	
		<u> </u>			d Crown	<u> </u>		
Gross Receipts First G	roup	<u>\$ 1,021</u>	,486.54	Gross Receipts Secor	ia Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	UP		
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						**		
						•		
	•				•••	•		
Total DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
			iber group a	II as shown in the boxes ab	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

#### ACCOUNTING PERIOD: 2023/2

		FORM SA3E. PAGE 2							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS KANSAS, LLC	SYSTEM ID 00731							
	BLOCK B. COMPUTATION OF SYNDICATED EXCLUS	SIVITY 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 must also composition of your cable system is located in as do by section 76.5 of FCC rules in effect on June 24, 1981:									
Computation of Base Rate Fee and	First 50 major television market  INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of								
Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <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	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	SYNDICATED EXCLUSIVITY SURCHARGE Second Group							
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DOES: 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	Line 2: Line at the Exempt bols							
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	ach subscriber group as shown 7)							