## SMITH & DUGGAN LLP

ATTORNEYS AT LAW

TWO CENTER PLAZA SIXTH FLOOR BOSTON, MA 02108-1906 TEL 617.228.4400 FAX 617.248.9320

ALAN D. MANDL AMANDL@SMITHDUGGAN.COM DIRECT DIAL: 617.228.4464 LINCOLN OFFICE LINCOLN NORTH 55 OLD BEDFORD ROAD LINCOLN, MA 01773-1125 TEL 617.228.4400 FAX 781.259.1112

April 23, 2008

### **BY FEDERAL EXPRESS PRIORITY OVERNIGHT**

Catrice C. Williams Department Secretary Department of Telecommunications and Cable Two South Station Boston, MA 02110

Re: CoxCom, Inc., d/b/a Cox Communications New England D.T.C. 07-10

Dear Secretary Williams:

Enclosed please find for filing in the above matter an original and three (3) copies of the Responses of CoxCom, Inc., d/b/a Cox Communications New England Responses to Record Requests of the Department of Telecommunications and Cable.

A copy of this filing is being emailed to you and to the Service List. Should the Department have any questions regarding the enclosed responses, please do not hesitate to ask.

Thank you for your assistance in this matter.

Very truly yours,

Alan D. Mandl

Enclosures

cc: Betsy S. Whittey - Hearing Officer Town of Holland Service List

### COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF TELECOMMUNCIATIONS AND CABLE

)

)

)

)

Review of Proposed Basic Service Tier Programming, Equipment and Installation Rates of CoxCom, Inc. d/b/a Cox Communications New England

Docket No. D.T.C. 07-10

## RESPONSES OF COXCOM, INC., D/B/A COX COMMUNICATIONS NEW ENGLAND TO RECORD REQUESTS OF THE DEPARTMENT OF TELECOMMUNICATIONS AND CABLE

- Record Request 1: Please indicate the differences between the basic service channels provided in Holland and the basic service channels provided in the Enfield, CT systems.
- Response: A copy of the current basic service channel lineup for Holland and Enfield, CT is attached. The differences in channel carriage are as follows:
  - Ch. 2 is WSHM Ch. 3/CBS/Hartford in Holland vs. WFSB Ch. 3/CBS in Enfield.
  - 2) There is no programming on Ch. 4 in Holland while Enfield carries WVIT Ch. 30/NBC.
  - 3) Ch. 10 is WBZ Ch. 4/CBS/Boston in Holland vs. ION Television in Enfield.
  - 4) Ch. 14 is WWLP Ch. 22/NBC/Springfield in Holland vs. no channel in Enfield.
  - 5) Ch. 16 is WGBH Ch. 2/PBS/Boston in Holland vs. Local Access in Enfield.
  - 6) Ch. 20 is WUNI Ch. 27/UNI/Boston in Holland vs. WDMR Ch. 65/TEL in Enfield.

Responsible Witness: Mike Patrie Dated: April 23, 2008

Cox Com Inc. d/b/a Cox Communications New England Holland vs. Enfield Limited Basic Channel Lineup

Holland vs Enfield Lineups.xls Channel Line-Ups

Cox Communications, Inc.

## COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF TELECOMMUNCIATIONS AND CABLE

)

)

)

)

Review of Proposed Basic Service Tier Programming, Equipment and Installation Rates of CoxCom, Inc. d/b/a Cox Communications New England

Docket No. D.T.C. 07-10

## RESPONSES OF COXCOM, INC., D/B/A COX COMMUNICATIONS NEW ENGLAND TO RECORD REQUESTS OF THE DEPARTMENT OF TELECOMMUNICATIONS AND CABLE

- Record Request 2: Please provide a further explanation of the basis for Cox's decision to carry CTN in Holland rather than a Massachusetts-oriented channel.
- Response: We currently mirror the same channel line-up as in Enfield, with the exception of 6 broadcasters. Therefore, when CT-N was launched, it was also added to Holland line up. The choice of programming content is generally left to the cable operator. Cox Communications reserves its right to select content for the basic service tier, subject to mandatory carriage requirements.

Responsible Witness: Mike Patrie Date: April 23, 2008

## COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF TELECOMMUNCIATIONS AND CABLE

)

)

)

)

)

Review of Proposed Basic Service Tier Programming, Equipment and Installation Rates of CoxCom, Inc. d/b/a Cox Communications New England

Docket No. D.T.C. 07-10

## RESPONSES OF COXCOM, INC., D/B/A COX COMMUNICATIONS NEW ENGLAND TO RECORD REQUESTS OF THE DEPARTMENT OF TELECOMMUNICATIONS AND CABLE

- Record Request 3: Please provide the two most recent copyright filings for Holland.
- Response: The two most recent copyright filings for Holland are attached to this response.

Responsible Witness: Mike Patrie Date: April 23, 2008

### COPYRIGHT STATEMENT OF ACCOUNT MANAGEMENT SYSTEM

LONG FORM COVER PAGE - Version 6 for Windows

Distributed and Supported by:

GRALIN associates, inc 473 10th Avenue Prospect Park, PA 19076-1310 (888) 447 2875

email: saffsupport@gralin.net

SETTINGS OF THIS SYSTEM'S REPORT CONTROLS:		
Any DISTANT stations indicated in Block G:	No	
Wholly OUTSIDE all Major and Smaller Markets:	No	
Wholly or partially within a TOP 100 Market:	Yes	
Wholly or partially within a TOP 50 Market:	Yes	
Any PARTIALLY-DISTANT stations:	No	
Any PARTIALLY-PERMITTED stations:	No	
Any Subscriber Groups:	No	0

Form: 61273071

System ID: COX CABLE GREATER HARTFORD, INC.

- Account Number: 061273
  - City/Town: ENFIELD, Connecticut

Owner: COXCOM, INC.

- Account Period: January 1 June 30, 2007
- Royalty Fee Due: \$27,529.89



061273 2007/1

#### 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 at the

end of this form [pages (i)-(vii)].

### SA3 Long Form

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

[For courler deliveries, see page i of the general instructions]

			and the second se							
Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1 - June 30, 2007									
B Owner	INSTRUCTIONS: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system.									
	LEGAL NAME OF OWNER/MAILING A	DDRESS OF CABLE S	YSTEM 0	61273						
	COXCOM, INC.									
	SAME									
				061273 2007/1						
	1400 LAKE HEARN DRIVE									
	ATLANTA, GEORGIA 30319									
С	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, it different from the address given in space B.									
System	1 IDENTIFICATION OF CABLE S' COX CABLE GREATER H									
	2 MAILING ADDRESS OF CABLE 801 PARKER STREET. (Number, Street, Rural Route, Apartment or MANCHESTER, CT 06040 (City, Town, State, ZIP Code)	Suite Number)								
D Area Served	INSTRUCTIONS: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: " a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas.") 47 C.F.R. §76.5(mm). The first community that you list will serve as a form of system identification hereafter known as the "First Community." <i>Please use It as the First Community on all future fillings.</i> Note: Entities and properties such as hotels, apartments, condominiums or mobile home parks should be reported in parentheses below the identified city.									
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
First ► Community	ENFIELD EAST GRANBY EAST WINDSOR GRANBY HARTLAND	CT CT CT CT CT CT	UNION WINDSOR LOCKS	CT CT						
-	HOLLAND SOMERS STAFFORD SUFFIELD	MA CT. CT. CT. CT.								

FOR COPYRIGHT OFFICE USE ONLY

\$

DATE RECEIVED

AMOUNT

ALLOCATION NUMBER

Form \$A3c Rev: 10/2005 Print 10/2005-2.000 Printed on recycled paper

U.S. Government Printing Office: 2005-314-641

NOTICE: This form has been electronically photo-reproduced by GRALIN associates, inc

×

FORM	SA3.	PAGE	2
------	------	------	---

LEGAL NAME OF OWNERI OF CABLE SYS COXCOM, INC.				SYS	STEM ID 06127	I Nomo				
SECONDARY TRANSMIS In General: The information is system: that is, the retransmis about other services (including day of the accounting period ( Number of Subscribers: B by categories of secondary tr category by counting the numb for the particular service at the Rate: Give the standard rate in which it is generally billed, category, but do not include di Block 1:In the left-hand bloc systems most commonly provi that applies to your system. No categories, that person or entilly subscriber who pays extra for of Set," and would be counted on Block 2: If your cable syste	n space sion of pay cal June 30 oth bloc ansmiss er of bill rate inco charge (Examp scounts ck in spa de to the ote: Wi y should cable se ca gable m has r	E should lelevision a ole) in space or Decemi ks in space ion service ings in that licated —no d for each o d for each o de: "\$8/mti allowed fo ace E, the i oir subscrib here an inc be counted rvice to add n under "Se ate catego	cover all and radio ce F, not ber 31, a e E call to a E call to a In gen t category of the nur category h"). Sum r advanc form lists pers. Give dividual c d as a "su ditional se arvice to rles for s	categories o broadcasts t here. All the f s the case mar- r the number or all you can y (the number nber of sets r of service. In marize any e payment. the categorie the number or organizatio abscriber" in e ets would be i Additional Se econdary trai	f "second by your s acts you ay be). of subscr of subscr of perso ecclving clude bot tandard as of sec- of subsc of subs	Jary transm ystem to su state must it libers to the e the numb ns or organi service), h the amour rate variatio ondary trans ribers and ra living service icable categ in the count n service th	bscribers. Give in be those existing of cable system, bro er of "subscribers zations charged s at of the charge an ons within a partic smission service to ate for each listed e that falls under ory. Example: a re under "Service to at are different fro	the cable formation on the last ken down " In each eparately d the unit cular rate hat cable category different asidential the First om those	Secondary transmission Service: Subscribere and Rates	
printed in block 1, (for example, with the number of subscribers a BLOCK	ind rates						n of the service is s		-	
CATEGORY OF SERVICE	N	). OF CRIBERS	RATE	CATEGOR	IY OF SI	******	NO. OF SUBSCRIBERS	BATE	-	
Residential: • Service to First Set	33,4	186 510 186	.27-10. 0 13.95 4.98 4.98							
SERVICES OTHER THAN S In General: Space F calls I vere not covered in space E. Th ervice for a single fee. There innished at cost; and (2) servic mount of the charge and the ur nter only the letters "PP" in the Block 1: Give the standard Block 2: List any services th h block 1 and for which a separa r three word) description, and i	or rate ( at is, tho are two bes or fa nit in whi rate col rate cha at your c ate charg	not subscri se services exceptions icilities furr ich it is usu umn. arged by th able syster je was mad	iber) Info s that are s: you do hished to hally billed ne cable is mfurnish de or esti	rmation with r not offered ir not need to nonsubscrib d. If any rates system for ea ed or offered d	espect to combina give rate ers. Rate are char ch of the Juring the	ation with an information ged on a va applicable accounting	y secondary trans a concerning: (1) : n should include I ritable per-program services listed. period that were n	mission services both the m basis, not listed	F Services Other Than Secondary Tranemiesions: Rates	
	BLOC	К 1					BLOCK 2			
ATEGORY OF SERVICE	RATE	CATEGO	12/11/25/2/25		RATE	CATEGO	RY OF SERVICE	RATE		
Pay Cable     Pay Cable     Pay Cable     Add'l Channel     Fire Protection     Burglar Protection     Batallation: Residential     First Set     29,99     Additional Set(s)     21.23	55.98 30.99	<ul> <li>Motel,</li> <li>Common</li> <li>Pay Cate</li> <li>Pay Cate</li> <li>Pay Cate</li> <li>Fire Pro-</li> <li>Burglar</li> <li>Other Set</li> </ul>	Hotel ercial able able-Add otection. Protecti rvices:	aan aa	·····	DIGITA DIGITA EXPAN	L STANDARD L LIMITED L PACKAGES DED 3	4.95 9.95 5.59-35.0	68	
FM Radio (if separate rate)     Converter.			nect Relocatio	n21.23						

FORM SA3, PAGE 3,

Name	COXCOM, IN	NER OF CABLE SYSTEM	ul:			SYSTEM ID 06127					
G Primary Transmittere: Television	<ul> <li>INSTRUCTIONS:</li> <li>General: In space G, Identify every television station (including translator stations and low power television station carited by your cable system during the accounting period, except: (1) stations carried only on a part-time basis unception of the caritage of certain network programs (section 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 or substitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, under specific FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G — but do list It in space I (the Special Statement Program Log)—If the station we carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some off basis. For future information concerning substitute basis tations see page (v) of the General Instructions. Column 1: List each station's call signDd right report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. The 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 is distant "enter" "Yes." If not, enter "No." For explanation of what a "distant station" is pass or laws the distant station of what a "distant station" is passed channel capacity. If your cable system carried in the community. The case such as the enter of "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the station.</li> <li>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable</li></ul>										
	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					
	**WDMRIp	65		No		NEW HAVEN, CT					
	**WHPX	26	I	No		NEW LONDON, CT					
	*WBZ	4	N	No		BOSTON, MA					
	*WGBH	2	Ē	No		BOSTON, MA					
	*WSHM-LP	67	N	No		SPRINGFIELD, MA					
	*WUNI	27	I	No		HARTFORD, CT					
	WCTX	59		No		NEW HAVEN, CT					
	WEDH	24	E	No		HARTFORD, CT					
	WFSB	3	N	No		HARTFORD, CT					
	WGBY	57	ΕΕ	No		SPRINGFIELD, CT					
	WGGB	40	N	No		SPRINGFIELD, MA					
	WTIC	61	1	No		HARTFORD, CT					
	WTNH	8	N	No		NEW HAVEN, CT					
	WTXX	20		No		WATERBURY, CT					
	WUVN	18	I	No		HARTFORD, CT					
	WVIT	30	N	No		HARTFORD, CT					
	WWLP	22	N	No		SPRINGFIELD, MA					

# Corried in Holland, MA only ## Carried in all areas except Holland, MA

G.

Cox Communications New England D.T.C. 07-10 Record Request 3 - Attachment 1

LEGAL NAME OF COXCOM,		BLE SYS	TEM:				SYSTEM ID# 061273	Namə
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all- band basis whose signals were "generally receivable" by your cable system during the accounting period.							Н	
generally rec be expected, stated Interva General Instr Column 1: Column 2: Column 3: Signal, indical Column 4:	elvable" if: ( on the basi ls. For deta uctions, Identify the State wheth If the radio te this by pla Give the st	(1) "It is is of m iled in call si her the station acing a ation's	rning All-Band FM Carria s carried by the system whe conitoring, to be received at formation about the the Cop ign of each station carried. a station is AM or FM. In's signal was electronically a check mark in the "S/D" cos s location (the community to if any, the community with w	never It is rece the headend, v pyright Office F processed by jumn. which the statio which the statio	ived at the s with the syst legulations of the cable sy lon is licens n is identified	em's em's on this stem ed by d).	I's headend"; and (2) it can FM antenna, during certain s point, see page (v) of the as a separate and discrete the FCC or, in the case of	Primary Transmittere: Radio
CALL SIGN	AM of FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1000-001			· · · · · · · · · · · · · · · · · · ·			
·····	••••••	 						
********	•••••							
•••••	· · · · · · · · · · · · · · · · · · ·							
	 	 			• • • • • • • • • • • • •	·····		
·····	 	••••• •••••						
							*****	245
	 	• • • • • • • • • • • • •						
•••••								
				0.554234435454556754772789				
•••••		•••••						
			•••••••					
				*****		•••••		
						11503		
COLUMN STREET,								

 $(\hat{a})$ 

Substitute       or is substitute basis during the accounting period, under specific present and former FCC rules, regulations, for a further explanation of the programming that must be included in this log, see page (v) of the General Instructions.         Special Internent and rogram Log       1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program Log       Yes         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program is go in block 2.       2. LOG OF SUBSTITUTE PROGRAMS         If General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning isclaim or categories and that your cable system substitute for the program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the program ing of another static under certain FCC rules, regulations, or authorizations. See page (v) of the General instructions for inther informatic Do not use general categories like "movies" or "basketball." List specific program littles, for example, "I Love Lucy" or "NE Basketball." Zere vs. Bulls."         Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the call sign of the station for accaling the substitute program. Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the monthist. Example: for May 7 give "57."         Column 5: Site the immes when the substitute program was carried by your cable system. List the times accurate to the nearest filtee minutes. Example: a program carried the substitute for programming that	Nama	COXCOM, INC.	EM.				51	STEM ID 06127					
Special I I SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  ' Subary the socurality period, dely your cable system carry, on a subattitute basis, any nonnetwork tolevision program Log ' Yes		In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the General											
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning iscles If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork felowision program ("substitute for gram") that, during the account priod, was bracetast by a distant station and that your cable system substituted for the programming of another stati under certain FCC rules. regulations, or authorizations. See page (v) of the General Instructions for further informatic Donotuse general categories like "movies" or "baskabali". It specific program titles, for example, "Love Lucy" or Wite Baskabali. ?forer vs. Bulls." Column 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. Use numerials, with the more first. Example: for May 7 give "57." Column 5: Give the prodest station "backstatil". The community twith which the station is licensed by the FCC or, in the case of Maxican or Canacian stations, II any, the community the which the station is licensed by the FCC or, in the case of Maxican or Canacian stations, II any, the community the which the station is licensed by the FCC or, in the column 5: State the times when the substitute program was carried by your cable system. List the times accurate to the nearest tive minutes. Example: a program carried by a system from 50:115 p.m. to 528:30 p.m. should be state as "6:00-6:30 p.m." Column 7: Entor the lotter "Pi't the listed program was publiced for programming that your system was regulated delate under FCC rules and regulations in effect diverse rive and regulations in effect diverse rive minutes. Example: a program was publiced to delate under FCC rules and regulations in effect as "6:00-6:30 p.m." Column 7: Entor the lotter "Pi't the listed program as ubstituted for programming that your system was permitted to delate under FCC rules and regulations and the state of the programming t		<ul> <li>During the accounting period broadcast by a distant statio Note: If your answer is "No", let</li> </ul>	i, did your	r cable system	carry, on a substitute ba		🗆 Yes	XI NO					
SUBSTITUTE PROGRAM       2 LIVE?       3.STATIONS       4.STATIONS LOCATION       5.MONTH       6.TIMES       DELETIO         1. TITLE OF PROGRAM       2 LIVE?       3.STATIONS       4.STATIONS LOCATION       5.MONTH       6.TIMES       DELETIO		In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning isclear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the General Instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, If any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "A" if the listed program was substituted for programming that your system was <i>required</i> to delate under FCC rules and recutations in effect during the accounting period; or enter the letter "P" if the listed program											
I. TITLE OF PROGRAM       2. LIVE? Yes or No       3. STATIONS CALL SIGN       4. STATION'S LODATION       5. MONTH AND DAY       6. TIMES FROM - TO       DELETIO			•			1100100	s and regulations	in effect on					
		October 19, 1976.				WHEN	SUBSTITUTE	7. REASON					
		October 19, 1976.	STITUTE	PROGRAM		WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES	7. REASON					
		October 19, 1976.	STITUTE	PROGRAM		WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES	7. REASON					
		October 19, 1976.	STITUTE	PROGRAM 3. STATION'S CALL SIGN		WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES	7. REASON					
		October 19, 1976.	STITUTE	PROGRAM 3. STATION'S CALL SIGN		WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES	7. REASON					
		October 19, 1976.	STITUTE	PROGRAM 3. STATION'S CALL SIGN		WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES	7. REASON					
		October 19, 1976. SUB	STITUTE	PROGRAM 3. STATION'S CALL SIGN		WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - -	7. REASON					
		October 19, 1976. SUB	STITUTE	PROGRAM 3. STATION'S CALL SIGN		WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - -	7. REASON					
		October 19, 1976. SUB	STITUTE	PROGRAM 3. STATION'S CALL SIGN		WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - -	7. REASON					
		October 19, 1976. SUB	STITUTE	PROGRAM 3. STATION'S CALL SIGN		WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - -	7. REASON					
		October 19, 1976. SUB	STITUTE	PROGRAM 3. STATION'S CALL SIGN		WHEN CARRIA 5. MONTH	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - -	7. REASON					
		October 19, 1976. SUB	STITUTE	PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCUFIRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON					
		October 19, 1976. SUB	STITUTE 2. LIVE? Yes or No	PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
		October 19, 1976. SUB	STITUTE 2. LIVE? Yes or No	PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
		October 19, 1976. SUB	STITUTE 2. LIVE? Yes or No	PROGRAM 3. STATIONS CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
		October 19, 1976. SUB	STITUTE 2. LIVE? Yea or No	PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
		October 19, 1976. SUB	STITUTE 2. LIVE? Yea or No	PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
		October 19, 1976.	STITUTE 2. LIVE? Yes or No	PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
		October 19, 1976. SUB	STITUTE 2 LIVE? Yes or No	PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
		October 19, 1976. SUB	STITUTE 2 LIVE? Yes or No	PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
······································		October 19, 1976. SUB	STITUTE 2 LIVE? Yes or No	PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
		October 19, 1976. SUB	STITUTE 2 LIVE? Yes or No	PROGRAM 3. STATIONS CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
		October 19, 1976. SUB	STITUTE 2 LIVE? Yes or No	PROGRAM 3. STATIONS CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					
		October 19, 1976. SUB	STITUTE 2 LIVE? Yes or No	PROGRAM 3. STATIONS CALL SIGN	4. STATION'S LOCATION	WHEN CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	7. REASON FOR DELETION					

LEGAL NAME OF OWN	ER OF CABLE SYSTE	EM:	0.00			SYSTEM ID#	Name
OXCOM, INC	•					061273	Inertia
carriage due to la your system carr Column 1 (Ce column 5 of spac Column 2 (Da	space ties in v ack of activated ied that station all Sign): Give ce G. tes and hours ntho period.	I channel capacity, y i, if you need more s the call sign of ever of Carriage): For ea	ou are r pace, p y distan ch statio	equired to comp lease attach add t station whose on, list the dates	lete this log giving ditional pages. basis of carriage and hours when pa	age as "LAC" for part-time the total dates and hours you identified by "LAC" in art-time carriage occurred Example: for April 10 give	J Part-Time Caπlage Log
State the start of the television Example: "12:	n station's broa 30 a.m3:15 a	doast day, you may g um, app."	jive an a	pproximate end	ing hour, followed	re carriage ran to the end by the abbreviation "app." e: "5/10-5/14, 6:00 p.m	
SAL SAL SIL		DATES AND HOU	IRS OF	PART-TIME CA	RRIAGE		
	WHEN CA	RRIAGE OCCURRE	ED		WHEN CA	RIAGE OCCURRED	
CALLSIGN	DATE	HOURS FROM	то	CÁLL SIGN	DATE	HOURS FROM TO	
		<del>.</del>					
·····	•••••		3323 C.M.		· · · · · · · · · · · · · · · · · · ·		
******	********	····· <u>-</u> ·····		COURSESSORY AND DEPENDENCE	Here was a state of the second state of the se	<u></u>	
	전 바람이 날 것을 가지 않는 것 같아요.	······					
		·····					
			100000000000000000000000000000000000000	1242202001120012800000		-	
	1						
		·····					
**********		·····					
		<b>.</b>					
		na han ana ang ang ang ang ang ang ang ang a	COLD CALL (1997)	COMPAREMENTS (1997) (1997)			
	***********	· · · · · · · · · · · · · · · · · · ·				Concerning and the second second second	
		······	55331 Ar57				
						-	
					*******		
				•••••		······	
	*****					AMARTANATAN CATRINAS	
		· · · · · · · · · · · · · · · · · · ·					
			100100				
		<u>.</u>	namar	• • • • • • • • • • • • • • • • • •		······	
				******			
••••••		•••••••••••••••••••••••••••••••••••••••			*****	·······	
		·····					
		······					
		-		10000			
	*************			******			

Name		AL NAME OF CONNER OF CABLE SYSTEM: DXCOM, INC.	SYSTEM ID 06127
<b>K</b> Grose Receipte	of a ser see	IDSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you p all amounts ("gross receipts") paid to your cable system by subscribers for the system's "secon vice" (as identified in space E) during the accounting period. For a further explanation of how to con page (vi) of the General Instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	darv transmissio
L Copyright Royalty Fee	Use • C • C • If fr • If	STRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE the blocks in this space L to determine the royalty fee you owe: complete block 1, showing your Minimum Fee. complete block 2, showing whether your system carried any distant television stations. your system did not carry any distant television stations, leave block 3 blank. Enter the amount of om block 1 on line 1 of block 4, and calculate the Total Royalty Fee. your system did carry any distant television stations you must complete the applicable parts of th ccompanying this form and attach the Schedule to your Statement of Account.	ne DSE Scheidule
	3	I part 8 or part 9; Block A, of the DSE Schedule was completed, the base rate fee should be entered below. I part 6 of the DSE Schedule was completed, the amount from line 7 of Block C should be entered	
	3 ► Ii	r part 6 of the DSE Schedule was completed, the anothing for the DSE Schedule be sinced be sinced i below. i part 7 or part 9, Block B, of the DSE Schedule was completed, the surcharge amount should be a Block 4 below.	
	Block 1 Block 2	MINIMUM FEE: All cable systems with semiannual "gross receipts" of \$527,600 or more are required the Minimum Fee, regardless of whether they carried any distant stations. This fee is 1.013 perceregross receipts" for the accounting period.         "gross receipts" for the accounting period.       2,717,659.5         Line 1. Enter the amount of "gross receipts" from space K.       2,717,659.5         Line 2. Multiply the amount in line 1 by .01013       Enter the result here.         This is your Minimum Fee.       \$         DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you in this block.         • Did your cable system carry any distant television stations during the accounting period?	27,529.89 atlon you gave in must check "Yes"
	Block 3	□ Yes—Complete the DSE Schedule.       No—Leave block 3 below blank and complete the DSE Schedule.         Line 1.       BASE RATE FEE: Enter the Base Rate Fee from either Part 8, section 3 or 4, or Part 9, Block A of the DSE Schedule. If none, enter zero.         Line 2.       3.75 Fee: Enter the total fee from line 7, Block C, Part 6 of the DSE Schedule. If none, enter zero.         Line 3.       Add lines 1 and 2 and enter here.	
	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	27,529.89
		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
		Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet).	0.00
		TOTAL ROYALTY FEE. Add Lines 1, 2 and 3 of Block 4 and enter total here	27,529.89
		Remit this amount via <b>electronic payment</b> ; or in the form of a <b>certified check, cas</b> or <b>money order,</b> payable to <i>Register of Copyrights.</i> Do not send cash. We recomm payments.	shier's check, end electronic

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID# COXCOM, INC. 061273	Name
CHANNELS INSTRUCTIONS: You must give: (1) the number of channels on which the cable system carried television broadcast stations to its subscribers; and, (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	M Charineis
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an Individual to whom we can write or call about this Statement of Account.)	N Contact
Name. GEORGE MARKLEY Telephone. 404-843-5000	
Address. 1400 LAKE HEARN DRIVE (Number, Street Runal Route, Apertment or Sullie Number)	
ATLANTA, GA 30319 (City, Town, Stata, 21P Code)	
Email (optional) Fax (optional)	
CERTIFICATION: (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)	0
<ul> <li>I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)</li> </ul>	Certification
(Owner other than corporation or partnership)   am the owner of the cable system as identified in line 1 of space B; or	
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or	
Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system In line 1 of space B.	
<ul> <li>I have examined the Statement of Account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge. Information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	
Handwritten signature:	
Typed or printed name: WILLIAW J FITZ SIMMONS	
(Title of official postion fild in comparation or parinership) Date:	

Name	LEGAL NAME OF CONNER OF CABLE SYSTEM. COXCOM, INC.	SYSTEM ID# 061273						
P Statement of Groes Receipts	SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the foll sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic serv of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscriber and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."							
	For more information on when to exclude these amounts, see the note on page(vi) of the General II							
	During the accounting period did the cable system exclude any amounts of gross receipts for secon made by satellite carriers to satellite "dish" owners?	dary transmissions						
	YES. Enter the total here and list the satellite carrier(s) below.							
	Name Name Maing Address							
	Nieng							
	Maiing Address							
Q	WORKSHEET FOR COMPUTING INTEREST							
Interest Assessment	You must complete this worksheet for those royality payments submitted as a result of a late payment For an explanation of interest assessment, see page (vii) General Instructions.	or underpayment.						
	Une 1 Enter the amount of late payment or underpayment							
	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 x.0	0274						
	Line 4 Multiply line 3 by .00274** enter here and on line 3, Block 4, space L, (page 7) \$(Interest	st charge)						
	* Contact the Licensing Division at (202) 707-8150 (8:30 a.m5:00 p.m. eastern time, Monday-Frid holidays) for the interest rate for the accounting period in which the late payment or underpayment	lay except federal It occurred.						
	** 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 Copyr list below the Owner, Address, First Community Served, and Accounting Period as given in the origin	al filing.						
	Owner							
	First Community Served							

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. 1.013% of "gross receipts" First DSE Each of the second, third, and fourth DSEs .668% of "gross receipts"

.314% of "gross receipts" The fifth and each additional DSE PARTIALLY-DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE If any of the stations were "partially-distant":

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.

3. For each "subscriber group," calculate the total number of DSEs of

that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the Schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this Schedule.

4. Determine the portion of the total "gross receipts" you reported in space K (page 7) that is attributable to each "subscriber group."

5. Calculate a separate Base Rate Fee for each "subscriber group," using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of "gross receipts"

attributable to that group. 6. Add together the Base Rate Fees for each "subscriber group" to determine the system's total Base Rate Fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge

What To Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the Schedule. In most cases the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a "Continuation Sheet"), enter the additional information on that copy, and attach it to the DSE Schedule,

Rounding Off DSEe. In computing DSEs on the DSE Schedule, you may round off to no less than the third decimal point. If you round off a OSE In any case, you must round off DSEs throughout the Schedule as follows: • When the fourth decimal point is 1, 2, 3, or 4 the third decimal remains unchanged (example: 34647 Is rounded to 346).

When the fourth decimal point is 5, 6, 7, 8, or 9 the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the Base Rate Fee for "partially-distant" stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for "partially-distant" stations, if any portion is located within a major television market.

EXAMPLE:

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

In most cases under current FCC rules al d Fairvale would be within theliccel service arcerot both staticno A and C and all of Rapid City and Bodoga Bay would be within theliccel service area of stations B, D and E	STATION DSE A (independent) 1.0 B (independent) 1.0 C (part-time) .083 D (part-time) .139	Identification of Subecriber Groups CITY OUTSIDE LOCAL SERVICE AREA OF Santa Rosa Stations A, B, C, D, E Rapid City Stations A and C Bodega Bay Stations B, D, and E Fairvale Stations B, D, and E TOTAL "GROSS RECE	"GROSS RECEIPTS" FROM SUBSCRIBERS \$310,000.00 100,000.00 70,000.00 120,000.00 120,000.00 \$600,000.00
Sente Rose [Stetlone A and C]	Minimum Fee Total "Gross Receipts"	\$600,000.00 	1
	First Subscriber Group (Santa Rosa)	Second Subscriber Group (Rapid City and Bodega Bay)	Third Subscriber Group (Fairvale)
Fairvale Repid City Bods ga Bay	Gross Receipts* \$310,000,00 DSEs 2.472 Base Rate Fee \$6,188.52 \$310,000 x.0013 x 1.0 = 3,140,30 \$310,000 x.0068 x 1.472 = 3,048.22	"Gross Receipts"         \$170,000,00           DSEs         1,083           Base Rate Fee         \$1,816.36           \$170,000 x,01013 x 1.0 =         1,722.10           \$170,000 x,00668 x,083 =         94.26	"Gross Receipts" \$120,000.00 DSEs 1,389 Base Rate Fee \$1,527.43 \$120,000 x.01013 x 1.0 = 1,215.60 \$120,000 x.00668 x .389 = 311.83
Buy	Base Rate Fee \$6,188.52	Base Rate Fee \$1,816.35	Base Rate Fee \$1,527.43

1 Owner	LEGAL NAME OF OWNER OF CADI COXCOM, INC.	LE SYSTEM				SYSTEM ID# 061273
2 Computation of DSEs for	INSTRUCTIONS: In the column headed " of space G (page 3). In the column headed " noncommer-cial education	DSE": for each	n independent station, g			
Category "O" Stations		(	CATEGORY "O" STA	TIONS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		· · · · · · · · · · · · · · · · · · ·				•••••••
	SUM OF DSEs OF CAT • Add the DSEs of each Enter the sum here and	station.		<b>.</b> [	0.00	

DSE SCHEDU	/LE. PAGE 12.	
	FOWNER OF CABLE SYSTEM: SYSTEM: , INC. 06127	Namo
CAPACITY Column 2 should correc Column 2 carried out at Column 5 decimal point 1. CALL SIGN	DNS FOR COMPUTATION OF DSEs FOR STATIONS CARRIED PART-TIME DUE TO LACK OF ACTIVATED CHANNEL         1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).         2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure spond with the information given in pace J. Calculate only one DSE for each station.         3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.         4: Divide the figure in column 2 by the figure in column 3, and give the result in declmals in column 4. This figure must be least to the third docimal point. This is the "station soft of the station.         5: For each independent station give the "type-value" as "1.0." For each network or noncommercial educational station, give the station 'S "DSE." (For more information on rounding, see page (vii) of the General Instructions.)         CATEGORY "LAC" STATIONS: COMPUTATION OF DSEs         2. NUMBER       3. NUMBER         0F HOURS       5. TYPE         0F HOURS       0F HOURS         CARRIED BY       STATION         SYSTEM       3. NUMBER         4. BASIS OF       5. TYPE         6. DSE       2. NUMBER         9 YSTEM       3. NUMBER         0F HOURS       5. TYPE         0F HOURS       5. TYPE         4       4         4       4         4 <td>Computation of DSEs for Category "LAC" Stations</td>	Computation of DSEs for Category "LAC" Stations
Column 1: • Was carri In effect of • Broadcas space I), Column 2: your option. Column 3: Column 4:	For each station give the number of IIve, nonnetwork programs carried in substitution for programs that were deleted at This figure should correspond with the information in space I. Enter the number of days in the calendar year; 365, except in a leap year. Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third This is the station's "DSE" (For more information on rounding, see page (vil) of the General Instructions.)	4 Computation of DSEs for Subetituté- Basis Stations
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSES	
1. CALL SIGN	2. NUMBER 3. NUMBER 4. DSE 1. CALL SIGN OF DAYS PROGRAMS IN YEAR 4. DSE	
Add the DSEs	+ = + = + = + = + = + = + = + = + = + =	
TOTAL NUMB	ER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this Schedule, and add them to provide the total	5
1. Number 2. Number	Es applicable to your system.       0.00         of DSEs from part 2       0.00         of DSEs from part 3       0.00         of DSEs from part 4       0.00	Total Number of DSEs
TOTAL NU	MBER OF DSEs	

÷

Namo	LEGAL NAME OF CABLE SYSTEM. COXCOM, INC. 06127									
6 Computation of	In bło • If yo Schedulo	our answer if "Yes," le s.	eave the remain	inder of par		DSE Sched	ule blank a	nd complete part 8, (	(page 16) of the	
3.75 Fee	• If your answer if "No," complete blocks B and C below.									
	BLOCK A: TELEVISION MARKETS									
	Is the "cable system" located wholly outside of all mejor and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes – Complete part 8 of the Schedule – DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. XI No – Complete blocks B and C below.									
			BLOG	CK B: CA	RRIAGE OF PE	RMITTED	DSEs			
	Column 1 CALL SIC	GN under FCC r	igns of distant rules and regu for the DSE So	lations prio	ed in part 2, 3, and 4 o r to June 25, 1981. (	of this Scheo (Note: for fu	dule that yo wither expla	ur system was "perm ination of "permitte	nitted" to carry d station" sae	
	Column 2 BASIS O PERMITI CARRIAC	F (Note the FC FED A Stations of GE 76.61(b)(0 B Specialty C Noncomn D Grandfath for DSE S E Carried pr F A station	C rules and re carried pursus c)) Station as del nerical Educa ( Schedule). ursuant to Indi previously carri	egulations c ant to the F lined in 76.5 ional Statio 76.65) (see vidual waive ried on a pa	the basis on which yo ited below pertain to GC "market quota" 5(kk) (76.59(d)(1), 76 n (76.59(c), 76.61(d) paragraph regarding paragraph regarding rot FCC rules (76.7 rt-time or substitute ide-B contour (76.59	those in eff rules (76.57 6.61(e)(1), 7 7, 76.63(e) ru Substitution 7) basis prior t	ect on June 7, 76.59(b) 6.63(a) refe eferring to n of Grandf o June 25,	a 24, 1981.) , 76.61(b)(c), 76.63 arring to 76.61(a)(1) 76.61(d)) athered Stations in t 1981	he Instructions	
	Column 3	Ust the DSE	for each distar	nt station lis	ted In parts 2, 3, and nplete the workshee	4 of the Sch	edule. *(Ne	ote: For those station	ns identified by	
	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
			3. DSE	SIGN	BASIS	3. DSE		BASIS	3. DSE	
				SIGN		3. DSE			3. DSE	
				SIGN	BASIS	3. DSE		BASIS	3. DSE	
				SIGN	BASIS	3. DSE		BASIS	3. DSE	
				SIGN	BASIS	3. DSE		BASIS	3. DSE	
				SIGN	BASIS	3. DSE		BASIS	3. DSE	
	SIGN			SIGN	BASIS	3. DSE		BASIS	3. DSE	
	SIGN	BASIS		Es of each	BASIS		SIGN	BASIS		
	• SUM OF	BASIS		Es of each	BASIS station	OF 3.75 F	SIGN	BASIS		
hese DSEs epresent eartially ermitted/	• SUM OF	BASIS		Es of each DCK C: C	BASIS station	OF 3.75 F	EE	BASIS	0.00	
hese DSEs epresent ertially ermitted/ ermitted ermitted arriage? If	• SUM OF	BASIS		Es of each DCK C: C part 5 of thi Es' from blo	BASIS station COMPUTATION ( s Schedule ck B above er of DSEs subject to	OF 3.75 F	SIGN	BASIS	0.00 0.00 0.00 0.00	
hese DSEs epresent partially partially non- ermitted/ arriage? If es, see nstructions on inside	• SUM OF Line 1: En Line 2: En Line 3: Sul (If	BASIS PERMITTED DSEs ter the total number ter the 'SUM OF PER btract line 2 from line		Es of each DCK C: C part 5 of thi Es' from blo total numbiceed to par	BASIS station COMPUTATION ( s Schedule ck B above er of DSEs subject to t 7 of this Schedule)	OF 3.75 F	SIGN	BASIS	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	
Do any of hese DSEs epresent partially partially non- permitted artiage? If res, see nstructions in Inside cover of this 3A.	• SUM OF Line 1: En Line 2: En Line 3: Sul (If Line 4: En Line 5: Mu	BASIS PERMITTED DSEs ter the total number ter the 'SUM OF PER biract line 2 from line zero, leave lines 4-7		Es of each DCK C: C part 5 of thi Es* from blo total numb ceed to par (page 7) , n here , ,	BASIS station COMPUTATION ( s Schedule ck B above er of DSEs subject to t 7 of this Schedule)	OF 3.75 F	SIGN	BASIS	0.00 0.00 0.00 0.00 0.00 0.00	

Cox Communications New England D.T.C. 07-10 Record Request 3 - Attachment 1

LEGAL NAME OF OWNER COXCOM, INC.	OF CABLE SYSTEM:				SYSTEM ID# 061273	Mama
Instructions; You mus carried prior to June 2 Column 1: List the cal Column 2: Indicate th Column 3: Indicate th Column 4: Indicate th (Note that APart-tin 76,59(c BLate-ni S Substit Genera Column 5: Indicate the Column 5: Indicate the Column 6: Compare th in block 8, IMPORTANT: The inf	tcomplete this worksh 25, 1981 under former II slgn for each distant e DSE for this station e accounting period a e basis of carriage on the FCC rules and reg ne specially programming: Car ute Carriage under ce 1 Instructions. a station's DSE for the te DSE figures listed in column 3 of part 6 for ormation you give in	ection those stations id FCC rules governing p t station Identified by ti for a single accounting nd year in which the c which the station was gulations cited below p ming: Carriage, on a p 5.63 (referring to 76:61 riage under FCC rules, artain FCC rules, regul a current accounting pun n columns 2 and 5 and this station.	PERMITTED PART-TIN entified by the letter "F" in part-time and substitute he letter "F" in column 2 g period, occurring betw arriage and DSE occur e carried by listing one of eartain to those in effect (e)(1)). , sections 76.59(d)(3), 7 ations or authorizations eriod as computed in particular list the smaller of the two hust be accurate and is	n column 2 of block B, pa carriage.) i of part 6 of the DSE 5 yeen January 1, 1978 i red, (e.g., 1981/1). of the following letters: on June 24, 1981.) alty programming unde 6.61(e)(3), or 76.63 (re . For further explanation arts 2, 3, and 4 of this 5 o figures here. This fig	art 6 (i.e. those stations Schedule: and June 30, 1981, or FCC rules, sections ferring to 76.61 (e)(3)). on see page (v) of the Schedule. ure should be entered	Worksheet
Statement of Account	A real of the second seco	Contraction of the second second	ON A DART THIS AN			
	1	1	ON A PART-TIME AN		T	
1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE	4
			******			
	1,2411 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010	personal and the contract of the second	••••••	en de la marca de la companya de la compañía de la	13 3 3 3 3 3 4 5 7 9 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
				1		
					CONTRACTOR CONTRACTOR CONTRACTOR	
	******					
	"Yes," complete bloc	ks Band C, below.	ll	Schedule.		7
	BLO	CK A' MAJOB TE	LEVISION MARK			Computation of the
						Syndicated Exclusivity
effect June 24, 19		⊐Xes-Complete bloc	vision market as defined the B and C . D No	- Proceed to part 8	C rules in	Surcharge
BLOCK B: Carriage	of VHF/Grade B C	Contour Stations	BLOCK C	: Computation of Ex	empt DSEs	
Is any station listed in b that places a Grade B c system?			Was any station listed served by the cable former FCC rule 76.15	in block B of Part 7 carr system prior to March 59)	ied in any community 31, 1972? (reter to	
Yes—List each statlor value,	n below with its approp	orlate permitted DSE	Yes-List each stat value.	ion below with its appro	priate permitted DSE	
XNo—Enter zero and p	proceed to part 8.		CXNo—Enter zero and	i complete block D.		
CALL SIGN	DSE CALLS	IGN DSE	CALL SIGN	DSE CALLS	SIGN DSE	
				******		
•••••••••••••••••••••••••••••••••••••••						
	TOTAL	SEs 0.00	L	TOTAL	DSEs 0.00	1
	1	OSEs 0.00		L	0.00	

Namo		L NAME OF CAMPER OF CABLE SYSTEM.	SYSTEM ID 06127
		BLOCK D. COMPUTATION OF THE SYNDICATED EXCLUSIVITY S	SURCHARGE
7	Section 1	Enter the amount of "Gross Receipts" from space K (page 7)	s 2,717,659.51
omputation of the	Section 2		0.00
Syndicated Exclusivity Surchargo		B. Enter the total number of exempt DSEs from Block C of Part 7	0.00
		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
	• Is a	ny portion of the cable system within a top 50 television market as defined by the FCC?	
		SECTION 3: TOP 50 TELEVISION MARKET	
	Section 3a	Did your cable system retransmit the signals of any partially-distant television stations during     Ore Complete part 9 of this Schedule.     Ore Complete the applicable sectors	the accounting period? tion below.
		If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section is 1.0 or less, multiply the "gross receipts" x .00599 x the DSE. Enter the result on line A below	n 3b blank. NOTE: If the DSE /.
		A. Enter .00599 of "gross receipts" (the amount in section1)	200
		B. Enter .00377 of "gross receipts" (the amount in section 1) S	
		C. Subtract 1.000 from total permitted DSEs (the figure on fine C in section 2) and enter here	
		D. Multiply line B by line C and enter here	Þ
		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	s
	Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave se	ction 3a blank.
		A. Enter .00599 of "gross receipts" (the amount in section 1)	» <sup>S</sup>
		B. Enter .00377 of *gross receipts* (the amount in section 1)	
		C. Multiply line B by 3.000 and enter here.	* <sup>S</sup>
		D. Enter .C0178 of *gross receipts* (the amount in section 1)	
		E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	▶ <u>\$</u>
		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.	s
		SECTION 4: SECOND 50 TELEVISION MARKET	
	Section 4a	Did your cable system retransmit the signals of any partially-distant television stations during th Yes-Complete part 9, of the Schedule. [XNo-Complete the following section	e accounting period? 15.
		If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section is 1.0 or less, multiply the 'gross receipts' x .003 x the DSE. Enter the result on line A below. A. Enter .00300 of 'gross receipts' (the amount in section 1).	
		B. Enter .00189 of "gross receipts" (the amount in section 1)	12 
		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.	▶ <u>\$</u>
		E. Add lines A and D. This is your surcharge.	

	L NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID# COM, INC. 061273	Name
Sectior 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 .00300 of "gross receipts" (the amount in section 1)         B. Enter .00189 of "gross receipts" (the amount in section 1)         C. Multiply line B by 3.000 and enter here         D. Enter .00089 of "gross receipts" (the amount in section 1)         S         D. Enter .00089 of "gross receipts" (the amount in section 1)         S         D. Enter .00089 of "gross receipts" (the amount in section 1)         S         D. Enter .00089 of "gross receipts" (the amount in section 1)         S         D. Enter .00089 of "gross receipts" (the amount in section 1)         S         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 .	7 Computation of the Syndicated Exclusivity Surcharge
Yc 6 was • li • li • li b What locate	RUCTIONS: bu must complete this part of the DSE Schedule for the SUM OF PERMITTED DSEs in Part 6, Block B; however, if block A of part schecked "yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially-distant stations. If your answer is "No," compute your system's Base Rate Fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially-distant stations), you must complete part 9. Leave block B below blank. Is a "partially-distant station ?" A station is "partially-distant" if, at the time your system carried it, some of your subscribers were d within that station's local service area and others were located outside that area. For the definition of a station's "local service see the "Distant Station" section on page (Iv) of the General Instructions.	8 Computation of Base Rate Fee
• Did y	BLOCK A: CARRIAGE OF PARTIALLY-DISTANT STATIONS your cable system retransmit the signals of any partially-distant television stations during the accounting period? Yes-Complete part 9 of this Schedule. BLOCK B: NO PARTIALLY-DISTANT STATIONS-COMPUTATION OF BASE RATE FEE	
Section 1 Section 2	Enter the amount of "gross receipts from space K (page 7)	
Section	If the figure in section 2 is 4.000 or less, compute your Base Rate Fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the "gross receipts" x .01013 x the DSE. Enter the result on line A below. A. Enter .01013 of "gross receipts" (the amount in section 1). B. Enter .00668 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.	

.

		NAME OF OWNER OF G	ABLE SYSTEM				51	STEM   0612
8	Section 4	It the figure in sec	ction 2 is more th	an 4.000, compute y	our Base Rate Fee he	ere and leave section	3 blank.	
Computation		A. Enter .01013 c (the amount in	of "gross receipts section 1)				0.00	
of Base Rate Fee		B. Enter 00668 c (the amount In	of "gross receipts section 1)			0.00		
		C. Multiply line B	by 3,000 and en	erhere			0.00	
		D. Enter .00314 c (the amount in	of "gross receipts" section 1)			0.00		
		E. Subtract 4.000 (the figure in se	trom total DSEs ection 2) and ent	er here	····· •	0.00		
		F. Multiply line D	by line E and ent	erhere	•••••			0.00
		Enter here and	Lin block 3. line 1	our Base Rate Fee. , space L (page 7)		<b>&gt;</b> [\$	·	0.00
9	receipts	eral: If any of the sta s from subscribers lo lusion, you must	tions you carried ocated within the	was "partially-distant, station's local service	" the statute allow's yo area from your system	u, in computing your i m's total "gross receip	Base Rate Fee, ots." To take ad	to exclud vantage o
Computation of	First station of	t: Divide all of your si or the same group o	ubscribers into "s of stations.	ubscriber groups," eac	h group consisting ent	tirely of subscribers the	atare*distant't	othesam
ase Rate Fee and Syndicated	system's	s "gross receipts" a	ttributable to that	group, and calculate	a separate Base Rat	e the number of DSE e Fee for each group:		
Exclusivity Surcharge						is the Base Aate Fee		
for Partially- Distant	compute	e e Syndicated Excl	usivity Surcharge	for each subscriber	pp 100 television mark group, in this case, co arkets, complete bloc	et and the station is no cmplete both block A k A only.	otexempt, you and B below. H	must als łowever,
Stations		Identify a Subscril	•	مرابع والمرابع والمرابع	t and each portiolly a	listant station you car	ted	
2.*	Step outside:	2: For each wholk	y-distant and eac ervice area. A su	h partially-distant sta bscriber located outsi	tion you carried, dete	rmine which of your s rea of a station is "dis	subscribers we	re locate ation (and
	Step	3: Divide your sub	scribers into sub	scriber groups accord	tant' to exactly the se	nt of stations to which ame complement of s cál service areas that	tations. Note th	ant." Ead lat a cable
	Com			h subscriber group:	Block A contains sep	parate sections, one f	for each of you	r system'
			late Fee for eac					
		puting the Base R ler groups.	Rate Fee for eac					
	subscrib In each s • Identify	puting the Base R er groups. section: y the communities/a	areas represente	d by each subscriber				
	subscrib In each s • Identify • Give th	puting the Base R er groups. section: y the communities/a	areas represente			at is, each station the	at is "distant" to	) all of the
	subscrib In each s Identify Give th subscri If: 1) your and 2 2) any	puting the Base A er groups. section: y the communities/a he call sign for each ibers in the group. r system is located v 4 of this Scheduler (	areas representer h of the stations wholly outside all	in the subscriber groo major and smaller tel	up's complement—the evison markets, give a	at Is, each station tha each station's DSE as ch station's DSE as y	s you gave it in	parts 2, 3
	subscrib In each s Identify Give th subscri If: 1) your and 2 2) any 6 of t	puting the Base R ier groups. section: y the communities/s ne call sign for each ibers in the group. r system is located w 4 of this Schedule; o portion of your syste this Schedule.	areas represented h of the stations wholly outside all or, em is located in a	in the subscriber groo major and smaller tel major or smaller tele	up's complement—the evison markets, give a	each station's DSE as ch station's DSE as y	s you gave it in	parts 2, 3
	subscrib In each a Identify Give th subscri If: 1) your and 4 2) any 6 of t • Add the	puting the Base R er groups. section: y the communities/a the call sign for each ibers in the group. r system is located w 4 of this Schedule; o portion of your system his Schedule. e DSEs for each sta	areas representer h of the stations wholly outside all or, em is located in a ation. This gives	in the subscriber grou major and smaller tel major or smaller tele you the total DSEs fo	up's complement—th avison markets, give a vison market, give ea the particular subscr	each station's DSE as ch station's DSE as y	s you gave it in ou gave it in bio	parts 2, 3 ock B, par

DSE SCHEDULE. I	PAGE 18.
-----------------	----------

#### PERMITTED STATIONS

COXCOM, IN			100 01				06127	3
BLOG	CK A: COMP	PUTATION OF B	ASE RAT	TE FEES FOR EA	the second se		J	9
CONTRACTOR AD	CA.			COMMUNITY/ ARE		RIBER GROUP		
COMMONITI AH	EA		·····	COMMONITITARE	A			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate F
Unite Under	1					1		and
			1				1	Syndicate
							(Strate) (Strate)	Surcharge
	1		<pre>SPC602021166740</pre>				na busine na manaka	for
					l			Partially- Distant
								Stations
								1
			0.00000000					
• • • • • • • • • • • • • • • • • • •			1					
• • • • • • • • • • • • • • • • • • •					•••••	******		
	1				·····		1	
•••••	1							
							Chemicals	
					÷			
Total DSEs*		•		"Total DSEs"				
		<u>.</u>		"Gross Receipts" 1st	Group	<u>\$</u>		
		(						
			I II					
			×	D			3	
		<b>s</b>	·	Base Rate Fee 1st Gro	up	\$		
		L						
and the second se				T	HIRD SUBSCRI	BER GROUP		
and the second se		L			HIRD SUBSCRI	BER GROUP		
The second s				T	HIRD SUBSCRI	BER GROUP		
OMMUNITY/ ARE	A	L		COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP		
OMMUNITY/ ARE	A	L		COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP		
OMMUNITY/ ARE	A	L	 DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ARE	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	
OMMUNITY/ ARE CALL SIGN	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	12
OMMUNITY/ ARE CALL SIGN	A	CALL SIGN	DSE	COMMUNITY/ AREA	HIRD SUBSCRI	BER GROUP	DSE	1
OMMUNITY/ARE	A	CALL SIGN	DSE	CALL SIGN CALL SIGN	HIRD SUBSCRI	BER GROUP	DSE	12
OMMUNITY/ ARE CALL SIGN	A	CALL SIGN CALL SIGN S	DSE	T COMMUNITY/ AREA CALL SIGN	HIRD SUBSCRI	BER GROUP	DSE	2
CALL SIGN CALL SIGN	A	CALL SIGN	DSE	CALL SIGN CALL SIGN	HIRD SUBSCRI	BER GROUP	DSE	12
OMMUNITY/ ARE CALL SIGN CALL SIGN Dial DSEs* 	A	CALL SIGN CALL SIGN S S	DSE	T COMMUNITY/ AREA CALL SIGN	HIRD SUBSCRI	BER GROUP	DSE	2

 $\mathbf{x}_{i}$ 

DSE SCHEDULE. PAGE 18.

### NON-PERMITTED 3.75

ACCOUNTING PERIOD: 2007/1

CALL SIGN DSE CA	LEGAL NAME OF OWN COXCOM, INC							TEM ID# 061273	Name
COMMUNITY/AREA     Community/ARE	BLOC	KA: COMP	UTATION OF B	ASE RAT					9
CALL SIGN     DSE     Base Fair Fair Fair Fair Fair Fair Fair Fair									
CALL SIGN     DSE     CALL SIGN     DSE     CALL SIGN     DSE     CALL SIGN     DSE       CALL SIGN     DSE     CALL SIGN     DSE     CALL SIGN     DSE     CALL SIGN     DSE       Second Sign     Gala Sign     Gala Sign     Gala Sign     Gala Sign     Gala Sign     Gala Sign       Total DSEs*     S     Total DSEs     Title Subscritter, GROUP     Titles Subscritter, GROUP     Titles Subscritter, GROUP       CALL SIGN     DSE     CALL SIGN     DSE     CALL SIGN     DSE       Scond Subscritter, GROUP     Titles Subscritter, GROUP     Titles Subscritter, GROUP     Titles Subscritter, GROUP       CALL SIGN     DSE     CALL SIGN     DSE     CALL SIGN     DSE       Scond Subscritter, GROUP     Titles Subscritter, GROUP     Titles Subscritter, GROUP     Gala Sign       CALL SIGN     DSE     CALL SIGN     DSE     CALL SIGN     DSE       Community // AREA     Community // AREA     Community // AREA     Gala Sign     Gala Sign       Cold DSEs*     Total DSEs*     "Total DSEs"     Group     S       Total DSEs*     Scond Group     S     S     S       Total DSEs*     Store Sard Group     S     S       Total DSEs*     Store Sard Group     S     S <t< th=""><th>COMMUNITY/ ARI</th><th>EA</th><th></th><th></th><th></th><th>A</th><th>· · · · · · · · · · · · · · · · · · ·</th><th></th><th>1 · · ·</th></t<>	COMMUNITY/ ARI	EA				A	· · · · · · · · · · · · · · · · · · ·		1 · · ·
OCCC Olimit       Data in the bases above.         Image: Second Subscribter group as shown in the bases above.		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
Image: Second SUBSCRIBER GROUP       Total DSEs"       Image: Second SUBSCRIBER GROUP         Image: Second SUBSCRIBER GROUP       Thirds SUBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP         Image: Second SUBSCRIBER GROUP       Thirds SUBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP         Image: Second SUBSCRIBER GROUP       Thirds SUBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP         Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP         Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP         Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP         Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP         Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER GROUP         Image: Second SuBSCRIBER Group       Image: Second SuBSCRIBER GROUP       Image: Second SuBSCRIBER Group         Image: Second SuBSCRIBER Group       Image: Second SuBSCRIBER Group       Image: Second SuBSCRIBER Group         Image: Second SuBSCRIBER Group       Image: Second SuBSCRIBER Group       Image: Second SuBSCRIBER Group         Image: Second SuBSCRIBER Group       Image: Second SuBSCRIBER Group       Image: Second SuBSCRIBER Group         Image: Second	CALL SIGN		UNEE GRAIN	DOL					
Outware	*****					1		1	
Total DSEs*       ************************************		1		1.51574115222559					•
3.75 FEE         Total DSEs*									
Total DSEs*							NATION CONTRACTORS		-Stations
Total DSEs*       ************************************							•••••		3.75 FEE
Total DSEs*		•••••••							
Total DSEs*									
Total DSEs*									
\$       "Gross Receipts" 1st Group       \$         \$       3.75 Fee 1st Group       \$         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs*       "Total DSEs*       "Gross Receipts" 3rd Group       \$         1.75 Fee 2nd Group       \$       3.75 Fee 3rd Group       \$         75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.       \$       .		[]							1
\$       "Gross Receipts" 1st Group       \$         \$       3.75 Fee 1st Group       \$         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs*       "Total DSEs*       "Gross Receipts" 3rd Group       \$         1.75 Fee 2nd Group       \$       3.75 Fee 3rd Group       \$         75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.       \$       .									
\$       "Gross Receipts" 1st Group       \$         \$       3.75 Fee 1st Group       \$         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs*       "Total DSEs*       "Gross Receipts" 3rd Group       \$         1.75 Fee 2nd Group       \$       3.75 Fee 3rd Group       \$         75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.       \$       .									
\$				•					1
\$       3.75 Fee 1st Group         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP         CALL SIGN       DSE         Total DSEs*	Total DSEs*				"Total DSEs"	· · <b>· · · ·</b> · · · · · · · · · · ·	•		
\$       3.75 Fee 1st Group       \$         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs*       Total DSEs*       "Total DSEs"       "Gross Receipts" 3rd Group         .75 Fee 2nd Group       \$       3.75 Fee 3rd Group       \$         75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.			\$		"Gross Receipts" 1st	Group	\$		
SECOND SUBSCRIBER GROUP     THIRD SUBSCRIBER GROUP       CALL SIGN     DSE     CALL SIGN     DSE       Total DSEs*						13	<b></b>		
SECOND SUBSCRIBER GROUP     THIRD SUBSCRIBER GROUP       CALL SIGN     DSE     CALL SIGN     DSE       Total DSEs*			L.	· • 1				1	
COMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE         Community / AREA       Community / AREA       Community / AREA         Call Sign       DSE       CALL SIGN       DSE         Call Sign       DSE       CALL Sign       DSE         Call Sign       Call Sign       DSE       Call Sign         Call Sign       Call Sign       Call Sign       Call Sign         Call Sign       Call Sign       Call Sign       Call Sign         Call DSEs*       "Total DSEs*       "Gross Receipts" 3rd Group       S         .75 Fee 2nd Group       S       S.75 Fee 3rd Group       S         .75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.       S			<u>\$</u>		3.75 Fee 1st Group				
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Common Signature         Common Signature       Common Signature       Common Signature       Common Signature       Common Signature       Common Signature         Common Signature       Signature       Signature       Signature       Signature       Signature         Common Signature       Signature       Signature       Signature       Signature       Signature         Common Signature       Signature       Signature       Signature       Signature       Common Signature       Signature         Common Signature       Signature       Signature       Signature       Signature       Signature       Signature         Common Signature       Signature       Signature       Signature       Signature       Signature       Signature         Common Signature       Signature       Signature       Signature       Signature       Signature       Signature       Signature         Common Signature       Signature       Signature	SE	COND SUBSCRI	BER GROUP		T	IRD SUBSCRIE	BER GROUP		
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Component of the second se	COMMUNITY/ ARE	A	·····						
Total DSEs*       "Total DSEs"         "Gross Receipts" 2nd Group       \$	CALL SIGN		CALL SIGN	DSE					4
Total DSEs*       "Total DSEs*         Gross Racelpts" 2nd Group       \$         I.75 Fee 2nd Group       \$	CALL SIGN		UNEL DIGIT		UNIC OTHER				
Total DSEs"       "Total DSEs"         "Gross Receipts" 2nd Group       \$         1.75 Fee 2nd Group       \$         .75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.	•••••	1							
Total DSEs"       "Total DSEs"         Gross Receipts" 2nd Group       \$         .75 Fee 2nd Group       \$         .75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.			Several residence of the second several second several second several several several several several several s	0011011001100					8
Total DSEs"       "Total DSEs"         Gross Receipts" 2nd Group       \$         .75 Fee 2nd Group       \$         .75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.									
Total DSEs"       "Total DSEs"         Gross Receipts" 2nd Group       \$         .75 Fee 2nd Group       \$         .75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.									
Total DSEs*       "Total DSEs"         Gross Receipts" 2nd Group       \$         .75 Fee 2nd Group       \$         .75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.									
Total DSEs"       "Total DSEs"         Gross Receipts" 2nd Group       \$         .75 Fee 2nd Group       \$         .75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.				vc3/2001210-10-11					
Total DSEs*   Gross Receipts" 2nd Group   \$   .75 Fee 2nd Group   \$   .75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.					•••••			•••••	
Total DSEs"									
Total DSEs*       "Total DSEs"         "Gross Receipts" 2nd Group       \$         "Since 2nd Group       \$         .75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.       3.75 Fee 3nd Group									
Total DSEs*       "Total DSEs"         "Gross Receipts" 2nd Group       \$         "Gross Receipts" 2nd Group       \$         .75 Fee 2nd Group       \$         .75 Fee; Add the 3.75 Fees for each subscriber group as shown in the boxes above.       3.75 Fee 2nd Group								1	
Total DSEs*       "Total DSEs"         ''Gross Receipts'' 2nd Group       \$         ''Gross Receipts'' 2nd Group       \$         ''Total DSEs"       "Gross Receipts" 3rd Group         ''Sross Receipts'' 3rd Group       \$         ''Total DSEs"       "Gross Receipts" 3rd Group         ''Gross Receipts'' 3rd Group       \$         ''Total DSEs"       "Gross Receipts" 3rd Group         ''Sross Receipts'' 3rd Group       \$         ''Total DSEs"       "Gross Receipts" 3rd Group         ''Sross Receipts'' 3rd Group       \$         ''Total DSEs"       \$         ''Gross Receipts'' 3rd Group       \$         ''Total DSEs"       \$         ''Gross Receipts'' 3rd Group       \$         ''Gross Receipts'' 3rd Group       \$         ''Total DSEs'       \$         ''Total DSEs'       \$         ''Total DSEs'	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		•••••					
'Gross Receipts'' 2nd Group       \$         .75 Fee 2nd Group       \$         .75 Fee; Add the 3.75 Fees for each subscriber group as shown in the boxes above.       3.75 Fee 3rd Group	·····								4.
Gross Receipts" 2nd Group \$ "Gross Receipts" 3rd Group \$ .75 Fee 2nd Group \$\$ .75 Fee; Add the 3.75 Fees for each subscriber group as shown in the boxes above.	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			<u>*</u> -
Gross Receipts" 2nd Group \$ "Gross Receipts" 3rd Group \$				······		· · · · · · · · · · · · · · · · · · ·			*
.75 Fee 2nd Group 3.75 Fee 3rd Group \$	Total DSEs"								
.75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.					"Total DSEs"				
.75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.					"Total DSEs"				
.75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.					"Total DSEs"				* *
.75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.	'Gross Receipts'' 2nd	L Group	\$		"Total DSEs" "Gross Receipts" 3rd			······	*. *.
		L Group	\$		"Total DSEs" "Gross Receipts" 3rd				
mor nere and bittle block a life Z. SUBCE L MAUG / Lange states and the states and states and the block a life Z.	Gross Receipts" 2nd .75 Fee 2nd Group	L Group	\$ \$ \$ 		"Total DSEs" "Gross Receipts" 3rd 3.75 Fee 3rd Group				

DSE SCHEDULE, PAGE 19.

•	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	COXCOM, INC.	061273
9		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially-	If your cable system is located within a top 100 television market a Exclusivity Surcharge. Indicate which major television market any of FCC rules in effect on June 24, 1981: X First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com- Schedule.	Ind the station is not exempt, you must also compute a Syndicated portion of your cable system is located in as defined by section 76.5 Second 50 major television market mercial VHF Grade B contour stations listed in block A, part 9 of this for the VHF Grade B contour stations that were classified as "Exempt ero.
Distant Stations	Step 4: Compute the surcharge for each subscriber group using the	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs         Line 2: Enter the "Exempt DSEs,         Line 3: Subract 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         1st Group         Line 1: Enter the VHF DSEs         Line 2: Enter the "Exempt DSEs.         Line 3: Subract 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         SynDicATED EXCLUSIVITY         Subject to the surcharge         computation         SynDicATED EXCLUSIVITY         Subject to the surcharge         computation         subject to the surcharge         computation         subject to the surcharge         subject to the surcharge         computation         subject to the surcharge         computation         subject to the surcharge         subject to the surcharge         or each subscriber group as shown
	1. 7)	× 13

Cox Communications New England D.T.C. 07-10 Record Request 3 - Attachment 1

## COPYRIGHT STATEMENT OF ACCOUNT MANAGEMENT SYSTEM

## LONG FORM COVER PAGE - Version 6 for Windows

Distributed and Supported by:

GRALIN associates, inc 473 10th Avenue Prospect Park, PA 19076-1310 (888) 447 2875

email: saffsupport@gralin.net

Any Subscriber Groups:	No	0
Any PARTIALLY-PERMITTED stations:	No	C.
Any PARTIALLY-DISTANT stations:	No	
Wholly or partially within a TOP 50 Market:	Yes	
Wholly or partially within a TOP 100 Market:	Yes	
Wholly OUTSIDE all Major and Smaller Markets:	No	
Any DISTANT stations indicated in Block G:	No	
SETTINGS OF THIS SYSTEM'S REPORT CONTROLS:		

Form: 61273072

System ID: COX CABLE GREATER HARTFORD, INC.

- Account Number: 061273
  - City/Town: ENFIELD, Connecticut

Owner: COXCOM, INC.

Account Period: July 1 - December 31, 2007

Royalty Fee Due: \$24,877.55



061273 2007/2

#### IF YOU ARE FILING FOR A PRIOR ACCOUNTING PERIOD, CONTACT THE LICENSING DIVISION FOR THE CORRECT FORM.

### SA3 Long Form

# STATEMENT OF ACCOUNT

for Secondary Transmissions by: Cable Systems (Long Form)

General Instructions are at the end of this form [pages (i)-(vii)],

DATE RECEIVED	AMOUNT
	\$
	ALLOCATION NUMBER

#### Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC:20557-6400 (202) 707-8150

[For courier deliveries, see page I of the general instructions]

Accounting Period	ACCOUNTING PERIOD COVERE July 1 - December 31, 2007	D BY THIS STATE	ΛΕΝΥ:	
B Owner	incorrect information and print of type to Give the full legal name of the owner corporate title of the subsidiary, not that	he correct information t of the cable system. If t of the parent corporat	the owner is a subsidiary of another corp	
	LEGAL NAME OF OWNER/MAILING.	DDRESS OF CABLE	SYSTEM	061273
	COXCOM, INC.			UUTETU .
	SAME			
				061273 2007/2
	1400 LAKE HEARN DRIVE			001213 200112
	ATLANTA, GEORGIA 30319			
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In lin	iness or trade names u e 2, give the mailing ad	sed to:identify the business and operation dress of the system, if different from the a	n of the system unless these address given in space B,
System	1 IDENTIFICATION OF CABLE S COX CABLE GREATER H			
	2 MAILING ADDRESS OF CABLE 801 PARKER STREET. (Number, Street, Rutral Roke, Apartment or MANCHESTER, CT 06040 (City, Town; State, ZIP Code)	Suite Numbér)		
D Area Served	defined in FCC rules: "a separate and unincorporated areas and including sing list will serve as a form of system idea Community on all future fillings.	distinct community or r le, discrete unincorpora utilication hereafter k	cable system. A "community" is the same nunicipal entity (including unincorporated ted areas.") 47 C.F.R. §76.5(mm). The fil nown as the "First Community," <i>Please</i> niums or mobile home parks should be rep	communities within ret community that you o use it as the First
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First ► Community:	ENFIELD EAST GRANBY EAST WINDSOR GRANBY HARTLAND	CT CT CT CT CT	UNION WINDSOR LOCKS	
	HOLLAND	MA CT		
	STAFFORD SUFFIELD	СТ. СТ.		CONTRACTOR AND CONTRACTOR AND CONTRACTOR

Form \$A3c Rev: 10/2005 Print: 10/2005-2:000 Printed on recycled paper

U.S. Government Printing Office: 2005-314-641

## NOTICE: This form has been electronically photo-reproduced by GRALIN associates for COMMUNICATIONS NEW ENGLAND D.T.C. 07-10 RECORD REQUEST 3 - ATTACHMENT 2

÷

LEGAL NAME OF OWNER OF CABLE SYST COXCOM, INC.	EM:				SYS.	TEM ID# 061273	Name
SECONDARY TRANSMISS In General: The information in system: that is, the retransmiss about other services (including day of the accounting period (J Number of Subscribers: Bo by categories of secondary tra category by counting the number for the particular service at the Rate: Give the standard rate in which it is generally billed. category, but do not include dis Block 1:in the left-hand bloc systems most commonly provide that applies to your system. No categories, that person or entity subscriber who pays extra for c. Set," and would be counted on Block 2: if your cable system printed in block 1, (for example, with the number of subscribers a	space E should ion of television pay cable) in sp une 30 or Decei th blocks in spain smission servi- er of billings in the rate indicated — charged for eaci (Example: "\$8/n counts allowed k in space E, the e to their subsci- tote: Where an i should be count able service to a the again under " in has rate categ	d cover all categories of and radio broadcasts b ace F, not here. All the fa mber 31, as the case ma ce E call for the number of ce. In general, you can at category (the number) not the number of sets re- n category of service. Inc th'). Summarize any st for advance payment. a form lists the categorie ribers. Give the number of ndividual or organization ied as a "subscriber" in e- dditional sets would be in Service to Additional Set yories for secondary tran-	"seconda" y your sy lots you s y be). If subscrift compute of person aceiving s lude both andard ra andard ra s of seco of subscrift n Is recei no Is recei no Is recei ach applic nocluded in (s)." Ismission	any transmis stem to sub tate must b bers to the o the numbers or organiz- ervice). the amoun- ate variation indary trans- bers and ra- ving service table categor the count service tha ary transmi	schoors, Give Inte e those existing on able system, broke or of "subscribers" rations charged se t of the charge and ns within a particu- mission service th te for each listed c ory. Example: a result under "Service to l at are different from ssions), list them, t	the last en down in each parately the unit lar rate at cable at cable at cable dential he First n those ogether	E Secondary tranomicolon Service: Subscribero and Rateo
BLOCK				BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBER	S RATE CATEGOR	Y OF SE	RVICE	NO. OF SUBSCRIBERS	RATE	
Service to First Set     Service to Additional Set(s)     FM Radio (if separate rate), Motel, Hotel Commercial Converter     Residential     Non-Residential     SERVICES OTHER THAN S     In General: Space F calls I were not covered in space E. Th service for a single fee. There furnished at cost; and (2) servic amount of the charge and the u enter only the letters "PP" in the Block 1: Give the standard Block 2: List any services th in block 1 and for which a separ or three word) description, and	40,071 555 34,572 253 SECONDARY or rate (not subt at is, those servi are two exceptions of facilities in the charged b at your cable syst at ocharged was i	13.95 4.98 4.98 TRANSMISSIONS: R scriber) information with in cest that are not offered in prist you do not need to furnished to nonsubscrib usually billed. If any rates y the cable system for ea stem furnished or offered made or established. List	ATES respect to rcombina give rate ers. Rate are char ach of the	all your ca tion with ar information informatio ged on a va applicable	ny secondary trans n concerning: (1) s n should include b ariable per-program services listed.	ces that mission ærvices poth the n basis, ot listed	F Services Other Than Secondary Transmissions: Rates
	BLOCK 1				BLOCK 2		
CATEGORY OF SERVICE	A MARK AND A	SORY OF SERVICE	RATE	CATEGO	RY OF SERVICE	RATE	
Continuing Services: • Pay Cable	12.93 - Mot - Cor - Pay - Pay - Fire 55.98 - Bur	ation: Non-Residential el, Hotel nmercial Cable		DIGIT/ DIGIT/ EXPAI	AL STANDARD AL LIMITED AL PACKAGES NDED 3	4.95 9.95	58

FORM SAS. PAGE 3,

Name;	COXCOM,	NO.		SYSTEM ID 06127					
G Primary Transmitters: Television	<ul> <li>INSTRUCTIONS:</li> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G —but do list it in space I (the Special Statement Program Log)—If the station was carried only on a substitute basis.</li> <li>Ust 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 futher information concerning substitute basis stations, see page (v) of the General Instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which the station is a network station, or a noncommercial educational station, by entering the letter "N" (for network), "I" (for independent) or "E" (for noncommercial educational). For the meaning of these terms, see page (iv) of the General Instructions. Column 4: it he station is "distant" enter "Yes." If not, enter "No." For explanation of what a "distant station" is, see page (iv) of the General Instructions. 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 channel on any other basis, enter "O." For a further explanat</li></ul>								
	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			
	**WDMRIp	65		No		NEW HAVEN, CT			
	**WHPX	26		No		NEW LONDON, CT			
	*WBZ	4	N	No		BOSTON, MA			
	*WGBH	2	E	No		BOSTON, MA			
	*WSHM-LP	67	N	No		SPRINGFIELD, MA			
	*WUNI	27	1.	No		HARTFORD, CT			
	WCTX	59		No		NEW HAVEN, CT			
	WEDH	24	E	No		HARTFORD, CT			
	WFSB	3	N	No		HARTFORD, CT			
18	WGBY	57	E	No		SPRINGFIELD, CT			
	WGGB	40	N	No		SPRINGFIELD, MA			
	WTIC	61	1	No		HARTFORD, CT			
	WTNH	8	N	No		NEW HAVEN, CT			
	WTXX	20	1	No		WATERBURY, CT			
	WUVN	18	1	No		HARTFORD, CT			
	WVIT	30	N	No	********	HARTFORD, CT			
	WWLP	22	N	No		SPRINGFIELD, MA			
			i dem						

\* Carried in Holland, MA only \*\* Carried in all cireas except Holland, MAROX COMMUNICATIONS NEW ENGLAND D.T.C. 07-10

RECORD REQUEST 3 - ATTACHMENT 2

FORM SA3. PAGE 4.

COXCOM,	INC.	BLE SYS	STEM!	1			SYSTEM ID# 061273	Namo
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all- band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office Regulations, an FM Signal is						H		
generally re- be expected stated interva General Instr Column 1 Column 2	ceivable" If: , on the bas als. For deta uctions. : Identify the : State whet	(1) "it sis of n ailed ir e call s ther th	is carried by the system who nonttoring, to be received at nformation about the the Co sign of each station carried, e station is AM or FM.	enever If is rece t the headend, pyright Office F	with the syst and the syst and the syst	systen tem's on thi	n's headend"; and (2) it can FM antenna, during certain s point, see page (v) of the	Transmitters: Radio
signal, indica Column 4:	te this by pl Give the s	acing tation'	n's signal was electronically a check mark in the "S/D" or s location (the community to if any, the community with y	olumn. 5 which the stat	ion is licens	ed by	1	
CALL SIGN	AM or FM	SÆ	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						120.0012302		
		10-00 million		and the first set of a state of a strategy of the				
			********					
The second statement of the second								
						I		
CONTRACTORS SATURATION	CONCOURSE CONCERNMENT			en antino e construction de	on no companya constante	1919 - Children P. C. 1919	A MARCHAN AND A DAMAGED STOLEN OF COMPANY AND ADDRESS	
(A) 1120-1260 (0000000/0110)		100000000						
							******	
							*******	
	••••••	•••••		****		•••••	••••••	
			·····				***********	
							•••••	
	****	*****			«		********	
		•••••				ecce.		
	•••••			••••••	•••••			
2011/01/2013/05/02/01/01			********************************			****	*********	
			11		1			
	· · · · · · · · · · · · · · ·							

٠

Cox Communications New England D.T.C. 07-10 Record Request 3 - Attachment 2

FORM SA3. PAGE 5.

Name	COXCOM, INC.	IEM.				5	YSTEM ID: 061273			
Substitute Carringe: Special Statement and Program Log	GENERAL In space I, identify every non- on a substitute basis during authorizations. For a further ex Instructions.	the acco	ounting period.	under specific present	t and form	er FCC rules, rec	gulations, or			
	<ul> <li>During the accounting period broadcast by a distant static</li> </ul>	<ol> <li>SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li></ol>								
	2. LOG OF SUBSTITUTE PRO In General: List each substitute If you need more space, pleas: Column 1: Give the title of period, was broadcast by a dist under certain FCC rules, regula Do not use general categories! Basketball: 76ers vs. Bulls." Column 2: If the program w Column 3: Give the call sign Column 3: Give the call sign Column 4: Give the broadca case of Mexican or Canadian s Column 5: Give the month a first. Example: for May 7 give." Column 6: State the times w to the nearest five minutes. Exa as "6:00-6:30 p.m."	e program e attach a every non lant station ations, or a lke "movie as broadd n of the st stations, if and day wi 5/7." vhen the s ample: a p	on a separate lin idditional pages metwork televis in and that your authorizations, is" or "basketba cast live, enter " ation broadcas 's location (the any, the comm hen your system substitute progr- rogram carried	s. sion program ("substitut cable system substitute See page (v) of the Ge II." List specific program 'Yes." Otherwise enter ' ting the substitute progr community to which the nunity with which the sta n carried the substitute am was carried by your by a system from 6:01."	te program d for the prineral Instru- titles, for ex "No." ram. 9 station is l atlon is ider program. U cable syst 15 p.m. to 6	") that, during the ogramming of and ctions for further i kample, "I Love Lu icensed by the FC httlfied): Jse numerals, with em. List the times ::28:30 p.m. shoul	accounting other station information. icy" or "NBA CC or, in the in the month accurately d be stated			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976.	ulations in	n effect during ti	he accounting period; o	r enter the	etter "P" if the liste	ed program			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976.	julations ir ng that you	n effect during ti	he accounting period; o	r enter the lar FCC rule	etter "P" if the liste	ed program in effect on 7. REASON			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976.	julations ir ng that you	PROGRAM	he accounting period; o	r enter the lar FCC rule	etter "P" if the listo s and regulations SUBSTITUTE GE OCCURRED	ed program in effect on			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB:	STITUTE	PROGRAM	he accounting period; o permitted to delete unde	WHEN CARRIA	SUBSTITUTE GE OCCURRED 6, TIMES	ed program in effect on 7. REASON FOR			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB:	STITUTE	PROGRAM	he accounting period; o permitted to delete unde	WHEN CARRIA	SUBSTITUTE GE OCCURRED 6, TIMES	ed program in effect on 7. REASON FOR			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB:	STITUTE	PROGRAM	he accounting period; o permitted to delete unde	WHEN CARRIA	SUBSTITUTE GE OCCURRED 6, TIMES	ed program in effect on 7. REASON FOR			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB:	STITUTE	PROGRAM	he accounting period; o permitted to delete unde	WHEN CARRIA	SUBSTITUTE GE OCCURRED 6. TIMES	ed program in effect on 7. REASON FOR			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB:	STITUTE	PROGRAM	he accounting period; o permitted to delete unde	WHEN CARRIA	SUBSTITUTE GE OCCURRED 6. TIMES	ed program in effect on 7. REASON FOR			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB:	STITUTE	PROGRAM	he accounting period; o permitted to delete unde	WHEN CARRIA	SUBSTITUTE GE OCCURRED 6. TIMES	ed program in effect cn 7. REASON FOR			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB:	STITUTE	PROGRAM	he accounting period; o permitted to delete unde	WHEN CARRIA	SUBSTITUTE GE OCCURRED 6. TIMES	ed program in effect cn 7. REASON FOR			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB:	STITUTE	PROGRAM	he accounting period; o permitted to delete under 4. STATION'S LOCATION	r enter the l pr FCC rule CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES	ed program in effect cn 7. REASON FOR			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB	STITUTE	PROGRAM	he accounting period; o permitted to delete under 4. STATION'S LOCATION	r enter the l pr FCC rule CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES	ed program in effect on 7. REASON FOR			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB	STITUTE	PROGRAM	he accounting period; o permitted to delete under 4. STATION'S LOCATION	r enter the l pr FCC rule CARRIA 5. MONTH AND DAY	SUBSTITUTE GE OCCURRED 6. TIMES	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB	STITUTE	PROGRAM	he accounting period; o permitted to delete under 4. STATION'S LOCATION	VHEN CARRIA 5. MONTH AND DAY	etter "P" if the listo s and regulations SUBSTITUTE GE OCCURRED 6, TIMES FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB	STITUTE	PROGRAM	he accounting period; o permitted to delete under 4. STATION'S LOCATION	r enter the l pr FCC rule CARRIA 5. MONTH AND DAY	etter "P" if the listo s and regulations SUBSTITUTE GE OCCURRED FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB	STITUTE	PROGRAM	he accounting period; o permitted to delete under 4. STATION'S LOCATION	VHEN CARRIA 5. MONTH AND DAY	etter "P" if the listo s and regulations SUBSTITUTE GE OCCURRED FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB	STITUTE	PROGRAM	he accounting period; o permitted to delete under 4. STATION'S LOCATION	VHEN CARRIA 5. MONTH AND DAY	etter "P" if the listo s and regulations SUBSTITUTE GE OCCURRED FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB	STITUTE	PROGRAM	he accounting period; o permitted to delete under 4. STATION'S LOCATION	venter the lar FCC rule	etter "P" if the listo s and regulations SUBSTITUTE GE OCCURRED FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "R delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB	Ulations in g that you STITUTE 2. LIVE? Yes or No	n effect during ti ir system was p PROGRAM 3. STATIONS CALL SIGN	A STATION'S LOCATION	venter the lar FCC rule	etter "P" if the listo s and regulations SUBSTITUTE GE OCCURRED FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "F delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB 1. TITLE OF PROGRAM	Ulations in g that you STITUTE 2. LIVE? Yes or No	n effect during ti ir system was p PROGRAM 3. STATIONS CALL SIGN	A STATION'S LOCATION	r enter the i r FCC rule CARRIA 5. MONTH AND DAY	letter "P" if the listo s and regulations SUBSTITUTE GE OCCUPRED FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "F delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB 1. TITLE OF PROGRAM	Ulations in g that you STITUTE 2. LIVE? Yes or No	n effect during ti ir system was p PROGRAM 3. STATIONS CALL SIGN	A STATION'S LOCATION	venter the lar FCC rule	etter "P" if the listo s and regulations SUBSTITUTE GE OCCURRED FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "F delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB 1. TITLE OF PROGRAM	Ulations in g that you STITUTE 2. LIVE? Yes or No	n effect during ti ir system was p PROGRAM 3. STATIONS CALL SIGN	A STATION'S LOCATION	r enter the i r FCC rule CARRIA 5. MONTH AND DAY	letter "P" if the listo s and regulations SUBSTITUTE GE OCCUPRED FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "F delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB 1. TITLE OF PROGRAM	Ulations in g that you STITUTE 2. LIVE? Yes or No	n effect during ti ir system was p PROGRAM 3. STATIONS CALL SIGN	A STATION'S LOCATION	r enter the i r FCC rule CARRIA 5. MONTH AND DAY	letter "P" if the listo s and regulations SUBSTITUTE GE OCCUPRED FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			
	Column 7: Enter the letter "F delete under FCC rules and reg was substituted for programmin October 19, 1976. SUB 1. TITLE OF PROGRAM	Ulations in g that you STITUTE 2. LIVE? Yes or No	n effect during ti ir system was p PROGRAM 3. STATIONS CALL SIGN	A STATION'S LOCATION	r enter the i r FCC rule CARRIA 5. MONTH AND DAY	letter "P" if the listo s and regulations SUBSTITUTE GE OCCUPRED FROM - TO - - - - - - - - - - - - - - - - - - -	ed program in effect on 7. REASON FOR DELETION			

Cox Communications New England D.T.C. 07-10 Record Request 3 - Attachment 2

FORM SA3, PAGE	Ξ 6,					A	CCOUNTIN	NG PERIOD: 2007/2
LEGAL NAME OF OW COXCOM, INC		SIEM:				SYSTE 0	M ID# 61273	Name
carriage due to your system car Column 1 (C column 5 of spa Column 2 (D) during the accou Give the mon "4/10." State the start of the televisio Example: "12:	s space ties in lack of activate ried that static call Sign): Giv ice G. ates and hour unting period. th and day wh ting and ending on station's bro 30 a.m3:15	with column 5 of spa- ad channel capacity, y on. If you need more s e the call sign of ever s of Carriage): For ea- tion the carriage occur g times of carriage to adcast day, you may g	ou are pace, y dista ch stai red. U the nea live an	required to com please attach ad int station whose tion, list the dates se numerals, wi arest guarter hose approximate en	plete this log givin diffional pages, a basis of carriage s and hours when t th the month first. ur. In any case who ding hour, followed	g the total dates and you identified by "L part-time carriage cod Example: for April 1 ere carriage ran to th by the abbreviation"	hours AC" in curred 0 give e end 'app."	J Part-Time Carrlage Log
		DATES AND HOU	AS OF	PART-TIME C	ARRIAGE			
	WHEN C	ARRIAGE OCCURRE	Đ	]	WHEN CA	RRIAGE OCCURRE	=D	
CALL SIGN	DATE	HOURS FROM	τø	CALL SIGN	DATE	HOURS FROM	то	
	••••••	=				·····⊒····⊒		
		<u> </u>				····		
		<u>.</u>					***	1
		······ <u>-</u> ·····					C	
		·····-				[ <u>-</u>	(****) 1210	
					and the second		T	
	•••••	·····	•••••	•••••	••••••	<u></u>	***	
						·····	***	
			]			<u> </u>	2002	
		·····						
		······						
		<u>-</u>						
	• • • • • • • • • • • • • • • • • • •		6-6-6-6		**************			
		······ <u>-</u> ·····						
		······		Constant of the second second second				
						·····		4
	• • • • • • • • • • • • • • • • •	······	••••			·····		
							11 11	
		<u>.</u>					••	
		······ <u>ē</u> ·····				······- <u>-</u> ·····		
							••	
			- 11	6		-		

COX COMMUNICATIONS NEW ENGLAND D.T.C. 07-10 **RECORD REQUEST 3 - ATTACHMENT 2** 

.

Name		IAL NAME OF OWNER OF OABLE SYSTEM: SYSTEM: O6127
K Gross Receipte	of a ser see	ROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tota all amounts ("gross receipts") paid to your cable system by subscribers for the system's "secondary transmission vice" (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vi) of the General Instructions.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         PORTANT: You must complete a statement in space P concerning gross receipts.
Copyright Royalty Fee	Use • C • C • If • If • If	TRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE the blocks in this space L to determine the royality fee you owe: complete block 1; showing your Minimum Fee complete block 2; showing whether your system carried any distant television stations. your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the Minimum Fee om block 1 on line 1 of block 4, and calculate the Total Royalty Fee. Your system did carry any distant television stations you must complete the applicable parts of the DSE Schedule ccompanying this form and attach the Schedule to your Statement of Account.
	8) 11. ₹ 11. ₹	Epart 8 or part 9; Block A, of the DSE Schedule was completed, the base rate fee should be entered on line 1 of Block below: • part 6 of the DSE Schedule was completed, the amount from line 7 of Block C should be entered on line 2 in Block • below. • part 7 or part 9; Block B, of the DSE Schedule was completed, the surcharge amount should be entered on line 2 • Block 4 below.
	Block 1	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 1.013 percent of the system's "gross receipts" for the accounting period.         "gross receipts" for the accounting period.       2,455,829.36         Line 1. Enter the amount of "gross receipts" from space K.       2,455,829.36         Line 2. Multiply the amount in line 1 by .01013       24,877.55         This is your Minimum Fee.       \$
	Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer fiere must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? □ Yes—Complete the DSE Schedule; XNo—Leave block 3 below blank and complete line 1, block 4.
	Block 3	Line 1.       BASE RATE FEE: Enter the Base Rate Fee from either Part 8, section 3 or 4, or Part 9, Block A of the DSE Schedule. If none, enter zero.         Line 2.       3.75 Fee: Enter the total fee from line 7, Block C, Part 6 of the DSE Schedule. If none, enter zero.         Line 3.       Add lines 1 and 2 and enter here.
	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 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.
		Une 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)
		Remit this amount via <b>electronic payment</b> ; or in the form of a <b>certified check, cashier's check;</b> or <b>money order</b> , payable to <i>Register of Copyrights</i> . Do not send cash. We recommend electronic payments.

ACCOUNTING	PERIOD: 2	007/2
------------	-----------	-------

.

FORM \$43, PAGE 8; ACCOUNT	NTING PERIOD: 200
LEGAL NAME OF "OWNER" OF "CABLE: SYSTEM: SYSTEM: COXCOM, INC. 061273	Name
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	M
Enter the total number of channels:on which the cable     system carried televis(on broadcast stations)	
2: Enter the total number of activated channels on which the cable system carried television breadcast stations and nonbroadcast services	
INDIVIDUAL TO BE:CONTACTED IF FURTHER:INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this Statement of Account.)	N
Name GEORGE MARKLEY	Contact
Address. 1400 LAKE HEARN DRIVE (Number, Street, Rural Route, Apartment or Sulle Number)	
ATLANTA, GA 30319 (Cay, Town, State, ZIP Codd)	
Email (optional)	
CERTIFICATION: (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)	0
<ul> <li>I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)</li> </ul>	Certification
(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1     of space B; or	
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or	
Officer of partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B;	
I have examined the Statement of Account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18:U.S.C., Section 1001(1986)]	
Handwritten signature:	
Typed or printed name: WILLIAM J FILZ MININGNS	
Title: CHIEF ACCOUNTING OFFICER (Title of official position held in corporation or partnership):	
Date:	

.

FORM SA3. PAGE 9.

Name	LEGAL NAME OF OMHER OF OABLE SYSTEM: COXCOM, INC. 061273
P Statement of Grose Receipte	SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."
	For more information on when to exclude these amounts, see the note on page(vi) of the General Instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions
	made by satellite carriers to satellite "dish" owners?  XD NO  YES, Enter the total here
	Namo
	Nerna
Q Interest Assessment	WORKSHEET FOR COMPUTING INTEREST         You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.         For an explanation of Interest assessment, see page (vii) General Instructions.         Line 1       Enter the amount of late payment or underpayment
	Line 2 Multiply line 1 by the interest rate* and enter the sum here
	x days Line 3 Multiply line 2 by the number of days late and enter the sum here
	Line 4 Multiply line 3 by .00274** enter here and on line 3, Block 4, space L, (page 7) \$
	* Contact the Licensing Division at (202) 707-8150 (8:30 a.m5:00 p.m. eastern time, Monday-Friday except federal holidays) for the interest rate for the accounting period in which the late payment or underpayment occurred. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.
	NOTE: If you are filling this worksheet covering a Statement of Account already submitted to the Copyright Office, please list below the Owner, Address, First Community Served, and Accounting Period as given in the original filling.
	Owner

35 mile zone

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, which ever is applicable. 1.013% of "gross receipts" First DSE

.314% of "gross receipts" The fifth and each additional DSE PARTIALLY-DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE

If any of the stations were "partially-distant": 1. Divide all of your subscribers into "subscriber groups" depending on their location. A particular "subscriber group" consists of all subscribers who are "distant" with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group; 3. For each "subscriber group," calculate the total number of DSEs of

that group's complement of stations. If your system is located wholly outside all major and smaller television

markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the Schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this Schedule.

4. Determine the portion of the total "gross receipts" you reported in space K (page 7) that is attributable to each "subscriber group."

5. Calculate a separate Base Rate Fee for each "subscriber group!" using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of "gross receipts"

attributable to that group. 6. Add together the Base Rate Fees for each "subscriber group" to determine the system's total Base Rate Fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What To Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the Schedule. In most cases the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (Identifying It as a 'Continuation Sheet'), enter the additional information on that copy, and attach it to the DSE Schedule.

Rounding Off DSEs. In computing DSEs on the DSE Schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the Schedule as follows:

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

The example below is intended to supplement the instructions for calculat-ing only the Base Rate Fee for "partially-distant" stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for "partially-distant" stations, if any portion is located within a major television market.

#### EXAMPLE:

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

In most cases under: current, FCC, rules all of Fairvele would be within the local service area of both slaticns & and C and all of Rapid City and Bodega Bay would be within the local service arase of stations B; D and E:	Distant Stations Carried STATION DSE A (independent) 1.0 B (independent) 1.0 C (part-time) .083 D (part-time) .139 E (network) .25 TOTAL DSEe 2.472	Identification of Subscriber Groups CITY OUTSIDE LOCAL. SERVICE AREA OF Santa Rosa, Rapid City Stations A, B, C, D, E Bodega Bay Stations A and C Fairvale Stations B, D, and E TOT AL "GROSS RECE	"GROSS RECEIPTS" FROM SUBSCRIBERS \$310,000.00 100,000.00 70,000.00 120,000.00 120,000.00 \$600,000.00
Santa Rosa: Salions A and C 35 mile zone	Minimum Fee Total "Gross Recepts"	\$600,000.00 x .01013 \$6,078.00	
	First Subscriber Group (Santa Rosa)	Second Subscriber Group (Rapid City and Bodega Bay)	Third Subscriber Group (Fairvale)
Rapid City	"Gross Receipts" \$310,000.00 DSEs 2.472 Base Rate Fee \$6,188.52	"Gross Receipts" \$170,000.00 DSEs 1.083 Base Rate Fee \$1,816.36	"Gross Receipts" \$120,000.00 DSEs 1.389 Base Rate Fee. \$1,527.43 \$120,000 x .01013 x 1.0 = 1,215.60

in this example, the cable system would enter \$9;532:31 in space L. Block 3, line 1, (page 7).

1 Owner	LEGAL NAME OF CAMER OF CA	BLE SYSTEM:				SYSTEM ID# 061273			
2 Computation of DSEc for	INSTRUCTIONS: In the column headed of space G (page 3). In the column headed noncommer-cial educat	"DSE": for each	n independent station, g						
Category "O" Statione	CATEGORY "O" STATIONS: DSEs								
Stationo	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	SUM OF DSEs OF CA • Add the DSEs of each Enter the sum here an	n station.	TATIONS: t 5 of this Schedule		0.00				

DOC	COUEDI	DAGE	40
USE.	SCHED	FAGE	4

	OF OWNER (CF'CABLE:S)	STEM					S	YSTEM ID# 061273	Narrie
CÁPACITY Column Column should corre Column Column carried out a Column the "type-val Column	IONS FOR COMPUT 1: List the call sign 2: For each station, sepond with the infor 3: For each station, 4: Divide the figure at least to the third de 5: For each independ lue" as ".25." 6: Multiply the figure th This is the station	of all distant : live the numb nation given give the total n column 2 b column 2 b column 4 lient station g in column 4	stations identified b oer of hours your ca in space J. Calcula I number of hours t y the figure in colur This is the "basis o ive the "type-value" by the figure in colu	y "LAC" in colu ble system carr ate only one DS hat the station i nn 3, and give f carflage valu as"1.0.".For es imn 5, and give	umn 5 of sp ried the sta SE for each broadcast the result e" for the s ach network	bace G (page 3 tion during the a h station, over the alr during the decimals in c tation, k or noncomme in column 6. Ro	j, accounting peri ring the accour column (4. This:1 rclál education, pund to no less	od; Thisfigure ting përiod, igure must be al station, give than the third	3 Computation of DSEs for Category "LAC" Stations
	CA	TEGORY	"LAC" STATIO	NS; COMPL	JTATIO	V OF DSEš			
1. CALL. SIGN	2. NUMB OF HC CARRI SYSTE	URS ED BY M	NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAO VALUE	ĠE	5. TYPE VALUE	6, DS	E	
******					×	CONTRACTOR OF A DESCRIPTION			
					×				
		·····.+			X				
		+ **********		= 	х				
		·····‡··			×		*****		
		••••••••••••••••••••••••••••••••••••••	***************			•••••		·········	
••••••		······	······		x				
Add the DSE	Ea OF CATEGORY s of each station: sum here and in line					0.00	]		
<ul> <li>Broadca space I) Column 2 your option, Column 3 Column 4</li> </ul>	on October 19, 1976 ist one or more live, For each station gh This figure should o Enter the number o Divide the figure in This is the station's	nonnetwork ve the numbe orrespond w of days in the column 2 by	programs during t of IIve, nonnetwo ith the information calendar year. 36 the figure in colum	hat optional ca rƙ programs ca In space I. 5, except in a le m 3, and give ti	arried in sul arried in sul eap year. he result ir	shown by the ostitution for pro	ograms that we und to no less't	re deleted at	Computation of DSEs for Substitute- Basis Stations
	SUBS	STITUTE-	BASIS STATIC	NS: COMP		N OF DSES	e.'		
4.0411	2. NUMBER	3. NUMBE		1. CALL			NUMBER	4. DSE	
1. CALL SIGN	OF PROGRAMS	OF DAY	/S	SIGN	OF		OF DAYS	4. 035	
	ויייייייייייייייייייייייייייייייייייי					+ 			
						·····			
	*****	********			******				
Add the DSEs	s OF SUBSTITUTE of each station, sum here and in line			<b>.</b>		0.00			
number of DS	BER OF DSEs: Give Es:applicable.to.you	r system.				chedule, and a		ide the total	5
1. Number	of DSEs from part 2						0.00		
2. Number	of DSEs from part 3 of DSEs from part 4						0.00		Total Number of DSEs.
ΤΟΤΑΙ, ΝΟ	JMBER OF DSEs,		• * * • • • • • • •				• • • • • • •	0.00	

Cox Communications New England D.T.C. 07-10 Record Request 3 - Attachment 2

DSE SCHEDULE. PAGE 13.

Name		OM, INC.	E SYSTEM.						SYSTEM ID 06127			
6	INSTRUCTIONS: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of ther DSE Schedule blank and complete part 8. (page 16) of the Schedule. • If your answer if "No," complete blocks B and C below.											
omputation of 3.75 Fee	BLOCK A: TELEVISION MARKETS											
	Is the "cable system" located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations In effect on June 24, 1981? Yes – Complete part 8 of the Schedule – DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. XI No – Complete blocks B and C below.											
	BLOCK B: CARRIAGE OF PERMITTED DSES											
	Column CALL SIG	GN under FCC r Instructions	rules and regu for the DSE So	lations prio chedule.)	ed in part 2, 3, and 4 c r to June:25, 1981. (	(Note: for tu	inthe⊧expla	nation of "permitte	nitted" to carry d station" see			
	Column 2 BASIS O PERMIT CARRIAG	F (Note the FC TED' A Stations GE 76.61(b)( B Specialty C Noncomm D Grandfatt for DSE 5 E Carried p *F A station	C rules and re carried pursue c)) Station as del nerical Educat hered Station () Schedule) ursuant to Indi previously carri	gulations c int to the F ional Statio 76.65) (see vidual walve ried on a pa	the basis on which yo ited below partain to CC "inarket quota" i (kk) (76.59(d)(1), 76 n (76.59(c), 76.61(d) paragraph regarding ar of FCC rules (76.7 rt-time or substitute to the B contour (76.59	those in eff rules (76.5 .61(e)(1), 7 . 76.63(a) ru Substitutio ) basis prior t	ect on June 7, 76.59(b) 6.63(a) refe eferring to n of Grandf to June 25,	a 24, 1981.) , 76.61(b)(c), 76.63 arring to 76.61(e)(1) 76.61(d)) athered Stations in f 1981	heInstructions			
	Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the Schedule. *(Note: For those stations identified b the letter *F* in column 2, you must complete the worksheet on page 14 of this Schedule to determine the DSE.)											
	1, CALL SIGN	2, PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE			
	*******						******					
		· · · · · · · · · · · · · · · · · · ·				•••••		*******				
	······	·····				 ,		*****	·····			
	·····					and the second second		••••••				
-	• SUM OF	PERMITTED DSE				and the second second		Construction and the second second second	0.00			
-	• SUM OF	F PERMITTED DSE		Es of each				Construction and the second second second	0.00			
ese DSEs		PERMITTED DSEs	a-add the DS	Es of each t	station	DF 3.75 F	 =EE	•	0.00			
ese DSEs present artially ermitted/	Line 1: En		s-add the DS BLC of DSEs from	Es of each DCK C: C	station COMPUTATION ( s Schedule , , , ,	DF 3.75 F	=EE	•				
ese DSEs present artially ermitted/ artially non- ermitted arriage? If	(Line 1: En Line 2: En Line 3: Su	ter the total number	aadd the DS BLC of DSEs from RMITTED DSI a 1. This is the	Es of each DCK C: C part 5 of thi Es" from blo total numb	station COMPUTATION ( s Schedule ck B above er of DSEs subject to	OF 3.75 F	=EE	• • • •	0.00 0.00 0.00			
ese DSEs present artially artially artified artially non- armitted arriage? If as, see structions n inside	Line 1: En Line 2: En Line 3: Su (If	ter the total number ter the 'SUM OF PE btract line'2 from line	aadd the DS BLC of DSEs from RMITTED DSI a 1. This is the blank and pro	Es of each DCK C: C part 5 of thi Es" from blo total numb- ceed to par	station COMPUTATION ( s Schedule ck B above er of DSEs subject to t 7 of this Schedule)	DF 3.75 F	=EE • • • • • • • • • • •	· · • · · · · · · · · · · · · · · · · ·	0.00 0.00 0.00 0.00 0.00			
o any of hese DSEs present artially ermitted/ artially non- ermitted/ artiage? If es, see histructions n inside over of this A.	(Line 1: En Line 2: En Line 3: Su (If Line 4: En Line 5: Mu	ter the total number ter the 'SUM OF PE btract line 2 from line zero, leave lines 4-7 ter "Gross Receipts" itiply line 4 by .0375	a	Es of each DCK C: C part 5 of thi Es" from blo total numb ceed to par (page 7) .	station COMPUTATION ( s Schedule ck B above er of DSEs subject to t 7 of this Schedule)	DF 3.75 F	=EE	· · • · · · · · · · · · · · · · · · · ·	0.00 0.00 0.00 0.00 0.00 0.00			
ese DSEs present artially artially non- artially non- arti	(Line 1: En Line 2: En Line 3: Su (If Line 4: En Line 5: Mu	ter the total number ter the 'SUM OF PE btract line 2 from line zero, leave.lines 4-7 ter "Gross Receipts"	a	Es of each DCK C: C part 5 of thi Es" from blo total numb ceed to par (page 7) .	station COMPUTATION ( s Schedule ck B above er of DSEs subject to t 7 of this Schedule)	DF 3.75 F	=EE	· · • · · · · · · · · · · · · · · · · ·	0.00 0.00 0.00 0.00 0.00			

DSE SCI	HEDULÉ,	PAGE 14,
---------	---------	----------

LEGAL NAME OF OWNER COXCOM, INC.	OF CABLE SYSTEM				SYSTEM ID# 061273	Name
Instructions: You must carifed prior to June 2 Column 1: List the cal Column 2: Indicate th Column 3: Indicate th Column 4: Indicate th (Note that A-Part fin 76.59(d B-Late-ni S-Substit General Column 5: Indicate the Column 5: Indicate the Column 6: Compare th in block 8,	t complete this worksho 25, 1981 under former II sign for each distant e DSE for this station e accounting period a e basis of carriage on the FCC rules and reg me specialty programming: Carriage under ce i Instructions. e station's DSE for the te DSE figures listed in column 3 of part 6 for	eetfor those stations id FCC rules governing p station identified by th for a single accounting nd year in which the c which the station was gulations cited below p ning: Carrlage, or a p 5.63 (referring to 76.61 riage under FCC rules, real FCC rules, regul or current accounting p in columns 2 and 5 and this station.	PERMITTED PART-TIM entified by the letter 'F' in part-time and substitute the letter 'F' in column 2 g period, occurring betw arriage and DSE occurr o carried by listing one o partain to those in effect art-time basis, of special (e)(1)). , sections 76.59(d)(3), 74 ations or authorizations eriod as computed in particular list the smaller of the tw nust be accurate and is	eclumn 2 of block B, p. carriage.) of part 6 of the DSE 5 een January 1, 1978. ed. (e.g., 1981/1). f the following letters; on June 24, 1981.). Jty programming unde 3.61(e)(3), or 76.63 (re . For further explanation rts 2, 3; and 4 of this o figures here. This fig	art 6 (i.e. those stations Schedule, and June 30, 1981. er FCC:rules; sections ferring to 76,61 (e)(3)). on see page (v) of the Schedule: ure should be entered	Workaheq
Statement of Account	on file in the Licensin	g Division.				
	1	The second se	ON A PART-TIME AN			
1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE	
				******		
••••••••••••••••••••••••••••••••••••••						
			·····			
NSTRUCTIONS: Bloc In block A:: If your answer is	s "Yes" complete bloc	ks Band C. below.	plete part 8 of the DSE	Schedule.		7
n your anowor re			ELEVISION MARK	the second s	· · · · · · · · · · · · · · · · · · ·	Computation of the
<ul> <li>Is any portion of the effect June 24, 11</li> </ul>	the cable system with		vision market as defined		9C rulesjin	Syndicated Exclueivity Surcharge
BLOCK B: Carriage	e of VHF/Grade B (		1.1.1.2.2.2.2.1.2.1.1.1.1.1.1.1.1.1.1.1	Computation of Ex		
s any station listed in b hat places a Grade B o system?	conteur, în whole:or in	part, over the cable	Was any station listed served by the cable former FCC rule 76.1	system prior to Marci 59)	1-31, 19/2? (refer to	
] Yes—List each statio valu <b>e.</b>	n below with its approp	priate permitted DSE	Value.	ion below with its appr	opriate permitted DSE	
XNo-Enter zero and	proceed to part 8.		EXNo-Enter zero and	d complete block.D.		
CALLSIGN	DSE CALLS	IGN DSE	CALL SIGN	DSE CALL	SIGN DSE	
				••••••		
					······	
				[	**********	
	TOTAL	DSEs 0.00		TOTAL	DSEs _0.00	

 $\sim$ 

DSE SCHEDULE, PAGE 15.

Name	1.	LINAME GE OWNER OF CABLE SYSTEM: KCOM, INC.	S	STEM ID 06127
7	-	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SUR	CHARGE	
7	Sectio	n Enter the amount of "Gross Receipts" from space K (page 7)	\$ 2,4	55,829.36
omputation of the	Sèctio 2			0.00
Syndicated Exclusivity Surcharge		B. Enter the total number of exempt DSEs from Block C of Part 7		0.00
		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
	• Is a	ny portion of the cable system within a top 50 television market as defined by the FCC? Xes-Complete section 3 below.		
		SECTION 3: TOP 50 TELEVISION MARKET		
	Section 3a	Did your cable system retransmit the signals of any partially-distant television stations during televisintelevision station stations during television stations during tel	accounting pe elow;	riod?
		If the figure in section 2, line C is 4,000 or less, compute your surcharge here and leave section 3b is 1.0 or less, multiply the "gross receipts" x ,00599 x the DSE. Enter the result on line A below.	blank. NOTE:	If the DSE
		A. Enter .00599' of "gross receipts" (the amount in section 1)		
		B. Enter .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 store and an enter here store and		
		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 .00599 of <sup>1</sup> gross receipts' (the amount in section 1)		
		B. Enter .00377 of *gross receipts* (the amount in section 1)		
		C. Multiply line B by 3.000 and enter here.		
		D. Enter .00178 of "gross-receipts" (the amount in section 1)		
		E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here		
		E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here		
		F. Multiply line D by line E and enter here.		
		F. Multiply line D by line E and enter here.		
	Section 4a.	F. Multiply line D by line E and enter here.		
		F. Multiply line D by line E and enter here.	counting perior	
		F. Multiply line D by line E and enter here.	counting period	
		F. Multiply line D by line E and enter here.	counting period	
		F. Multiply line D by line E and enter here.	counting period	
		F. Multiply line D by line E and enter here.	iounting perio	1?

DSE SCHEDULE, PAGE 16.

	NAME:OF OWNER: OF CABLE SYSTEM: SYSTEM: SYSTEM ID# COM, INC. 061273	Name
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 ,00300 of "gross receipts" (the amount in section 1)         B. Enter ,00189 of "gross receipts" (the amount in section 1)         C. Multiply line B by 3,000 and enter here         D. Enter ,00089 of "gross receipts" (the amount in section 1):         S.         C. Multiply line B by 3,000 and enter here         S.         D. Enter ,00089 of "gross receipts" (the amount in section 1):         S.         F. Multiply line D by line E and enter here:         S.         G. Add lines A, C, and F. This is your surcharge.         G. Add lines A, Chan Her, This is your surcharge.	7 Computation of the Syndicated Exclusivity Surcharge
Yo 6 was ● Ir ● If ■ If B What I located	Enter here and on hine 2, block 4, space 2 (page 7) Syndicated Exclueivity Surcharge aucritons: a must complete this part of the DSE Schedule for the SUM OF PERMITTED DSEs in Part 6, Block B: however, If block A of part checked yes," use the total number of DSEs from part 5 h block A, indicate, by checking "Yes" or "No," whether your system carried any partially-distant stations: your answer is "No," compute your system's Base Rate Fee in block B. Leave part 9 black your answer is "Nes" (that is, if you carried one or more partially-distant stations); you must complete part 9. Leave block B below lank. le a "partially-distant station ?" A station is "partially-distant" if, at the time your system carried it, some of your subscribers were d within that station's local service area and others were located outside that area. For the definition of a station's "local service see the "Distant Station" section on page (iv) of the General Instructions.	8 Computation of Base Rate Fee
• Did y	BLOCK &: CARRIAGE OF PARTIALLY-DISTANT STATIONS rour cable system retransmit the signals of any partially distant television stations during the accounting period? DYes-Complete part 9 of this Schedule. BLOCK B: NO PARTIALLY-DISTANT STATIONS-COMPUTATION OF BASE RATE FEE	
Section 1 Section 2	Enter the amount of "gross receipts from space K (page 7)	
adion 3	If the figure in section 2 is 4.000 or lees, compute your Base Rate Fee here and leave section 4 blank: NOTE: If the DSE is 1.0 or less, multiply the "gross receipts" x.01013 x the DSE. Enter the result on line A below. A. Enter .01013 of "gross receipts"	×
	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. and in block 3; line 1, space L (page 7) Base Rate Fee. (0.00) S (0.00) (0	

	LEGAL NAME OF OWNER OF OXALES SYSTEM: SYSTEM: SYSTEM: O612								
8	Section If the figure in section 2 is more than 4.000, compute your Base Rate. Fee here and leave section 3 blanks								
-	4 A. Enter .01013 of "gross receipts" 0.00 0.00								
Computation of									
Base Rate Fee	B; Enter .00668 of "gross receipts" 0.00 (the amount in section 1)								
	C. Multiply line B by 3.000 and enter here								
	D. Enter 00314 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,								
9	In General: If any of the stations you carried was "partially-distant," the statute allows you, in computing your Base Rate Fee, to exclude receipts from subscribers located within the station's local service area from your system's total "gross-receipts." To take advantage of this exclusion, you must								
Computation. of	First: Divide all of your subscribers into "subscriber groups," each group consisting entirely of subscribers that are distant" to the same station or the same group of stations:								
ase Rate Fee and Syndicated	Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's "gross receipts" attributable to that group, and calculate a separate Base Bate Fee for each group.								
Exclusivity Surcharge	Finally: Add up the separate Base Rate Fees for each subscriber group. That total is the Base Rate Fee for your system,								
for Partially- Distant Stations	Important: If any portion of your cable system is located within the top 100 television market and the station is not exempt; you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets; complete block A only.								
Stations'	How to Identify a Subscriber Group								
	Step 1: Determine the local service area of each wholly-distant and each partially-distant station you carried. Step 2: For each wholly-distant and each partially-distant station you carried, determine which of your subscribers were located								
	outside the station's local service area. A subscriber located outside the local service area of a station is "distant" to the subscriber.)								
	Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are "distant." Each subscriber group must consist entirely of subscribers who are "distant" to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.								
	Computing the Base Rate Fee for each subscriber group: Block A contains separate sections; one for each of your system's subscriber groups.								
	In each section.								
	In-each section. • Identify the communities/areas represented by each subscriber group;								
	<ul> <li>Identify the communities/areas represented by each subscriber group;</li> <li>Give the call sign for each of the stations in the subscriber group's complement,—that is, each station that is "distant" to all of the</li> </ul>								
	<ul> <li>Identify the communities/areas represented by each subscriber group;</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is "distant" to all of the subscribers in the group.</li> <li>If: 1), your system is located wholly outside all major and smaller televison markets; give each station's DSE as you gave it in parts:2, 3,</li> </ul>								
	<ul> <li>Identify the communities/areas represented by each subscriber group;</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is "distant" to all of the subscribers in the group.</li> <li>If: 1) your system is located wholly outside all major and smaller televison 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 markets; give each station's DSE as you gave it in block B, parts</li> </ul>								
	<ul> <li>Identify the communities/areas represented by each subscriber group;</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is "distant" to all of the subscribers in the group.</li> <li>If: <ul> <li>1).your system is located wholly outside all major and smaller televison markets; give each station's DSE as you gave it in parts:2, 3, and 4 of this Schedule; or,</li> <li>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 block B, part 6 of this Schedule.</li> </ul> </li> </ul>								

÷

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP 9 FIRST SUBSCRIBER GROUP COMMUNITY/ AREA	COXCOM, INC		ITEM:		*		SI	STEM ID# 061273	Name
OMMUNITY/ AREA     COMMUNITY/ AREA     Computation of Base Rate Fe and F	BLOC	KA: COMP	UTATION OF	BASE RAT	TE FEES FOR EA	CH SUBSC	RIBER GROUP	*	Q
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Syndicated Exclusivity Survhares for and a single state for the second state of the second	2	۰. ب				FIRST SUBSC			<b>U</b> .*
CALL SIGN DSE CA	COMMUNITY/ ARE	EA		 	COMMUNITY/ ARE	A			
Syndicated Exclusivity Survharge for partially Distant Statione	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
Surcharge partition partition statione Sta									
image: constraint of the second se									
Partally Prestatione Provide Statione Provide								······	
Jointains       Stations         Jointains       Jointains         Jointains							{ · <i>···</i> ····		
Image: Second Subscriber GROUP       "Total DSEs"         Second Subscriber GROUP       THIRD SUBSCRIBER GROUP         Second Subscriber GROUP       THIRD SUBSCRIBER GROUP         CALL SIGN       DSE         CALL SIGN       S <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>  </b></td> <td>••••••  </td> <td></td>							<b>  </b>	••••••	
Image: Second Subscriber GROUP       Total DSEs*         Second Subscriber GROUP       THRD Subscriber GROUP         Second Subscriber GROUP       THRD Subscriber GROUP         Second Subscriber GROUP       COMMUNITY AREA         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         Image: Second Subscriber GROUP       THRD Subscriber GROUP       Community AREA         CALL SIGN       DSE       CALL SIGN       DSE         Image: Second Subscriber GROUP       THRD SUBScriber GROUP       Community AREA         Call SIGN       DSE       CALL SIGN       DSE         Image: Second Subscriber GROUP       THRD SUBScriber GROUP       Second Subscriber GROUP         Total DSEs*       "Total DSEs*       "Total DSEs*       Second Subscriber Group         Image: Second Subscriber Group       Second Subscriber Group       Second Subscriber Group       Second Subscriber Group         Second DSEs*       Second Group       Second Group       Second Group       Second Group         Second									Stations
Image: Control of the second secon				· · · · · · · · · · ·		•••••			
Second Subscriber       Second Subscriber       Second Subscriber GROUP       THIRD Subscriber GROUP         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP       COMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Standard									
Second Subscriber       Second Subscriber       Second Subscriber GROUP       THIRD Subscriber GROUP         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP       COMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Standard									
Second Subscriber       Second Subscriber       Second Subscriber GROUP       THIRD Subscriber GROUP         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP       COMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Standard					*********	••••			25
Second Subscriber       Second Subscriber       Second Subscriber GROUP       THIRD Subscriber GROUP         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP       COMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Standard			• • • • • • • • • • • • • • • • • • •						
Second Subscriber       Second Subscriber       Second Subscriber GROUP       THIRD Subscriber GROUP         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP       COMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Standard			••••••	······	•••••				2
Second Subscriber       Second Subscriber       Second Subscriber GROUP       THIRD Subscriber GROUP         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP       COMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Standard		·····	h	+·····				····· 1	
Second Subscriber       Second Subscriber       Second Subscriber GROUP       THIRD Subscriber GROUP         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP       COMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ODDE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Standard									
Second Subscriber       Second Subscriber       Second Subscriber GROUP       THIRD Subscriber GROUP         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE         ODM UNITY/ AREA       COMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE         ODM ODSE       CALL SIGN       DSE       CALL SIGN       DSE         ODM ODSE       CALL SIGN       DSE       CALL SIGN       DSE         ODM ODSE       CALL SIGN       DSE       CALL SIGN       DSE         ODSE       CALL SIGN       DSE       CALL SIGN       DSE         ODM ODSE       CALL SIGN       DSE       CALL SIGN       COMODSE         ODM ODS						а <sup>2</sup>	8		
\$       Base Rate Fee 1st Group       \$         SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE         Observation       Image: Second Subscription       Image: Second Subscription       Image: Second Subscription         Cold DSEs*       Image: Second Subscription       Image: Second Subscription       Image: Second Subscription       Image: Second Subscription         Incoss Receipts" 2nd Group       S       Image: Second Subscription       Image: Second Subscription       Image: Second Subscription       Image: Second Subscription         S       S       S       S       Image: Second Subscription       Image: Second Subscription	otal DSEs"								
SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE         Community (AREA)       Community (AREA)       Community (AREA)         CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE         Community (AREA)       Community (AREA)       Community (AREA)         Call SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE         Call SIGN       Call Sign       Call Sign       Call Sign         Community (AREA)       Call Sign       Call Sign       Call Sign         Call Sign       Call Sign       Call Sign       Call Sign         Community (Call DSEs*       Call DSEs*       Call Sign       Call Sign         S       Call Sign       S       S       Call Sign <td></td> <td></td> <td>, <u>\$</u></td> <td> </td> <td>Gross Receipts" 1st</td> <td>Group .</td> <td></td> <td>t</td> <td></td>			, <u>\$</u>		Gross Receipts" 1st	Group .		t	
SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE         Community (AREA)       Community (AREA)       Community (AREA)         CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE         Community (AREA)       Community (AREA)       Community (AREA)         Call SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE         Call SIGN       Call Sign       Call Sign       Call Sign         Community (AREA)       Call Sign       Call Sign       Call Sign         Call Sign       Call Sign       Call Sign       Call Sign         Community (Call DSEs*       Call DSEs*       Call Sign       Call Sign         S       Call Sign       S       S       Call Sign <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
SECOND SUBSCRIBER GROUP       THIRD SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE         Community (AREA)       Community (AREA)       Community (AREA)         CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE         Community (AREA)       Community (AREA)       Community (AREA)         Call SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE         Call SIGN       Call Sign       Call Sign       Call Sign         Community (AREA)       Call Sign       Call Sign       Call Sign         Call Sign       Call Sign       Call Sign       Call Sign         Community (Call DSEs*       Call DSEs*       Call Sign       Call Sign         S       Call Sign       S       S       Call Sign <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
DMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE         Community / AREA       Community / AREA       Community / AREA         Call Sign       DSE       CALL Sign       DSE         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA </th <th></th> <th></th> <th></th> <th></th> <th>Base Rate Fee 1st Gro</th> <th>up saa</th> <th>\$</th> <th></th> <th></th>					Base Rate Fee 1st Gro	up saa	\$		
DMMUNITY/ AREA       COMMUNITY/ AREA         CALL SIGN       DSE       CALL SIGN       DSE         Community / AREA       Community / AREA       Community / AREA         Call Sign       DSE       CALL Sign       DSE         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA       Community / AREA         Community / AREA       Community / AREA       Community / AREA </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Comparison       <									
CALL SIGN DEL CICIC CICIC CON COLL CICIC COLL		······				·····			
otal DSEs"	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs"							••••••		
otal DSEs"									.*:
otal DSEs"				·····		*******			
otal DSEs"			********					11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
otal DSEs"		1 11				0.0011000100404010001	100000000000000000000000000000000000000	19578-16125-194212	
otal DSEs"			*****						
otal DSEs"			·····			•••••• •••••			
otal DSEs"	 		·····	·····		······································	na waakka seesa kaasa seesa		
otal DSEs"	·····		·····	······					
otal DSEs"									
otal DSEs"				······				*******	
iross Receipts" 2nd Group \$			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
iross Receipts" 2nd Group \$			·····						
iross Receipts" 2nd Group \$			·····						
iross Receipts" 2nd Group \$			·····						
s									
s				······································					÷
Ise Rate Fee 2nd Group	Fotal DSEs*				"Total DSEs"				÷
se Rate Fee 2nd Group	Total DSEs <sup>*</sup>				"Total DSEs"				т
	fotal DSEs*	d Group			"Total DSEs"	l Group			
ase Rate Fee: Add the Base Rate Fees for each subscriber group as shown in the boxes above.	otal DSEs" Gross Receipts" 2nd ase Rate Fee 2nd G	d Group			"Total DSEs" "Gross Receipts" 3rd Base Rate Fee 3rd Gr	I Group			e

Cox Communications New England D.T.C. 07-10 Record Request 3 - Attachment 2

SE SCHEDULE. F	PAGE 18.	-4		NON-	PERMITTE	D 3.75	ACCOU	NTING PERIOD: 200
LEGAL NAME OF OWN		TEM		1		SYS	TEM ID# 061273	Name
		UTATION OF B	ASE RAT	E FEES FOR EA	CH SUBSC	RIBER GROUP	E S	0
		017111011 0. 0.	- 1		IRST SUBSCR			9
COMMUNITY/ AR	FΔ		nortes a la constante	COMMUNITY/ ARE	A			Computation
COMMONT								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
CALL SIGN	036	CALL SIGH	004					and -
							1	Syndicated Exclusivity
•••••					1		1	Surcharge
					1		1	-tor-
								Partially- Distant
	1	[						Stations
		[						3.75 FEE
								8
					•••••			a.
•••••	·····				•••••			
					2 <sup>1</sup> 10			
fotal DSEs*				"Total DSEs"				
		S		"Gross Receipts" 1st	Group	<u>\$</u>		
22	2000			Groco receipter rec				
			-				- 11	
	••••	<u>\$</u>		3,75 Fee 1st Group		[.\$		
SE	COND SUBSCR	IBER GROUP		T	HIRD SUBSCRI	BER GROUP		
COMMUNITY/ ARE	A			COMMUNITY/ AREA	••••••			
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		ONLE OIGH		
							•••••	
			·····				•••••	
	·······							
••••••	· · · · · · · · · · · · · · · · · · ·							
	1		rate internet and					
	100 C 100							
					President and the start of the second s		122210000000000000	
							• • • • • • • • •	
	······				•••••			
	1			"Total DSEs"				48
otal DSEs"				The Provention				
Gross Receipts" 2nd	d Group	. \$		"Gross Receipts" 3rd	Group	. \$		
		e		2 75 Can 2nd Oroug		\$		1
75 Fee 2nd Group			·····	3.75 Fee 3rd Group	••••			
						[		*
75 Fee: Add the 3.7	5 Fees for each	subscriber group as s	hown in the	boxes above.				
nter here and in the	block 3, line 2, s	space L (page 7)				• • •		
						termine and the second s		IONS NEW B

UNICATIONS NEW ENGLAND D.T.C. 07-10

•

1

1 12 April 10 Concerns	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	COXCOM, INC.	061273
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
Computation	If your cable system is located within a top 100 television market and the station is not exempt, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major televison 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:	
	<ul> <li>Schedule.</li> <li>Step 2: In line 2 give the total number of DSEs by subscriber group DSEs" in block C, part 7 of this Schedule. If none enter z</li> <li>Step 3: In line 3 subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the surcharge for each subscrib</li></ul>	
	calculations on this form.	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the "Exempt DSEs Line 3: Subract 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: Enter the "Exempt DSEs Line 3: Subract 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	SYNDICATED EXCLUSIVITY SURCHARGE 1st Group
		12 1. (40) M. W. N.
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject tot the surcharge computation	Line 3: Subract 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 2nd Group	SYNDICATED EXCLUSIVITY SURCHARGE 3rd Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge in the boxes above. Enter here and in block 4, line 2 of space L (p:	for each subscriber group as shown age 7)
	8	
		8
	×.	
		Cox Communications New E

**RECORD REQUEST 3 - ATTACHMENT 2**