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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 TELECOMMUNICATIONS 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:

- 1) 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

Current Holland Line Up		Current Enfield Line Up	
2	WSHM Ch. 3/CBS/Hartford	2	WFSB Ch. 3/CBS
3	Cox Sports Television	3	Cox Sports Television
5	WEDH Ch. 24/PBS/Hartford	4	WVIT Ch. 30/NBC
6	WTIC Ch. 61/FOX/Hartford	5	WEDH Ch. 24/PBS/Hartford
7	WTNH Ch. 8/ABC/New Haven	6	WTIC Ch. 61/FOX/Hartford
8	QVC	7	WTNH Ch. 8/ABC/New Haven
9	MyTV9	8	QVC
10	WBZ Ch. 4/CBS/Boston	9	MyTV9
11	WTXX Ch. 20/WB/Waterbury	10	ION Television
12	TBS	11	WTXX Ch. 20/WB/Waterbury
13	CT-N	12	TBS
14	WWLP Ch. 22/NBC/Springfield	13	CT-N
15	Public Access	15	Public Access
16	WGBH Ch. 2/PBS/Boston	16	Local Access
17	WGBY Ch. 57/PBS/Springfield	17	WGBY Ch. 57/PBS/Springfield
18	WUVN Ch. 18/UVI/Hartford	18	WUVN Ch. 18/UVI/Hartford
19	TV Guide Channel	19	TV Guide Channel
20	WUNI Ch.27/UNI/Boston	20	WDMR Ch. 65/TEL
21	C-SPAN	21	C-SPAN
22	C-SPAN2	22	C-SPAN2
23	WGGB Ch. 40/ABC/Springfield	23	WGGB Ch. 40/ABC/Springfield
21	Total Channels	21	Total Channels

Holland vs Enfield Lineups.xls  
Channel Line-Ups

Cox Communications, Inc.

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

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

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.

Responsible Witness: Mike Patrie  
Date: April 23, 2008

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

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

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.

**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)].

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED


AMOUNT

\$

ALLOCATION NUMBER

Return to:  
Library of Congress  
Copyright Office  
Licensing Division  
101 Independence Ave. SE  
Washington, DC 20557-8400  
(202) 707-8150

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

<b>A</b> Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1 - June 30, 2007																																											
<b>B</b> Owner	<p><b>INSTRUCTIONS:</b> 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.</p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b> <span style="float: right;"><b>061273</b></span> <b>COXCOM, INC.</b> <b>SAME</b></p> <div style="text-align: right;"> <b>061273 2007/1</b></div> <p><b>1400 LAKE HEARN DRIVE</b> <b>ATLANTA, GEORGIA 30319</b></p>																																											
<b>C</b> System	<p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"><tr><td><b>1</b></td><td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>COX CABLE GREATER HARTFORD, INC.</b></td></tr><tr><td><b>2</b></td><td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>801 PARKER STREET</b> <small>(Number, Street, Rural Route, Apartment or Suite Number)</small> <b>MANCHESTER, CT 06040</b> <small>(City, Town, State, ZIP Code)</small></td></tr></table>				<b>1</b>	<b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>COX CABLE GREATER HARTFORD, INC.</b>			<b>2</b>	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>801 PARKER STREET</b> <small>(Number, Street, Rural Route, Apartment or Suite Number)</small> <b>MANCHESTER, CT 06040</b> <small>(City, Town, State, ZIP Code)</small>																																		
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<b>D</b> Area Served  First ► Community	<p><b>INSTRUCTIONS:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "...a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas.)" 47 C.F.R. §76.5(mm). The first community that you list will serve as a form of system identification hereafter known as the "First Community." Please use it as the First Community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums or mobile home parks should be reported in parentheses below the identified city.</p> <table border="1"><thead><tr><th>CITY OR TOWN</th><th>STATE</th><th>CITY OR TOWN</th><th>STATE</th></tr></thead><tbody><tr><td>ENFIELD</td><td>CT</td><td>UNION</td><td>CT</td></tr><tr><td>EAST GRANBY</td><td>CT</td><td>WINDSOR LOCKS</td><td>CT</td></tr><tr><td>EAST WINDSOR</td><td>CT</td><td></td><td></td></tr><tr><td>GRANBY</td><td>CT</td><td></td><td></td></tr><tr><td>HARTLAND</td><td>CT</td><td></td><td></td></tr><tr><td>HOLLAND</td><td>MA</td><td></td><td></td></tr><tr><td>SOMERS</td><td>CT</td><td></td><td></td></tr><tr><td>STAFFORD</td><td>CT</td><td></td><td></td></tr><tr><td>SUFFIELD</td><td>CT</td><td></td><td></td></tr></tbody></table>				CITY OR TOWN	STATE	CITY OR TOWN	STATE	ENFIELD	CT	UNION	CT	EAST GRANBY	CT	WINDSOR LOCKS	CT	EAST WINDSOR	CT			GRANBY	CT			HARTLAND	CT			HOLLAND	MA			SOMERS	CT			STAFFORD	CT			SUFFIELD	CT		
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NOTICE: This form has been electronically photo-reproduced by GRALIN associates, Inc

**COX COMMUNICATIONS NEW ENGLAND**  
**D.T.C. 07-10**  
**RECORD REQUEST 3 - ATTACHMENT 1**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM, INC.

SYSTEM ID#

061273

Name

**SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES**

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

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

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$8/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

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

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

**E**

Secondary  
transmission  
Service:  
Subscribers  
and Rates

**BLOCK 1****BLOCK 2**

CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
<b>Residential:</b>					
• Service to First Set .....	38,243	10.27-10.36			
• Service to Additional Set(s) .....	39,186	0			
• FM Radio (if separate rate) .....					
<b>Motel, Hotel .....</b>	<b>510</b>	<b>13.95</b>			
<b>Commercial .....</b>					
<b>Converter .....</b>					
• Residential .....	33,486	4.98			
• Non-Residential .....	247	4.98			

**SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES**

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

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

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

**F**

Services  
Other Than  
Secondary  
Transmissions:  
Rates

**BLOCK 1****BLOCK 2**

CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
<b>Continuing Services:</b>	<b>12.95</b>	<b>Installation: Non-Residential</b>		<b>DIGITAL STANDARD</b>	<b>12.95</b>
• Pay Cable .....		• Motel, Hotel .....		<b>DIGITAL LIMITED</b>	<b>4.95</b>
• Pay Cable—Add'l Channel .....		• Commercial .....		<b>DIGITAL PACKAGES</b>	<b>9.95</b>
• Fire Protection .....		• Pay Cable .....		<b>EXPANDED</b>	<b>35.59-35.68</b>
• Burglar Protection .....		• Pay Cable—Add'l Channel .....			
<b>Installation: Residential</b>		• Fire Protection .....			
• First Set .....	29.99-55.98	• Burglar Protection .....			
• Additional Set(s) .....	21.23-30.99	<b>Other Services:</b>			
• FM Radio (if separate rate) .....		• Reconnect .....	21.23-30.99		
• Converter .....		• Disconnect .....	1.99		
		• Outlet Relocation .....	21.23-30.99		
		• Move to New Address .....	21.23-30.99		





\* Carried in Holland, MA only  
 \*\* Carried in all areas except Holland, MA

COX COMMUNICATIONS NEW ENGLAND  
D.T.C. 07-10  
RECORD REQUEST 3 - ATTACHMENT 1

COX COMMUNICATIONS NEW ENGLAND  
D.T.C. 07-10  
RECORD REQUEST 3 - ATTACHMENT 1

COX COMMUNICATIONS NEW ENGLAND  
D.T.C. 07-10  
RECORD REQUEST 3 - ATTACHMENT 1

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>	<b>SYSTEM ID#</b> <b>061273</b>
<b>K</b>  Gross Receipts	<b>GROSS RECEIPTS</b> Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts ("gross receipts") paid to your cable system by subscribers for the system's "secondary transmission service" (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the General Instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. <span style="float: right;">\$ <b>2,717,659.51</b></span> <small>(Amount of "gross receipts")</small> <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.	
<b>L</b>  Copyright Royalty Fee	<b>INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE</b> Use 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. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the Minimum Fee from block 1 on line 1 of block 4, and calculate the Total Royalty Fee. • If your system did carry any distant television stations you must complete the applicable parts of the DSE Schedule accompanying this form and attach the Schedule to your Statement of Account.  ▶ If part 8 or part 9, Block A, of the DSE Schedule was completed, the base rate fee should be entered on line 1 of Block 3 below. ▶ If part 6 of the DSE Schedule was completed, the amount from line 7 of Block C should be entered on line 2 in Block 3 below. ▶ If part 7 or part 9, Block B, of the DSE Schedule was completed, the surcharge amount should be entered on line 2 in Block 4 below.	
Block 1	<b>MINIMUM FEE:</b> 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. Line 1. Enter the amount of "gross receipts" from space K. <span style="float: right;">\$ <b>2,717,659.51</b></span> Line 2. Multiply the amount in line 1 by .01013 Enter the result here. <span style="float: right;">\$ <b>27,529.89</b></span> This is your Minimum Fee.	
Block 2	<b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here 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? <input type="checkbox"/> Yes—Complete the DSE Schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.	
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the Base Rate Fee from either Part 8, section 3 or 4, or Part 9, Block A, of the DSE Schedule. If none, enter zero. <span style="float: right;">\$ .....</span> Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, Block C, Part 6 of the DSE Schedule. If none, enter zero. <span style="float: right;">\$ .....</span> Line 3. Add lines 1 and 2 and enter here. <span style="float: right;">\$ .....</span>	
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE, or MINIMUM FEE:</b> 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. <span style="float: right;">\$ <b>27,529.89</b></span> Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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. <span style="float: right;">\$ <b>0.00</b></span> Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet). <span style="float: right;">\$ <b>0.00</b></span> <b>TOTAL ROYALTY FEE.</b> Add Lines 1, 2 and 3 of Block 4 and enter total here. <span style="float: right;">\$ <b>27,529.89</b></span>  Remit this amount via <b>electronic payment</b> ; or in the form of a <b>certified check, cashier's check, or money order</b> , payable to <i>Register of Copyrights</i> . Do not send cash. We recommend electronic payments.	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>		SYSTEM ID# <b>061273</b>	Name
<b>CHANNELS</b> <b>INSTRUCTIONS:</b> 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.		<b>M</b> Channels	
1. Enter the total number of channels on which the cable system carried television broadcast stations.		17	
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services		288	
<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual to whom we can write or call about this Statement of Account.)		<b>N</b> Contact	
Name <b>GEORGE MARKLEY</b> Telephone <b>404-843-5000</b> <small>(Area Code)</small>			
Address <b>1400 LAKE HEARN DRIVE</b> <small>(Number, Street, Rural Route, Apartment or Suite Number)</small>			
<b>ATLANTA, GA 30319</b> <small>(City, Town, State, ZIP Code)</small>			
Email (optional) Fax (optional)			
<b>CERTIFICATION:</b> (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)		<b>O</b> Certification	
• I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)			
<input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or			
<input type="checkbox"/> (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			
<input type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.			
• I have examined the Statement of Account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]			
 Handwritten signature: 			
Typed or printed name: <b>WILLIAM J FITZSIMMONS</b>			
Title: <b>CHIEF ACCOUNTING OFFICER</b> <small>(Title of official position held in corporation or partnership)</small>			
Date: <b>8.24.07</b>			

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM. <b>COXCOM, INC.</b>	<b>SYSTEM ID#</b> <b>061273</b>
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<b>P</b>  <b>Statement of Gross Receipts</b>	<p><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION</b>          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?  <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES. Enter the total here, ..... \$ .....          and list the satellite carrier(s) below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name .....</td> <td style="width: 50%;">Name .....</td> </tr> <tr> <td>Mailing Address .....</td> <td>Mailing Address .....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>	Name .....	Name .....	Mailing Address .....	Mailing Address .....	.....	.....	.....	.....	.....	.....	.....	.....
Name .....	Name .....												
Mailing Address .....	Mailing Address .....												
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<b>Q</b>  <b>Interest Assessment</b>	<p><b>WORKSHEET FOR COMPUTING INTEREST</b>          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.</p> <p>Line 1 Enter the amount of late payment or underpayment ..... \$ .....  <div style="text-align: right;">x ..... %</div></p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here .....  <div style="text-align: right;">x ..... days</div></p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here .....  <div style="text-align: right;">x .00274</div></p> <p>Line 4 Multiply line 3 by .00274** enter here and on line 3, Block 4, space L, (page 7) ..... \$ .....  <div style="text-align: right;">(Interest charge)</div></p> <p>* Contact the Licensing Division at (202) 707-8150 (8:30 a.m. – 5:00 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.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing 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 filing.</p> <p>Owner .....</p> <p>Address .....</p> <p>.....</p> <p>First Community Served .....</p> <p>Accounting Period .....</p>
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**COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE**

Determine whether any of the stations you carried were "partially-distant"—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

- If none of the stations were "partially-distant," calculate your Base Rate Fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.

First DSE 1.013% of "gross receipts"  
Each of the second, third, and fourth DSEs .668% of "gross receipts"  
The fifth and each additional DSE .314% of "gross receipts"

**PARTIALLY-DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE**

- If any of the stations were "partially-distant":

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

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

3. For each "subscriber group," calculate the total number of DSEs of that group's complement of stations.

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

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

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

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

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

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

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

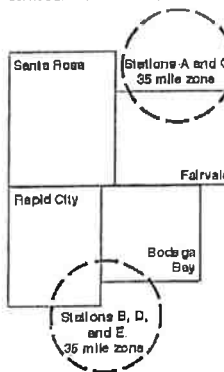
**Rounding Off DSEs.** In computing DSEs on the DSE Schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the Schedule as follows:

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

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

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

In most cases under current FCC rules all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service area of stations B, D and E.



Distant Stations Carried	DSE	Identification of Subscriber Groups	"GROSS RECEIPTS" FROM SUBSCRIBERS
STATION		CITY	
A (independent)	1.0	Santa Rosa	OUTSIDE LOCAL SERVICE AREA OF Stations A, B, C, D, E
B (independent)	1.0	Rapid City	Stations A and C
C (part-time)	.083	Bodega Bay	Stations A and C
D (part-time)	.139	Fairvale	Stations B, D, and E
E (network)	.25		
<b>TOTAL DSEs</b>	<b>2.472</b>	<b>TOTAL "GROSS RECEIPTS"</b>	<b>\$600,000.00</b>

<b>Minimum Fee Total "Gross Receipts"</b>	<b>\$600,000.00</b>
	<b>x .01013</b>
	<b>\$6,078.00</b>

First Subscriber Group (Santa Rosa)	Second Subscriber Group (Rapid City and Bodega Bay)	Third Subscriber Group (Fairvale)
"Gross Receipts" \$310,000.00	"Gross Receipts" \$170,000.00	"Gross Receipts" \$120,000.00
DSEs 2.472	DSEs 1.083	DSEs 1.389
Base Rate Fee \$6,188.52	Base Rate Fee \$1,816.36	Base Rate Fee \$1,527.43
\$310,000 x .01013 x 1.0 = 3,140.30	\$170,000 x .01013 x 1.0 = 1,722.10	\$120,000 x .01013 x 1.0 = 1,215.60
\$310,000 x .00668 x 1.472 = 3,048.22	\$170,000 x .00668 x .083 = 94.26	\$120,000 x .00668 x .389 = 311.83
<b>Base Rate Fee \$6,188.52</b>	<b>Base Rate Fee \$1,816.36</b>	<b>Base Rate Fee \$1,527.43</b>

**Total Base Rate Fee:** \$6,188.52 + \$1,816.36 + \$1,527.43 = \$9,532.31.  
In this example, the cable system would enter \$9,532.31 in space L, Block 3, line 1, (page 7).

<b>1</b> Owner	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>		SYSTEM ID# <b>061273</b>	
<b>2</b> Computation of DSEs for Category "O" Stations	INSTRUCTIONS: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."			
	CATEGORY "O" STATIONS: DSEs			
	CALL SIGN	DSE	CALL SIGN	DSE
SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this Schedule. <span style="float: right;">0.00</span>				



DSE SCHEDULE. PAGE 12.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>					<b>SYSTEM ID#</b> <b>061273</b>		<b>Name</b>		
<b>INSTRUCTIONS FOR COMPUTATION OF DSEs FOR STATIONS CARRIED PART-TIME DUE TO LACK OF ACTIVATED CHANNEL CAPACITY</b> <b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). <b>Column 2:</b> For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. <b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period. <b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. <b>Column 5:</b> For each independent station give the "type-value" as "1.0." For each network or noncommercial educational station, give the "type-value" as ".25." <b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's "DSE." (For more information on rounding, see page (vi) of the General Instructions.)								<b>3</b>  Computation of DSEs for Category "LAC" Stations	
<b>CATEGORY "LAC" STATIONS: COMPUTATION OF DSEs</b>									
1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE				
		+	=	X	=				
		+	=	X	=				
		+	=	X	=				
		+	=	X	=				
		+	=	X	=				
		+	=	X	=				
		+	=	X	=				
		+	=	X	=				
<b>SUM OF DSEs OF CATEGORY "LAC" STATIONS:</b>									
Add the DSEs of each station.									
Enter the sum here and in line 2 of part 5 of this Schedule, .....					<b>0.00</b>				
<b>INSTRUCTIONS FOR COMPUTATION OF DSEs FOR SUBSTITUTE-BASIS STATIONS:</b> <b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). <b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. <b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year. <b>Column 4:</b> 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 decimal point. This is the station's "DSE." (For more information on rounding, see page (vi) of the General Instructions.)								<b>4</b>  Computation of DSEs for Substitute- Basis Stations	
<b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>									
1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		+	=			+	=		
		+	=			+	=		
		+	=			+	=		
		+	=			+	=		
		+	=			+	=		
<b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b>									
Add the DSEs of each station.									
Enter the sum here and in line 3 of part 5 of this Schedule, .....				<b>0.00</b>					
<b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this Schedule, and add them to provide the total number of DSEs applicable to your system.								<b>5</b>  Total Number of DSEs	
1. Number of DSEs from part 2 . . . . .								<b>0.00</b>	
2. Number of DSEs from part 3 . . . . .								<b>0.00</b>	
3. Number of DSEs from part 4 . . . . .								<b>0.00</b>	
TOTAL NUMBER OF DSEs . . . . .								<b>0.00</b>	

<b>Name</b>	LEGAL NAME OF CARRIER OF CABLE SYSTEM <b>COXCOM, INC.</b>		<b>SYSTEM ID#</b> <b>061273</b>
<b>6</b>  <b>Computation of 3.75 Fee</b>	<b>INSTRUCTIONS:</b> Block A must be completed. In block A: • If your answer is "Yes," leave the remainder of part 6 and part 7 of the DSE Schedule blank and complete part 8, (page 16) of the Schedule. • If your answer is "No," complete blocks B and C below.		
	<b>BLOCK A: TELEVISION MARKETS</b>		
	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? <input type="checkbox"/> Yes—Complete part 8 of the Schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No—Complete blocks B and C below.		
	<b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>		
	Column 1: CALL SIGN	List the call signs of distant stations listed in part 2, 3, and 4 of this Schedule that your system was "permitted" to carry under FCC rules and regulations prior to June 25, 1981. (Note: for further explanation of "permitted station" see Instructions for the DSE Schedule.)	
	Column 2: BASIS OF PERMITTED CARRIAGE	Enter the appropriate letter indicating the basis on which you carried a "permitted station." (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC "market quota" rules (76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)) B Specialty Station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)) C Noncommercial Educational Station (76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)) D Grandfathered Station (76.65) (see paragraph regarding Substitution of Grandfathered Stations in the Instructions for DSE Schedule). E Carried pursuant to individual waiver of FCC rules (76.7) F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF Station within Grade-B contour (76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5))	
	Column 3:	List the DSE for each distant station listed in parts 2, 3, and 4 of the Schedule. *(Note: For those stations identified by 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
• SUM OF PERMITTED DSEs—add the DSEs of each station			0.00
<b>BLOCK C: COMPUTATION OF 3.75 FEE</b>			
Do any of these DSEs represent partially permitted/ partially non- permitted carriage? If yes, see instructions on inside cover of this SA.	Line 1: Enter the total number of DSEs from part 5 of this Schedule . . . . .		0.00
	Line 2: Enter the "SUM OF PERMITTED DSEs" from block B above . . . . .		0.00
	Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4-7 blank and proceed to part 7 of this Schedule) . . . . .		0.00
	Line 4: Enter "Gross Receipts" from space K (page 7) . . . . .		0.00
	Line 5: Multiply line 4 by .0375 and enter sum here . . . . .		0.00
	Line 6: Enter total number of DSEs from line 3 . . . . .		0.00
	Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) . . . . .		0.00

COX COMMUNICATIONS NEW ENGLAND  
D.T.C. 07-10  
RECORD REQUEST 3 - ATTACHMENT 1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>		SYSTEM ID# <b>061273</b>
7  Computation of the Syndicated Exclusivity Surcharge	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
	Section 1	Enter the amount of "Gross Receipts" from space K (page 7) .....	\$ <b>2,717,659.51</b>
	Section 2	A. Enter the Total DSEs from Block B of Part 7. ....	0.00
		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
	<p>* Is any portion of the cable system within a top 50 television market as defined by the FCC?  <input checked="" type="checkbox"/> Yes—Complete section 3 below.    <input type="checkbox"/> No—Complete section 4 below.</p>		
	SECTION 3: TOP 50 TELEVISION MARKET		
	Section 3a	<p>* Did your cable system retransmit the signals of any partially-distant television stations during the accounting period?  <input type="checkbox"/> Yes—Complete part 9 of this Schedule.    <input checked="" type="checkbox"/> No—Complete the applicable section below.</p> <p>If the figure in section 2, line C is 4,000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the "gross receipts" x .00599 x the DSE. Enter the result on line A below.</p> <p>A. Enter .00599 of "gross receipts" (the amount in section 1) .....</p> <p>B. Enter .00377 of "gross receipts" (the amount in section 1) .....</p> <p>C. Subtract 1,000 from total permitted DSEs (the figure on line C in section 2) and enter here. ....</p> <p>D. Multiply line B by line C and enter here .....</p> <p>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 .....</p>	
	Section 3b	<p>If the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 3a blank.</p> <p>A. Enter .00599 of "gross receipts" (the amount in section 1) .....</p> <p>B. Enter .00377 of "gross receipts" (the amount in section 1) .....</p> <p>C. Multiply line B by 3,000 and enter here. ....</p> <p>D. Enter .00178 of "gross receipts" (the amount in section 1) .....</p> <p>E. Subtract 4,000 from total DSEs (the figure on line C in section 2) and enter here .....</p> <p>F. Multiply line D by line E and enter here .....</p> <p>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 .....</p>	
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	<p>Did your cable system retransmit the signals of any partially-distant television stations during the accounting period?  <input type="checkbox"/> Yes—Complete part 9, of the Schedule.    <input checked="" type="checkbox"/> No—Complete the following sections.</p> <p>If the figure in section 2, line C is 4,000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the "gross receipts" x .003 x the DSE. Enter the result on line A below.</p> <p>A. Enter .00300 of "gross receipts" (the amount in section 1) .....</p> <p>B. Enter .00189 of "gross receipts" (the amount in section 1) .....</p> <p>C. Subtract 1,000 from total permitted DSEs (the figure on line C in section 2) and enter here. ....</p> <p>D. Multiply line B by line C and enter here .....</p> <p>E. Add lines A and D. This is your surcharge. Enter here and in line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge .....</p>		

DSE SCHEDULE, PAGE 16.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>		<b>SYSTEM ID#</b> <b>061273</b>	<b>Name</b>
<b>Section 4b</b>	<p>If the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter .00300 of "gross receipts" (the amount in section 1) ..... \$ _____</p> <p>B. Enter .00189 of "gross receipts" (the amount in section 1) ..... \$ _____</p> <p>C. Multiply line B by 3,000 and enter here ..... \$ _____</p> <p>D. Enter .00089 of "gross receipts" (the amount in section 1) ..... \$ _____</p> <p>E. Subtract 4,000 from the total DSEs (the figure on line C in section 2) and enter here ..... \$ _____</p> <p>F. Multiply line D by line E and enter here ..... \$ _____</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p><b>Syndicated Exclusivity Surcharge</b> ..... \$ <span style="border: 1px solid black; padding: 2px 20px;"> </span></p>	<b>7</b>  <b>Computation of the Syndicated Exclusivity Surcharge</b>	
<p><b>INSTRUCTIONS:</b> You must complete this part of the DSE Schedule for the SUM OF PERMITTED DSEs in Part 6, Block B; however, if block A of part 6 was checked "yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> <li>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially-distant stations.</li> <li>• If your answer is "No," compute your system's Base Rate Fee in block B. Leave part 9 blank.</li> <li>• 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.</li> </ul> <p><b>What is a "partially-distant station?"</b> A station is "partially-distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see the "Distant Station" section on page (iv) of the General Instructions.</p>			
<b>BLOCK A: CARRIAGE OF PARTIALLY-DISTANT STATIONS</b>			
<p>• Did your cable system retransmit the signals of any partially-distant television stations during the accounting period?</p> <p style="text-align: center;"><input type="checkbox"/> Yes—Complete part 9 of this Schedule.      <input checked="" type="checkbox"/> No—Complete the following sections:</p>			
<b>BLOCK B: NO PARTIALLY-DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>			
<b>Section 1</b>	<p>Enter the amount of "gross receipts from space K (page 7) ..... \$ <b>2,717,659.51</b></p>		
<b>Section 2</b>	<p>Enter the total number of permitted DSEs from block B, part 6 of this Schedule. (If block A of part 6 was checked "yes," use the total number of DSEs from part 5.) ..... <b>0.00</b></p>		
<b>Section 3</b>	<p>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.</p> <p>A. Enter .01013 of "gross receipts" (the amount in section 1) ..... \$ <b>0.00</b></p> <p>B. Enter .00668 of "gross receipts" (the amount in section 1) ..... \$ <b>18,153.97</b></p> <p>C. Subtract 1,000 from total DSEs (the figure in section 2) and enter here ..... \$ _____</p> <p>D. Multiply line B by line C and enter here ..... \$ <b>0.00</b></p> <p>E. Add lines A, and D. This is your Base Rate Fee. Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> ..... \$ <span style="border: 1px solid black; padding: 2px 20px;">0.00</span></p>		

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM <b>COXCOM, INC.</b>	<b>SYSTEM ID#</b> <b>061273</b>
<b>8</b>  <b>Computation of Base Rate Fee</b>	<p><b>Section 4</b> If the figure in section 2 is more than 4,000, compute your Base Rate Fee here and leave section 3 blank.</p> <p>A. Enter .01013 of "gross receipts" (the amount in section 1) ..... \$ <u>0.00</u></p> <p>B. Enter .00668 of "gross receipts" (the amount in section 1) ..... \$ <u>0.00</u></p> <p>C. Multiply line B by 3,000 and enter here ..... \$ <u>0.00</u></p> <p>D. Enter .00314 of "gross receipts" (the amount in section 1) ..... \$ <u>0.00</u></p> <p>E. Subtract 4,000 from total DSEs (the figure in section 2) and enter here ..... \$ <u>0.00</u></p> <p>F. Multiply line D by line E and enter here ..... \$ <u>0.00</u></p> <p>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 ..... \$ <u>0.00</u></p>	
<b>9</b>  <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially- Distant Stations</b>	<p><b>In General:</b> 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</p> <p style="padding-left: 40px;">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.</p> <p style="padding-left: 40px;">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 Rate Fee for each group.</p> <p style="padding-left: 40px;">Finally: Add up the separate Base Rate Fees for each subscriber group. That total is the Base Rate Fee for your system.</p> <p><b>Important:</b> 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.</p> <p><b>How to Identify a Subscriber Group</b></p> <p style="padding-left: 20px;"><b>Step 1:</b> Determine the local service area of each wholly-distant and each partially-distant station you carried.</p> <p style="padding-left: 20px;"><b>Step 2:</b> 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 that station (and, by the same token, the station is "distant" to the subscriber.)</p> <p style="padding-left: 20px;"><b>Step 3:</b> 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.</p> <p style="padding-left: 20px;"><b>Computing the Base Rate Fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> <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:             <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this Schedule; or,</li> <li>2) 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.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate "gross receipts" for the subscriber group. For further explanation of "gross receipts" see page (vi) of the General Instructions.</li> <li>• Compute a Base Rate Fee for each subscriber group using the formula outline in block B of part 8 of this Schedule on the preceding page. In making this computation, use the DSE and "gross receipts" figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total "gross receipts" from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul>	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM, INC.

SYSTEM ID#

061273

Name

## BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

9

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially-  
Distant  
Stations

COMMUNITY/ AREA

## FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA

CALL SIGN

DSE

CALL SIGN

DSE

CALL SIGN

DSE

CALL SIGN

DSE

\*Total DSEs\*

\$

\$

\*Total DSEs\*

"Gross Receipts" 1st Group

\$

Base Rate Fee 1st Group

\$

## SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA

## THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA

CALL SIGN

DSE

CALL SIGN

DSE

CALL SIGN

DSE

CALL SIGN

DSE

\*Total DSEs\*

\$

"Gross Receipts" 2nd Group

\$

Base Rate Fee 2nd Group

\$

\*Total DSEs\*

\$

"Gross Receipts" 3rd Group

\$

Base Rate Fee 3rd Group

\$

Base Rate Fee: Add the Base Rate Fees for each subscriber group as shown in the boxes above.  
Enter here and in block 3, line 1, space L (page 7).

\$



COX COMMUNICATIONS NEW ENGLAND  
D.T.C. 07-10  
RECORD REQUEST 3 - ATTACHMENT 1



<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>	SYSTEM ID# <b>061273</b>
<b>9</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>	
<b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially-Distant Stations</b>	<p>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 television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> First 50 major television market         <span style="margin-left: 100px;"><input type="checkbox"/> Second 50 major television market</span> </p> <p><b>INSTRUCTIONS:</b></p> <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this Schedule.</p> <p><b>Step 2:</b> In line 2 give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as "Exempt DSEs" in block C, part 7 of this Schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3 subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Schedule. In making this computation use "Gross Receipts" figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	<p>Line 1: Enter the VHF DSEs .....</p> <p>Line 2: Enter the "Exempt DSEs" .....</p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b> ..... \$.....</p>	<p>Line 1: Enter the VHF DSEs .....</p> <p>Line 2: Enter the "Exempt DSEs" .....</p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b> 1st Group ..... \$.....</p>
	<p>Line 1: Enter the VHF DSEs .....</p> <p>Line 2: Enter the "Exempt DSEs" .....</p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b> 2nd Group ..... \$.....</p>	<p>Line 1: Enter the VHF DSEs .....</p> <p>Line 2: Enter the "Exempt DSEs" .....</p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b> 3rd Group ..... \$.....</p>
	<p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) ..... \$.....</p>	

**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:**

<b>Any DISTANT stations indicated in Block G:</b>	<b>No</b>	
<b>Wholly OUTSIDE all Major and Smaller Markets:</b>	<b>No</b>	
<b>Wholly or partially within a TOP 100 Market:</b>	<b>Yes</b>	
<b>Wholly or partially within a TOP 50 Market:</b>	<b>Yes</b>	
<b>Any PARTIALLY-DISTANT stations:</b>	<b>No</b>	
<b>Any PARTIALLY-PERMITTED stations:</b>	<b>No</b>	
<b>Any Subscriber Groups:</b>	<b>No</b>	<b>0</b>

**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)).

FOR COPYRIGHT OFFICE USE ONLY	
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]

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b> <b>July 1 - December 31, 2007</b>																																											
<b>B</b> Owner	<p><b>INSTRUCTIONS:</b> 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.</p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b> <b>061273</b></p> <p><b>COXCOM, INC.</b></p> <p><b>SAME</b></p> <div style="text-align: right;"> <b>061273 2007/2</b></div> <p><b>1400 LAKE HEARN DRIVE</b> <b>ATLANTA, GEORGIA 30319</b></p>																																											
<b>C</b> System	<p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"><tr><td><b>1</b></td><td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>COX CABLE GREATER HARTFORD, INC.</b></td></tr><tr><td><b>2</b></td><td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>801 PARKER STREET</b> (Number, Street, Rural Route, Apartment or Suite Number) <b>MANCHESTER, CT 06040</b> (City, Town, State, ZIP Code)</td></tr></table>				<b>1</b>	<b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>COX CABLE GREATER HARTFORD, INC.</b>			<b>2</b>	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>801 PARKER STREET</b> (Number, Street, Rural Route, Apartment or Suite Number) <b>MANCHESTER, CT 06040</b> (City, Town, State, ZIP Code)																																		
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<b>D</b> Area Served	<p><b>INSTRUCTIONS:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "...a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas.)" 47 C.F.R. §76.5(mm). The first community that you list will serve as a form of system identification hereafter known as the "First Community." Please use it as the First Community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums or mobile home parks should be reported in parentheses below the identified city.</p> <table border="1"><thead><tr><th>CITY OR TOWN</th><th>STATE</th><th>CITY OR TOWN</th><th>STATE</th></tr></thead><tbody><tr><td>ENFIELD</td><td>CT</td><td>UNION</td><td>CT</td></tr><tr><td>EAST GRANBY</td><td>CT</td><td>WINDSOR LOCKS</td><td>CT</td></tr><tr><td>EAST WINDSOR</td><td>CT</td><td></td><td></td></tr><tr><td>GRANBY</td><td>CT</td><td></td><td></td></tr><tr><td>HARTLAND</td><td>CT</td><td></td><td></td></tr><tr><td>HOLLAND</td><td>MA</td><td></td><td></td></tr><tr><td>SOMERS</td><td>CT</td><td></td><td></td></tr><tr><td>STAFFORD</td><td>CT</td><td></td><td></td></tr><tr><td>SUFFIELD</td><td>CT</td><td></td><td></td></tr></tbody></table>				CITY OR TOWN	STATE	CITY OR TOWN	STATE	ENFIELD	CT	UNION	CT	EAST GRANBY	CT	WINDSOR LOCKS	CT	EAST WINDSOR	CT			GRANBY	CT			HARTLAND	CT			HOLLAND	MA			SOMERS	CT			STAFFORD	CT			SUFFIELD	CT		
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SUFFIELD	CT																																											

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>		SYSTEM ID# <b>061273</b>	Name
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**SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES**

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

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

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$8/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

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

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

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
<b>Residential:</b>	<b>38,013</b>	<b>10.27-10.36</b>			
• Service to First Set .....	<b>40,071</b>	<b>0</b>			
• Service to Additional Set(s) .....					
• FM Radio (if separate rate) .....					
<b>Motel, Hotel</b> .....	<b>555</b>	<b>13.95</b>			
<b>Commercial</b> .....					
<b>Converter</b> .....	<b>34,572</b>	<b>4.98</b>			
• Residential .....	<b>253</b>	<b>4.98</b>			
• Non-Residential .....					

**E**

Secondary  
transmission  
Service:  
Subscribers  
and Rates

**SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES**

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

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

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

BLOCK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
<b>Continuing Services:</b>	<b>12.95</b>	<b>Installation: Non-Residential</b>	
• Pay Cable .....		• Motel, Hotel .....	
• Pay Cable—Add'l Channel .....		• Commercial .....	
• Fire Protection .....		• Pay Cable .....	
• Burglar Protection .....		• Pay Cable—Add'l Channel .....	
<b>Installation: Residential</b>		• Fire Protection .....	
• First Set .....	<b>29.99-55.98</b>	• Burglar Protection .....	
• Additional Set(s) .....	<b>21.23-30.99</b>	<b>Other Services:</b>	
• FM Radio (if separate rate) .....		• Reconnect .....	<b>21.23-30.99</b>
• Converter .....		• Disconnect .....	<b>1.99</b>
		• Outlet Relocation .....	<b>21.23-30.99</b>
		• Move to New Address .....	<b>21.23-30.99</b>

**F**

Services  
Other Than  
Secondary  
Transmissions:  
Rates

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>				SYSTEM ID# <b>061273</b>
<b>G</b>  Primary Transmitters: Television	<b>INSTRUCTIONS:</b> <b>General:</b> 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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • 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. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the General Instructions. <b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. <b>Column 2:</b> 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 your cable system carried the station. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "I" (for independent) or "E" (for noncommercial educational). For the meaning of these terms, see page (iv) of the General Instructions. <b>Column 4:</b> If the station is "distant" enter "Yes." If not, enter "No." For explanation of what a "distant station" is, see page (iv) of the General Instructions. <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. If you carried the channel on any other basis, enter "O." For a further explanation of these two categories, see page (iv) of the General Instructions. <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)
**WDMRip	65	I	No		NEW HAVEN, CT
**WHPX	26	I	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	I	No		HARTFORD, CT
WCTX	59	I	No		NEW HAVEN, CT
WEDH	24	E	No		HARTFORD, CT
WFSB	3	N	No		HARTFORD, CT
WGBY	57	E	No		SPRINGFIELD, CT
WGGB	40	N	No		SPRINGFIELD, MA
WTIC	61	I	No		HARTFORD, CT
WTNH	8	N	No		NEW HAVEN, CT
WTTX	20	I	No		WATERBURY, CT
WUVN	18	I	No		HARTFORD, CT
WVIT	30	N	No		HARTFORD, CT
WWLP	22	N	No		SPRINGFIELD, MA

\* Carried in Holland, MA only

\*\* Carried in all areas except Holland, MA

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


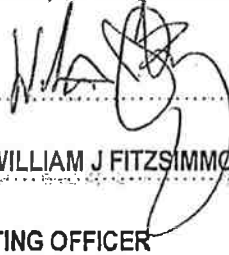


COX COMMUNICATIONS NEW ENGLAND  
D.T.C. 07-10  
RECORD REQUEST 3 - ATTACHMENT 2





<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>	<b>SYSTEM ID#</b> <b>061273</b>
<b>K</b>  <b>Gross Receipts</b>	<b>GROSS RECEIPTS</b> Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts ("gross receipts") paid to your cable system by subscribers for the system's "secondary transmission service" (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the General Instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period: <span style="float: right;">2,455,829.36</span> IMPORTANT: You must complete a statement in space P concerning gross receipts. <span style="float: right;">(Amount of "gross receipts")</span>	
<b>L</b>  <b>Copyright Royalty Fee</b>	<b>INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE</b> Use 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. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the Minimum Fee from block 1 on line 1 of block 4, and calculate the Total Royalty Fee. • If your system did carry any distant television stations you must complete the applicable parts of the DSE Schedule accompanying this form and attach the Schedule to your Statement of Account. ▶ If part 8 or part 9, Block A, of the DSE Schedule was completed, the base rate fee should be entered on line 1 of Block 3 below. ▶ If part 6 of the DSE Schedule was completed, the amount from line 7 of Block C should be entered on line 2 in Block 3 below. ▶ If part 7 or part 9, Block B, of the DSE Schedule was completed, the surcharge amount should be entered on line 2 in Block 4 below.	
Block 1	<b>MINIMUM FEE:</b> 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. Line 1. Enter the amount of "gross receipts" from space K: <span style="float: right;">2,455,829.36</span> Line 2. Multiply the amount in line 1 by .01013 Enter the result here: <span style="float: right;">24,877.55</span> This is your Minimum Fee.	
Block 2	<b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here 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? <input type="checkbox"/> Yes—Complete the DSE Schedule; <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.	
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the Base Rate Fee from either Part 8, section 3 or 4, or Part 9, Block A of the DSE Schedule. If none, enter zero. <span style="float: right;">\$</span> Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, Block C, Part 6 of the DSE Schedule. If none, enter zero. <span style="float: right;">\$</span> Line 3. Add lines 1 and 2 and enter here: <span style="float: right;">\$</span>	
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE, or MINIMUM FEE:</b> 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. <span style="float: right;">24,877.55</span> Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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. <span style="float: right;">0.00</span> Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet). <span style="float: right;">0.00</span> <b>TOTAL ROYALTY FEE.</b> Add Lines 1, 2 and 3 of Block 4 and enter total here: <span style="float: right;">24,877.55</span> Remit this amount via <b>electronic payment</b> ; or in the form of a <b>certified check, cashier's check, or money order</b> , payable to <i>Register of Copyrights</i> . Do not send cash. We recommend electronic payments.	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>	SYSTEM ID# <b>061273</b>	Name
<b>CHANNELS</b> 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: <span style="float: right;">17</span>  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services: <span style="float: right;">312</span>		<b>M</b>  Channels
<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual to whom we can write or call about this Statement of Account.)  Name <b>GEORGE MARKLEY</b> Telephone <b>404-843-5000</b> <small>(Area Code)</small>  Address <b>1400 LAKE HEARN DRIVE</b> <small>(Number, Street, Rural Route, Apartment or Suite Number)</small>  <b>ATLANTA, GA 30319</b> <small>(City, Town, State, ZIP Code)</small>  Email (optional): Fax (optional):		<b>N</b>  Contact
<b>CERTIFICATION:</b> (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)  I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)  <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  <input type="checkbox"/> (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  <input type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the Statement of Account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001 (1986)]   Handwritten signature:  Typed or printed name: <b>WILLIAM J FITZSIMMONS</b> Title: <b>CHIEF ACCOUNTING OFFICER</b> <small>(Title of official position held in corporation or partnership)</small> Date: <b>2/2/08</b>		<b>O</b>  Certification

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>	SYSTEM ID# <b>061273</b>
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<b>P</b>  <b>Statement of Gross Receipts</b>	<b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION</b> 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?  <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here \$ _____ and list the satellite carrier(s) below.	
	Name .....	Name .....
	Mailing Address .....	Mailing Address .....
	.....	.....
	.....	.....
Name .....	Name .....	
Mailing Address .....	Mailing Address .....	
.....	.....	
.....	.....	

<b>Q</b>  <b>Interest Assessment</b>	<b>WORKSHEET FOR COMPUTING INTEREST</b>  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, ..... \$ _____  <div style="text-align: right;">x _____ %</div>
	Line 2	Multiply line 1 by the interest rate* and enter the sum here .....  <div style="text-align: right;">x _____ days</div>
	Line 3	Multiply line 2 by the number of days late and enter the sum here .....  <div style="text-align: right;">x .00274</div>
	Line 4	Multiply line 3 by .00274** enter here and on line 3, Block 4, space L, (page 7), ..... \$ _____ <div style="text-align: right;">(Interest charge)</div>
	* Contact the Licensing Division at (202) 707-8150 (8:30 a.m. - 5:00 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 filing 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 filing.	
	Owner ..... Address ..... ..... First Community Served ..... Accounting Period .....	

**COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE**

Determine whether any of the stations you carried were "partially-distant"—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

- If none of the stations were "partially-distant," calculate your Base Rate Fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.

First DSE 1.013% of "gross receipts"

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

The fifth and each additional DSE .314% of "gross receipts"

**PARTIALLY-DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE**

- If any of the stations were "partially-distant":

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

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

3. For each "subscriber group," calculate the total number of DSEs of that group's complement of stations.

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

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

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

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

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

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

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

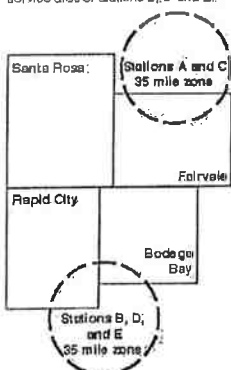
**Rounding Off DSEs.** In computing DSEs on the DSE Schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the Schedule as follows:

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

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

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

In most cases under current FCC rules all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service area of stations B, D and E.



Distant Stations Carried		Identification of Subscriber Groups		*GROSS RECEIPTS* FROM SUBSCRIBERS
STATION	DSE	CITY	OUTSIDE LOCAL SERVICE AREA OF	
A (independent)	1.0	Santa Rosa	Stations A, B, C, D, E	\$310,000.00
B (independent)	1.0	Rapid City	Stations A and C	100,000.00
C (part-time)	.083	Bodega Bay	Stations A and C	70,000.00
D (part-time)	.139	Fairvale	Stations B, D, and E	120,000.00
E (network)	.25			
<b>TOTAL DSEs</b>	<b>2.472</b>		<b>TOTAL "GROSS RECEIPTS"</b>	<b>\$600,000.00</b>

Minimum Fee Total "Gross Receipts" \$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)	
*Gross Receipts*	\$310,000.00	*Gross Receipts*	\$170,000.00	*Gross Receipts*	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base Rate Fee	\$6,188.52	Base Rate Fee	\$1,816.36	Base Rate Fee	\$1,527.43
\$310,000 x .01013 x 1.0 =	3,140.30	\$170,000 x .01013 x 1.0 =	1,722.10	\$120,000 x .01013 x 1.0 =	1,215.60
\$310,000 x .00668 x 1.472 =	3,048.22	\$170,000 x .00668 x .083 =	94.26	\$120,000 x .00668 x .389 =	311.83
Base Rate Fee	\$6,188.52	Base Rate Fee	\$1,816.36	Base Rate Fee	\$1,527.43

Total Base Rate Fee: \$6,188.52 + \$1,816.36 + \$1,527.43 = \$9,532.31.  
In this example, the cable system would enter \$9,532.31 in space L, Block 3, line 1, (page 7).

<b>1</b> Owner	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>	SYSTEM ID# <b>061273</b>																																				
<b>2</b> Computation of DSEs for Category "O" Stations	<b>INSTRUCTIONS:</b> In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." <table border="1" data-bbox="310 1528 1364 1696"> <thead> <tr> <th colspan="6">CATEGORY "O" STATIONS: DSEs</th> </tr> <tr> <th>CALL SIGN</th> <th>DSE</th> <th>CALL SIGN</th> <th>DSE</th> <th>CALL SIGN</th> <th>DSE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <div data-bbox="310 1696 1364 1789"> <p><b>SUM OF DSEs OF CATEGORY "O" STATIONS:</b>            • Add the DSEs of each station.            Enter the sum here and in line 1 of part 5 of this Schedule. <span style="float: right; border: 1px solid black; padding: 2px 10px;">0.00</span></p> </div>		CATEGORY "O" STATIONS: DSEs						CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE																								
CATEGORY "O" STATIONS: DSEs																																						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE																																	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>					<b>SYSTEM ID#</b> <b>061273</b>		Name:	
<b>INSTRUCTIONS FOR COMPUTATION OF DSEs FOR STATIONS CARRIED PART-TIME DUE TO LACK OF ACTIVATED CHANNEL CAPACITY</b> Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station give the "type-value" as "1.0." For each network or noncommercial educational station, give the "type-value" as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's "DSE." (For more information on rounding, see page (vii) of the General Instructions.)							<b>3</b>  Computation of DSEs for Category "LAC" Stations	
<b>CATEGORY "LAC" STATIONS: COMPUTATION OF DSEs</b>								
1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE			
		+	=	X	=			
		+	=	X	=			
		+	=	X	=			
		+	=	X	=			
		+	=	X	=			
		+	=	X	=			
		+	=	X	=			
		+	=	X	=			
		+	=	X	=			
		+	=	X	=			
<b>SUM OF DSEs OF CATEGORY "LAC" STATIONS:</b> Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this Schedule;					<b>0.00</b>			
<b>INSTRUCTIONS FOR COMPUTATION OF DSEs FOR SUBSTITUTE-BASIS STATIONS:</b> Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station, give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year, 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's "DSE." (For more information on rounding, see page (vii) of the General Instructions.)							<b>4</b>  Computation of DSEs for Substitute- Basis Stations	
<b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>								
1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		+	=			+	=	
		+	=			+	=	
		+	=			+	=	
		+	=			+	=	
		+	=			+	=	
		+	=			+	=	
		+	=			+	=	
<b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b> Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this Schedule;				<b>0.00</b>				
<b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this Schedule, and add them to provide the total number of DSEs applicable to your system.							<b>5</b>  Total Number of DSEs:	
1. Number of DSEs from part 2: ..... <b>0.00</b> 2. Number of DSEs from part 3: ..... <b>0.00</b> 3. Number of DSEs from part 4: ..... <b>0.00</b>								
TOTAL NUMBER OF DSEs, ..... <b>0.00</b>								

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM <b>COXCOM, INC.</b>		<b>SYSTEM ID#</b> <b>061273</b>
<b>6</b>  <b>Computation of 3.75 Fee</b>	<b>INSTRUCTIONS: Block A must be completed.</b> In block A: • If your answer is "Yes," leave the remainder of part 6 and part 7 of the DSE Schedule blank and complete part 8. (page 16) of the Schedule. • If your answer is "No," complete blocks B and C below.		
	<b>BLOCK A: TELEVISION MARKETS</b>		
	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? <input type="checkbox"/> Yes — Complete part 8 of the Schedule— DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No — Complete blocks B and C below.		
	<b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>		
	Column 1: CALL SIGN	List the call signs of distant stations listed in part 2, 3, and 4 of this Schedule that your system was "permitted" to carry under FCC rules and regulations prior to June 25, 1981. (Note: for further explanation of "permitted station" see Instructions for the DSE Schedule.)	
	Column 2: BASIS OF PERMITTED CARRIAGE	Enter the appropriate letter indicating the basis on which you carried a "permitted station." (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A: Stations carried pursuant to the FCC "market quota" rules (76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)) B: Specialty Station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)) C: Noncommercial Educational Station (76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)) D: Grandfathered Station (76.65) (see paragraph regarding Substitution of Grandfathered Stations in the Instructions for DSE Schedule). E: Carried pursuant to individual waiver of FCC rules (76.7) *F: A station previously carried on a part-time or substitute basis prior to June 25, 1981 G: Commercial UHF Station within Grade-B contour (76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5))	
	Column 3:	List the DSE for each distant station listed in parts 2, 3, and 4 of the Schedule. (Note: For those stations identified by 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
• SUM OF PERMITTED DSEs—add the DSEs of each station <span style="float: right; border: 1px solid black; padding: 2px 10px;">0.00</span>			
<b>BLOCK C: COMPUTATION OF 3.75 FEE</b>			
Do any of these DSEs represent partially permitted/ partially non-permitted carriage? If yes, see Instructions on inside cover of this SA.	Line 1: Enter the total number of DSEs from part 5 of this Schedule . . . . .		0.00
	Line 2: Enter the "SUM OF PERMITTED DSEs" from block B above . . . . .		0.00
	Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4-7 blank and proceed to part 7 of this Schedule) . . . . .		0.00
	Line 4: Enter "Gross Receipts" from space K (page 7) . . . . .		\$ 0.00
	Line 5: Multiply line 4 by .0375 and enter sum here . . . . .		\$ 0.00
	Line 6: Enter total number of DSEs from line 3 . . . . .		0.00
	Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) . . . . .		\$ 0.00



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



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>		SYSTEM ID# <b>061273</b>
7	<b>BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE</b>		
	Section 1	Enter the amount of "Gross Receipts" from space K (page 7) .....	\$ <b>2,455,829.36</b>
	Section 2	A. Enter the Total DSEs from Block B of Part 7 .....	0.00
		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
	<p>* Is any portion of the cable system within a top 50 television market as defined by the FCC?  <input checked="" type="checkbox"/> Yes—Complete section 3 below.    <input type="checkbox"/> No—Complete section 4 below.</p>		
	<b>SECTION 3: TOP 50 TELEVISION MARKET</b>		
	Section 3a	<p>* Did your cable system retransmit the signals of any partially-distant television stations during the accounting period?  <input type="checkbox"/> Yes—Complete part 9 of this Schedule.    <input checked="" type="checkbox"/> No—Complete the applicable section below.</p> <p>If the figure in section 2, line C is 4,000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the "gross receipts" x .00599 x the DSE. Enter the result on line A below.</p> <p>A. Enter .00599 of "gross receipts" (the amount in section 1) .....</p> <p>B. Enter .00377 of "gross receipts" (the amount in section 1) .....</p> <p>C. Subtract 1,000 from total permitted DSEs (the figure on line C in section 2) and enter here .....</p> <p>D. Multiply line B by line C and enter here .....</p> <p>E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) <b>Syndicated Exclusivity Surcharge</b> .....</p>	
	Section 3b	<p>If the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 3a blank.</p> <p>A. Enter .00599 of "gross receipts" (the amount in section 1) .....</p> <p>B. Enter .00377 of "gross receipts" (the amount in section 1) .....</p> <p>C. Multiply line B by 3,000 and enter here .....</p> <p>D. Enter .00178 of "gross receipts" (the amount in section 1) .....</p> <p>E. Subtract 4,000 from total DSEs (the figure on line C in section 2) and enter here .....</p> <p>F. Multiply line D by line E and enter here .....</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) <b>Syndicated Exclusivity Surcharge</b> .....</p>	
	<b>SECTION 4: SECOND 50 TELEVISION MARKET</b>		
Section 4a	<p>Did your cable system retransmit the signals of any partially-distant television stations during the accounting period?  <input type="checkbox"/> Yes—Complete part 9, of the Schedule.    <input checked="" type="checkbox"/> No—Complete the following sections.</p> <p>If the figure in section 2, line C is 4,000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the "gross receipts" x .003 x the DSE. Enter the result on line A below.</p> <p>A. Enter .00300 of "gross receipts" (the amount in section 1) .....</p> <p>B. Enter .00189 of "gross receipts" (the amount in section 1) .....</p> <p>C. Subtract 1,000 from total permitted DSEs (the figure on line C in section 2) and enter here .....</p> <p>D. Multiply line B by line C and enter here .....</p> <p>E. Add lines A and D. This is your surcharge. Enter here and in line 2, block 4, space L (page 7) <b>Syndicated Exclusivity Surcharge</b> .....</p>		

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>		<b>SYSTEM ID#</b> <b>061273</b>	<b>Name</b>
<b>Section 4b</b>	<p>If the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter .00300 of "gross receipts" (the amount in section 1) ..... \$</p> <p>B. Enter .00189 of "gross receipts" (the amount in section 1) ..... \$</p> <p>C. Multiply line B by 3,000 and enter here ..... \$</p> <p>D. Enter .00089 of "gross receipts" (the amount in section 1) ..... \$</p> <p>E. Subtract 4,000 from the total DSEs (the figure on line C in section 2) and enter here ..... \$</p> <p>F. Multiply line D by line E and enter here ..... \$</p> <p>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 ..... \$</p>		<b>7</b>  <b>Computation of the Syndicated Exclusivity Surcharge</b>
<p><b>INSTRUCTIONS:</b></p> <p>You must complete this part of the DSE Schedule for the SUM OF PERMITTED DSEs in Part 6, Block B; however, if block A of part 6 was checked "yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> <li>In block A, indicate, by checking "Yes" or "No," whether your system carried any partially-distant stations.</li> <li>If your answer is "No," compute your system's Base Rate Fee in block B. Leave part 9 blank.</li> <li>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.</li> </ul> <p><b>What is a "partially-distant station?"</b> A station is "partially-distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see the "Distant Station" section on page (iv) of the General Instructions.</p>			<b>8</b>  <b>Computation of Base Rate Fee</b>
<b>BLOCK A: CARRIAGE OF PARTIALLY-DISTANT STATIONS</b>			
<p>• Did your cable system retransmit the signals of any partially-distant television stations during the accounting period?</p> <p><input type="checkbox"/> Yes—Complete part 9 of this Schedule.      <input checked="" type="checkbox"/> No—Complete the following sections:</p>			
<b>BLOCK B: NO PARTIALLY-DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>			
<b>Section 1</b>	<p>Enter the amount of "gross receipts from space K (page 7) ..... \$ <b>2,455,829.36</b></p>		
<b>Section 2</b>	<p>Enter the total number of permitted DSEs from block B, part 6 of this Schedule. (If block A of part 6 was checked "yes," use the total number of DSEs from part 5.) ..... <b>0.00</b></p>		
<b>Section 3</b>	<p>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.</p> <p>A. Enter .01013 of "gross receipts" (the amount in section 1) ..... \$ <b>0.00</b></p> <p>B. Enter .00668 of "gross receipts" (the amount in section 1) ..... \$ <b>16,404.94</b></p> <p>C. Subtract 1,000 from total DSEs (the figure in section 2) and enter here ..... \$ <b>0.00</b></p> <p>D. Multiply line B by line C and enter here ..... \$ <b>0.00</b></p> <p>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 ..... \$ <b>0.00</b></p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM	SYSTEM ID#
	COXCOM, INC.	061273
<b>8</b>  Computation of Base Rate Fee	Section 4 If the figure in section 2 is more than 4,000, compute your Base Rate Fee here and leave section 3 blank.  A. Enter .01013 of "gross receipts" (the amount in section 1): ..... \$ <u>0.00</u>  B. Enter .00668 of "gross receipts" (the amount in section 1): ..... \$ <u>0.00</u>  C. Multiply line B by 3,000 and enter here: ..... \$ <u>0.00</u>  D. Enter .00314 of "gross receipts" (the amount in section 1): ..... \$ <u>0.00</u>  E. Subtract 4,000 from total DSEs (the figure in section 2) and enter here: ..... \$ <u>0.00</u>  F. Multiply line D by line E and enter here: ..... \$ <u>0.00</u>  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: ..... \$ <u>0.00</u>	
<b>9</b>  Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially- Distant Stations	<p><b>In General:</b> 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</p> <p><b>First:</b> 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.</p> <p><b>Next:</b> 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 Rate Fee for each group.</p> <p><b>Finally:</b> Add up the separate Base Rate Fees for each subscriber group. That total is the Base Rate Fee for your system.</p> <p><b>Important:</b> If any portion of your cable system is located within the top 100 television market and the station is <u>not exempt</u>, 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.</p> <p><b>How to Identify a Subscriber Group</b></p> <p><b>Step 1:</b> Determine the local service area of each wholly-distant and each partially-distant station you carried.</p> <p><b>Step 2:</b> 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 that station (and, by the same token, the station is "distant" to the subscriber.)</p> <p><b>Step 3:</b> 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.</p> <p><b>Computing the Base Rate Fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p><b>In each section:</b></p> <ul style="list-style-type: none"> <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 style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this Schedule; or,</li> <li>2) 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.</li> </ul> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate "gross receipts" for the subscriber group. For further explanation of "gross receipts" see page (vi) of the General Instructions.</li> <li>• Compute a Base Rate Fee for each subscriber group using the formula outline in block B of part 8 of this Schedule on the preceding page. In making this computation, use the DSE and "gross receipts" figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total "gross receipts" from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul>	



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>				SYSTEM ID# <b>061273</b>				Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>								<div style="text-align: center; font-size: 24px; font-weight: bold;">9</div> <p>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 3.75 FEE</p>	
COMMUNITY/ AREA .....				FIRST SUBSCRIBER GROUP					
COMMUNITY/ AREA .....				COMMUNITY/ AREA .....					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
"Total DSEs" .....				"Total DSEs" .....					
\$ .....				\$ .....					
\$ .....				"Gross Receipts" 1st Group ... \$ .....					
\$ .....				3.75 Fee 1st Group ... \$ .....					
SECOND SUBSCRIBER GROUP				THIRD SUBSCRIBER GROUP					
COMMUNITY/ AREA .....				COMMUNITY/ AREA .....					
COMMUNITY/ AREA .....				COMMUNITY/ AREA .....					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COXCOM, INC.</b>		SYSTEM ID# <b>061273</b>
<b>9</b>  <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially- Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>		
	<p>If your cable system is located within a top 100 television market and the station is <b>not exempt</b>, you must <b>also</b> compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> First 50 major television market         <span style="margin-left: 100px;"><input type="checkbox"/> Second 50 major television market</span> </p>		
	<p><b>INSTRUCTIONS:</b></p> <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this Schedule.</p> <p><b>Step 2:</b> In line 2 give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as "Exempt DSEs" in block C, part 7 of this Schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3 subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Schedule. In making this computation use "Gross Receipts" figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>		
	<p>Line 1: Enter the VHF DSEs .....</p> <p>Line 2: Enter the "Exempt DSEs" .....</p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b> ..... \$ .....</p>	<p>Line 1: Enter the VHF DSEs .....</p> <p>Line 2: Enter the "Exempt DSEs" .....</p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b> 1st Group ..... \$ .....</p>	
	<p>Line 1: Enter the VHF DSEs .....</p> <p>Line 2: Enter the "Exempt DSEs" .....</p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b> 2nd Group ..... \$ .....</p>	<p>Line 1: Enter the VHF DSEs .....</p> <p>Line 2: Enter the "Exempt DSEs" .....</p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b> 3rd Group ..... \$ .....</p>	
<p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) ..... \$ .....</p>			