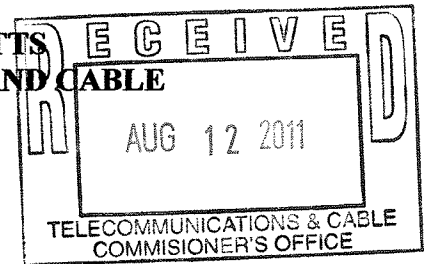


**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**



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. 10-10

**RESPONSES OF COX COMMUNICATIONS TO HEARING RECORD REQUESTS OF
THE DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

RECORD REQUEST 1

Please provide the copyright filing(s) used in preparing the Form 1240. Also, please provide the most recent copyright filing that includes the town of Holland.

RESPONSE

Attached are the copyright filings used to prepare the Form 1240. Also attached is the most recent copyright filing that includes the Town of Holland. The latest copyright filing attached is the 2010-2 copyright filing. The 2011-1 copyright filing will be completed late August 2011.

RESPONSIBLE WITNESS: Mike Patrie

DATE: August 10, 2011

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: 61273092

System ID: COX CABLE GREATER HARTFORD, INC.

Account Number: 061273

City/Town: ENFIELD, Connecticut

OK CEH 2-17-10

Owner: COXCOM, INC.

Account Period: July 1 - December 31, 2009

Royalty Fee Due: \$ 24,162.69



061273 2009/2

KC

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]

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1 - December 31, 2009																																											
B Owner	<p>INSTRUCTIONS: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system.</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM 061273 COXCOM, INC. SAME</p> <p> 061273 2009/2</p> <p>1400 LAKE HEARN DRIVE ATLANTA, GEORGIA 30319</p>																																											
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"><tr><td>1</td><td colspan="3">IDENTIFICATION OF CABLE SYSTEM: COX CABLE GREATER HARTFORD, INC.</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: 801 PARKER STREET (Number, Street, Rural Route, Apartment or Suite Number) MANCHESTER, CT 06040 (City, Town, State, ZIP Code)</td></tr></table>				1	IDENTIFICATION OF CABLE SYSTEM: COX CABLE GREATER HARTFORD, INC.			2	MAILING ADDRESS OF CABLE SYSTEM: 801 PARKER STREET (Number, Street, Rural Route, Apartment or Suite Number) MANCHESTER, CT 06040 (City, Town, State, ZIP Code)																																		
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D Area Served	<p>INSTRUCTIONS: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "...a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas.)" 47 C.F.R. §76.5(mm). The first community that you list will serve as a form of system identification hereafter known as the "First Community." 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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LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.		SYSTEM ID# 061273	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
Residential:					
• Service to First Set	36,564	10.27-12.99			
• Service to Additional Set(s)	41,270	0			
• FM Radio (if separate rate)					
Motel, Hotel	613	12.99			
Commercial					
Converter					
• Residential	38,246	4.98-7.82			
• Non-Residential	188	4.98-7.82			

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
Continuing Services:	14.99	Installation: Non-Residential	
• Pay Cable		• Motel, Hotel	
• Pay Cable—Add'l Channel		• Commercial	
• Fire Protection		• Pay Cable	
• Burglar Protection		• Pay Cable—Add'l Channel	
Installation: Residential		• Fire Protection	
• First Set	29.99-54.66	• Burglar Protection	
• Additional Set(s)	21.23-30.15	Other Services:	
• FM Radio (if separate rate)		• Reconnect	21.23-30.15
• Converter		• Disconnect	1.99
		• Outlet Relocation	21.23-30.15
		• Move to New Address	21.23-30.15

F

Services
Other Than
Secondary
Transmissions:
Rates

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.	SYSTEM ID# 061273
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G Primary Transmitters: Television	INSTRUCTIONS: General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except: (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981 permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4) or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "I" (for independent) or "E" (for noncommercial educational). For the meaning of these terms, see page (iv) of the General Instructions. Column 4: 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. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. 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. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.																																																																																																																																			
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* Carried in Holland, MA only

** Carried in all areas except Holland, MA

COXCOM, INC.

SYSTEM ID#

061273

PAGE 3 - 1 ADDITIONAL PRIMARY TRANSMITTERS: TELEVISION (continued from page 3 part G)

WVIT-DT2	35	N	No	NEW BRITAIN, CT
WVIT-DT3	35	N	No	NEW BRITAIN, CT


[illegible]

[illegible]

Name:	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.	SYSTEM ID# 061273
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K	Gross Receipts	<p>GROSS RECEIPTS 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.</p> <p>Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 2,385,260.89</p> <p style="text-align: right;">(Amount of "gross receipts")</p> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>
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L	Copyright Royalty Fee	<p>INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE Use the blocks in this space L to determine the royalty fee you owe:</p> <ul style="list-style-type: none"> • 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: <p>▶ 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.</p> <p>▶ 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.</p> <p>▶ 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.</p>
Block 1	<p>MINIMUM FEE: All cable systems with semiannual "gross receipts" of \$527,600 or more are required to pay at least the Minimum Fee, regardless of whether they carried any distant stations. This fee is 1.013 percent of the system's "gross receipts" for the accounting period.</p> <p>Line 1. Enter the amount of "gross receipts" from space K. \$ 2,385,260.89</p> <p>Line 2. Multiply the amount in line 1 by .01013</p> <p style="text-align: right;">Enter the result here. \$ 24,162.69</p> <p style="text-align: right;">This is your Minimum Fee.</p>	
Block 2	<p>DISTANT TELEVISION STATIONS CARRIED: 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.</p> <p>• Did your cable system carry any distant television stations during the accounting period?</p> <p><input type="checkbox"/> Yes—Complete the DSE Schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.</p>	
Block 3	<p>Line 1. BASE RATE FEE: Enter the Base Rate Fee from either Part 8, section 3 or 4, or Part 9, Block A, of the DSE Schedule. If none, enter zero. \$</p> <p>Line 2. 3.75 Fee: Enter the total fee from line 7, Block C, Part 6 of the DSE Schedule. If none, enter zero. \$</p> <p>Line 3. Add lines 1 and 2 and enter here. \$</p>	
Block 4	<p>Line 1. BASE RATE FEE/3.75 FEE, or MINIMUM FEE: Enter either the minimum fee from Block 1 or the sum of the Base Rate Fee/3.75 Fee from Block 3, line 3, whichever is larger. \$ 24,162.69</p> <p>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE Schedule. If none, enter zero. \$ 0.00</p> <p>Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet). \$ 0.00</p> <p>TOTAL ROYALTY FEE. Add Lines 1, 2 and 3 of Block 4 and enter total here. \$ 24,162.69</p> <p>Remit this amount via electronic payment; or in the form of a certified check, cashier's check, or money order, payable to <i>Register of Copyrights</i>. Do not send cash. We recommend electronic payments.</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM COXCOM, INC.		SYSTEM ID# 061273	Name
CHANNELS INSTRUCTIONS: You must give: (1) the number of channels on which the cable system carried television broadcast stations to its subscribers; and, (2) the cable system's total number of activated channels, during the accounting period.		M Channels	
1. Enter the total number of channels on which the cable system carried television broadcast stations:		<div style="border: 1px solid black; text-align: center; width: 100px;">23</div>	
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services:		<div style="border: 1px solid black; text-align: center; width: 100px;">331</div>	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this Statement of Account.)			N Contact
Name: GEORGE MARKLEY Telephone: 404-843-5000 <small>(Area Code)</small>			
Address: 1400 LAKE HEARN DRIVE <small>(Number, Street, Rural Route, Apartment or Suite Number)</small>			
ATLANTA, GA 30319 <small>(City, Town, State, ZIP Code)</small>			
Email (optional): _____ Fax (optional): _____			
CERTIFICATION: (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)			O 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: WILLIAM J FITZSIMMONS			
Title: CHIEF ACCOUNTING OFFICER <small>(Title of official position held in corporation or partnership)</small>			
Date: _____			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.		SYSTEM ID# 061273
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P Statement of Gross Receipts	<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</p> <p>For more information on when to exclude these amounts, see the note on page (vi) of the General Instructions.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><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 _____ Mailing Address _____ _____</td> <td style="width: 50%;">Name _____ Mailing Address _____ _____</td> </tr> <tr> <td>Name _____ Mailing Address _____ _____</td> <td>Name _____ Mailing Address _____ _____</td> </tr> </table>			Name _____ Mailing Address _____ _____	Name _____ Mailing Address _____ _____	Name _____ Mailing Address _____ _____	Name _____ Mailing Address _____ _____
Name _____ Mailing Address _____ _____	Name _____ Mailing Address _____ _____						
Name _____ Mailing Address _____ _____	Name _____ Mailing Address _____ _____						

Q Interest Assessment	<p>WORKSHEET FOR COMPUTING INTEREST</p> <p>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 (vi) 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 _____ Address _____ _____ First Community Served _____ 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 5 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.

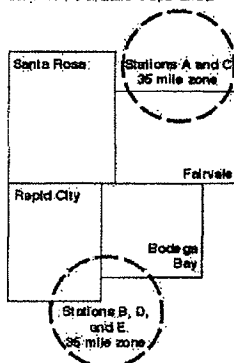
Rounding Off DSEs. In computing DSEs on the DSE Schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the Schedule as follows:

- 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	
B (Independent)	1.0	Rapid City	
C (part-time)	.083	Bodega Bay	
D (part-time)	.139	Fairvale	
E (network)	.25		
TOTAL DSEs	2.472	TOTAL "GROSS RECEIPTS"	\$600,000.00

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).

1 Owner	LEGAL NAME OF OWNER OF CABLE SYSTEM COXCOM, INC.		SYSTEM ID# 061273	
2 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. 0.00				

[illegible]

Name:	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.	SYSTEM ID# 061273
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6	INSTRUCTIONS: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of ther DSE Schedule blank and complete part 8, (page 16) of the Schedule. • If your answer if "No," complete blocks B and C below.																																																																																																																					
Computation of 3.75 Fee	BLOCK A: TELEVISION MARKETS																																																																																																																					
	Is the "cable system" located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? <input type="checkbox"/> Yes — Complete part 8 of the Schedule— DO NOT COMPLETE THE REMAINDER OF PARTS 6 AND 7. <input checked="" type="checkbox"/> No — Complete blocks B and C below.																																																																																																																					
	BLOCK B: CARRIAGE OF PERMITTED DSES																																																																																																																					
	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)																																																																																																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>1. CALL SIGN</th><th>2. PERMITTED BASIS</th><th>3. DSE</th><th>1. CALL SIGN</th><th>2. PERMITTED BASIS</th><th>3. DSE</th><th>1. CALL SIGN</th><th>2. PERMITTED BASIS</th><th>3. DSE</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>* SUM OF PERMITTED DSEs—add the DSEs of each station.</p>	1. CALL SIGN	2. PERMITTED BASIS	3. 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	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE																																																																																																														
	BLOCK C: COMPUTATION OF 3.75 FEE																																																																																																																					
Do any of these DSEs represent partially permitted/partially non-permitted carriage? If yes, see Instructions on Inside cover of this SA.	<p>Line 1: Enter the total number of DSEs from part 5 of this Schedule 0.00</p> <hr/> <p>Line 2: Enter the "SUM OF PERMITTED DSEs" from block B above. 0.00</p> <hr/> <p>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</p> <hr/> <p>Line 4: Enter "Gross Receipts" from space K (page 7) \$ x .0375</p> <hr/> <p>Line 5: Multiply line 4 by .0375 and enter sum here \$ 0.00</p> <hr/> <p>Line 6: Enter total number of DSEs from line 3. 0.00</p> <hr/> <p>Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) \$ 0.00</p>																																																																																																																					

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.		SYSTEM ID# 061273
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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)	\$ 2,385,260.89
	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 B.	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>		

LEGAL NAME OF OWNER OF CABLE SYSTEM COXCOM, INC.		SYSTEM ID# 061273	Name
Section 4b	<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>Syndicated Exclusivity Surcharge \$ </p>	7 Computation of the Syndicated Exclusivity Surcharge	
INSTRUCTIONS: 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. <ul style="list-style-type: none"> * In block A, indicate, by checking "Yes" or "No," whether your system carried any partially-distant stations. * If your answer is "No," compute your system's Base Rate Fee in block B. Leave part 9 blank. * If your answer is "Yes" (that is, if you carried one or more partially-distant stations), you must complete part 9. Leave block B below blank. <p>What is a "partially-distant station?" A station is "partially-distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see the "Distant Station" section on page (iv) of the General Instructions.</p>			8 Computation of Base Rate Fee
BLOCK A: CARRIAGE OF PARTIALLY-DISTANT STATIONS			
<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>			
BLOCK B: NO PARTIALLY-DISTANT STATIONS—COMPUTATION OF BASE RATE FEE			
Section 1	Enter the amount of "gross receipts from space K (page 7) \$ 2,385,260.89		
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this Schedule. (If block A of part 6 was checked "yes," use the total number of DSEs from part 5.) 0.00		
Section 3	<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) \$ 0.00</p> <p>B. Enter .00668 of "gross receipts" (the amount in section 1) \$ 15,933.54</p> <p>C. Subtract 1,000 from total DSEs (the figure in section 2) and enter here 0.00</p> <p>D. Multiply line B by line C and enter here \$ 0.00</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>Base Rate Fee \$ 0.00</p>		

Name:	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.		SYSTEM ID# 061273
8 Computation of Base Rate Fee	Section 4	<p>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 .00666 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>	
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially- Distant Stations	<p>In General: If any of the stations you carried was "partially-distant," the statute allows you, in computing your Base Rate Fee, to exclude receipts from subscribers located within the station's local service area from your system's total "gross receipts." To take advantage of this exclusion, you must</p> <p style="padding-left: 20px;">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: 20px;">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: 20px;">Finally: Add up the separate Base Rate Fees for each subscriber group. That total is the Base Rate Fee for your system.</p> <p>Important: If any portion of your cable system is located within the top 100 television market and the station is not exempt, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group</p> <p style="padding-left: 20px;">Step 1: Determine the local service area of each wholly-distant and each partially-distant station you carried.</p> <p style="padding-left: 20px;">Step 2: For each wholly-distant and each partially-distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is "distant" to that station (and, by the same token, the station is "distant" to the subscriber.)</p> <p style="padding-left: 20px;">Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are "distant." Each subscriber group must consist entirely of subscribers who are "distant" to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p style="padding-left: 20px;">Computing the Base Rate Fee for each subscriber group: 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"> * Identify the communities/areas represented by each subscriber group. * Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is "distant" to all of the subscribers in the group. * If: <ul style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this Schedule; or, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this Schedule. * Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. * Calculate "gross receipts" for the subscriber group. For further explanation of "gross receipts" see page (vi) of the General Instructions. * 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. 		

LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.				SYSTEM ID# 061273				Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">9</div> <div style="font-size: 10pt; font-weight: bold; margin-bottom: 5px;">Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially-Distant Stations</div> <div style="font-size: 12pt; font-weight: bold; margin-bottom: 5px;">3.75 FEE</div>	
FIRST SUBSCRIBER GROUP									
COMMUNITY/ AREA				COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>		
"Total DSEs" <div style="display: flex; justify-content: space-between; align-items: flex-end;"> \$ <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div>				"Total DSEs" "Gross Receipts" 1st Group \$ <div style="display: flex; justify-content: space-between; align-items: flex-end;"> 3.75 Fee 1st Group <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div>					
SECOND SUBSCRIBER GROUP				THIRD SUBSCRIBER GROUP					
COMMUNITY/ AREA				COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>	<div style="height: 100px; border-bottom: 1px dotted black;"></div>		
"Total DSEs" "Gross Receipts" 2nd Group \$ <div style="display: flex; justify-content: space-between; align-items: flex-end;"> 3.75 Fee 2nd Group <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div>				"Total DSEs" "Gross Receipts" 3rd Group \$ <div style="display: flex; justify-content: space-between; align-items: flex-end;"> 3.75 Fee 3rd Group <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div>					
3.75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above. Enter here and in the block 3, line 2, space L (page 7) \$ <div style="border: 1px solid black; width: 100px; height: 30px; float: right;"></div>									

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.		SYSTEM ID# 061273
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially-Distant Stations	<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 78.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input checked="checked" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p> <p>INSTRUCTIONS:</p> <p>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this Schedule.</p> <p>Step 2: In line 2 give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as "Exempt DSEs" in block C, part 7 of this Schedule. If none enter zero.</p> <p>Step 3: In line 3 subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Schedule. In making this computation use "Gross Receipts" figures applicable to the particular group. You do not need to show your actual calculations on this form.</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>SYNDICATED EXCLUSIVITY SURCHARGE \$</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>SYNDICATED EXCLUSIVITY SURCHARGE \$</p> <p>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>SYNDICATED EXCLUSIVITY SURCHARGE \$</p> <p>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>SYNDICATED EXCLUSIVITY SURCHARGE \$</p> <p>3rd Group</p>	
	<p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)</p> <p style="text-align: right;">\$</p>		

COPYRIGHT STATEMENT OF ACCOUNT MANAGEMENT SYSTEM

SA3 LONG FORM COVER PAGE - Version 8 for Windows

Distributed and Supported by:

GRALIN associates, inc
1812 Solly Ave
Philadelphia, PA 19152
(215) 742 0567

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	
Multiple Channer Lineups:	No	
Any PARTIALLY-DISTANT stations:	No	
Any PARTIALLY-PERMITTED stations:	No	
Any Subscriber Groups:	No	0

Form: 61273101

System ID: COX CABLE GREATER HARTFORD, INC.

Account Number: 061273

City/Town: ENFIELD, Connecticut

Owner: COXCOM, INC.

Account Period: January 1 - June 30, 2010

OK CEH 8-16-10

Royalty Fee Due: \$ 28,674.47

06127320101
06127320101

061273 2010/1

ATTENTION CABLE OPERATORS

Statutory Changes Affecting Statements of Account

Statement of account (SOA) forms for cable operators for the accounting period beginning on January 1, 2010, have been revised to conform with new statutory amendments pursuant to Section 104 of the Satellite Television Extension and Localism Act of 2010 (STELA), Public Law 111-175. The SA-3 (Long Form) reflects the royalty rate adjustments found in STELA and includes modifications to accommodate other changes in the law. These changes are highlighted below.

Information on STELA is available at www.copyright.gov, and the new forms will be available at www.copyright.gov/forms. The SOAs are subject to further changes as the Office continues to implement several sections of the new law.

RATE CHANGES. The new base rate fees for carriage of a distant signal are as follows:

First distant signal equivalent (DSE):	0.01064
Second, third, and fourth DSE:	0.00701
Additional DSEs over four:	0.00330

However, no changes were made to the gross receipts threshold levels used to calculate the royalty fees, the 3.75 percent fee, the syndicated exclusivity surcharge, or the SA1-2 (Short Form) royalty rates.

MULTICAST STREAMS. Cable operators will also have to begin reporting and paying for carriage of certain distant multicast streams. For information on how to calculate royalty fees for carriage of distant multicast streams, refer to page (v) of the SA-3 general instructions. For further information, refer to www.copyright.gov/licensing/multicasting. Distant multicast streams are not subject to the 3.75 percent fee or the syndicated exclusivity surcharge.

COMMUNITY-BY-COMMUNITY REPORTINGS. It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-

by-community basis ("subscriber groups"). Guidance for reporting the carriage of television broadcast signals on a community-by-community basis is provided on a revised Space D form and at the back of the SA-3 form (will be available at www.copyright.gov/forms).

NEW DEFINITION OF "LOCAL SERVICE AREA." The statutory definition of the "local service area of a primary transmitter" has been amended to include the noise limited contour as an additional way to determine the local or distant status of a digital television signal and related multicast streams.

ADDITIONAL DEFINITIONS. The terms "primary transmitter," "primary stream," "multicast stream," "simulcast," "subscriber," and "subscribe" have been added. The definitions for distant signal equivalent, network station, independent station, noncommercial educational station, and primary transmission were amended. See the general instructions for the definitions of newly added terms and the amended definitions.

NEW ADDITIONAL DEPOSIT. Section 111(d) has been amended to provide the Copyright Office with the authority to accept further deposits in limited instances from cable operators in addition to payments made for the retransmission of distant broadcast signals. Cable operators making additional deposits under the statute shall use a form provided by the Copyright Office for this purpose.

If you did not receive the correct form, or if you have any questions, please contact the Licensing Division of the Copyright Office between 8:30 AM and 5:00 PM eastern time. TEL: (202) 707-8150, FAX: (202) 707-0905, EMAIL: licensing@loc.gov.

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2010
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.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1 - June 30, 2010																		
B Owner	<p>Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system.</p> <p>LEGAL NAME OF OWNER/ MAILING ADDRESS OF CABLE SYSTEM 061273</p> <p>COXCOM, INC.</p> <p>SAME</p> <p style="text-align: right;">*06127320101* *06127320101* 061273 2010/1</p> <p>1400 LAKE HEARN DRIVE ATLANTA, GEORGIA 30319</p>																		
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"> <tr> <td>1</td> <td colspan="2">IDENTIFICATION OF CABLE SYSTEM: COX CABLE GREATER HARTFORD, INC.</td> </tr> <tr> <td>2</td> <td colspan="2"> MAILING ADDRESS OF CABLE SYSTEM: 801 PARKER STREET <small>(Number, street, rural route, apartment, or suite number)</small> MANCHESTER, CT 06040 <small>(City, town, state, zip code)</small> </td> </tr> </table>			1	IDENTIFICATION OF CABLE SYSTEM: COX CABLE GREATER HARTFORD, INC.		2	MAILING ADDRESS OF CABLE SYSTEM: 801 PARKER STREET <small>(Number, street, rural route, apartment, or suite number)</small> MANCHESTER, CT 06040 <small>(City, town, state, zip code)</small>											
1	IDENTIFICATION OF CABLE SYSTEM: COX CABLE GREATER HARTFORD, INC.																		
2	MAILING ADDRESS OF CABLE SYSTEM: 801 PARKER STREET <small>(Number, street, rural route, apartment, or suite number)</small> MANCHESTER, CT 06040 <small>(City, town, state, zip code)</small>																		
D Area Served	<p>Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The 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.</p> <p>Note: If you are reporting multiple channel lineups on a community-by-community basis in Space G, do not use this Space D. Instead, complete the revised Space D at the back of this form.</p> <p>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>GRANBY</td> <td>CT</td> </tr> <tr> <td>EAST GRANBY</td> <td>CT</td> <td>HARTLAND</td> <td>CT</td> </tr> <tr> <td>EAST WINDSOR</td> <td>CT</td> <td colspan="2">MORE AREAS SERVED LISTED</td> </tr> </tbody> </table>			CITY OR TOWN	STATE	CITY OR TOWN	STATE	ENFIELD	CT	GRANBY	CT	EAST GRANBY	CT	HARTLAND	CT	EAST WINDSOR	CT	MORE AREAS SERVED LISTED	
CITY OR TOWN	STATE	CITY OR TOWN	STATE																
ENFIELD	CT	GRANBY	CT																
EAST GRANBY	CT	HARTLAND	CT																
EAST WINDSOR	CT	MORE AREAS SERVED LISTED																	

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

COXCOM, INC.

SYSTEM ID#
061273

PAGE 1 - 1 ADDITIONAL COMMUNITIES SERVED (continued from page 1 part D)

HOLLAND	MA
SOMERS	CT
STAFFORD	CT
SUFFIELD	CT
UNION	CT
WINDSOR LOCKS	CT

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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	36,328	10.27-16.99			
• Service to First Set.....	41,295	0			
• Service to Additional Set(s).....					
• FM Radio (if separate rate).....					
Motel, Hotel.....	632	16.99			
Commercial.....					
Converter.....					
• Residential.....	30,246	4.98-7.82			
• Non-Residential.....	188	4.98-7.82			

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
Continuing Services:	16.99		
• Pay Cable.....			
• Pay Cable—Add'l Channel.....			
• Fire Protection.....			
• Burglar Protection.....			
Installation: Residential			
• First Set.....	29.70-54.40		
• Additional Set(s).....	21.23-30.15		
• FM Radio (if separate rate).....			
• Converter.....			
		Installation: Non-Residential	
		• Motel, Hotel.....	
		• Commercial.....	
		• Pay Cable.....	
		• Pay Cable—Add'l Channel.....	
		• Fire Protection.....	
		• Burglar Protection.....	
		Other Services:	
		• Reconnect.....	21.23-30.15
		• Disconnect.....	1.99
		• Outlet Relocation.....	21.23-30.15
		• Move to New Address.....	21.23-30.15

F

Services
Other Than
Secondary
Transmissions:
Rates

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM	SYSTEM ID#																																																																																										
	COXCOM, INC.	061273																																																																																										
G Primary Transmitters: Television	<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page v of the general instructions. <p>Column 1: List each station's call sign. Do not report originator program services such as HBO, ESPN, etc.</p> <p>Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cable system carried the station. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page iv of the general instructions.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page iv of the general instructions.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. If you carried the channel on any other basis, enter "O." For a further explanation of these two categories, see page v of the general instructions.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because: (1) it was retransmitted prior to February 27, 2010, or (2) it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). The first exempted class only applies to the 2010/1 accounting period.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you carried any multicast signals during the January-June 2010 Accounting Period please see page v of the General Instructions or go to www.copyright.gov/licensing/multicasting for more detailed information.</p> <p>Note: If you are utilizing multiple channel lineups, use a separate space G for each channel line-up.</p>																																																																																											
	<table border="1"> <thead> <tr> <th>1. CALL SIGN</th> <th>2. B'CAST CHANNEL NUMBER</th> <th>3. TYPE OF STATION</th> <th>4. DISTANT? (Yes or No)</th> <th>5. BASIS OF CARRIAGE (if Distant)</th> <th>6. LOCATION OF STATION</th> </tr> </thead> <tbody> <tr> <td>**WDMRlp -</td> <td>51</td> <td>I</td> <td>No</td> <td></td> <td>SPRINGFIELD, MA</td> </tr> <tr> <td>**WHPX-1 -</td> <td>34.1</td> <td>I</td> <td>No</td> <td></td> <td>NEW LONDON, CT</td> </tr> <tr> <td>*WBZ-1 -</td> <td>30.1</td> <td>N</td> <td>No</td> <td></td> <td>BOSTON, MA</td> </tr> <tr> <td>*WGBH-1 -</td> <td>19.1</td> <td>E</td> <td>No</td> <td></td> <td>BOSTON, MA</td> </tr> <tr> <td>*WSHM-LP -</td> <td>67</td> <td>N</td> <td>No</td> <td></td> <td>SPRINGFIELD, MA</td> </tr> <tr> <td>*WUNI-1 -</td> <td>29.1</td> <td>I</td> <td>No</td> <td></td> <td>WORCESTER, MA</td> </tr> <tr> <td>*WWLP-1 -</td> <td>11.1</td> <td>N</td> <td>No</td> <td></td> <td>SPRINGFIELD, MA</td> </tr> <tr> <td>WCTX-1 -</td> <td>39.1</td> <td>I</td> <td>No</td> <td></td> <td>NEW HAVEN, CT</td> </tr> <tr> <td>WEDH-1 -</td> <td>45.1</td> <td>E</td> <td>No</td> <td></td> <td>HARTFORD, CT</td> </tr> <tr> <td>WEDH-2 -</td> <td>45.2</td> <td>E-M</td> <td>No</td> <td></td> <td>HARTFORD, CT</td> </tr> <tr> <td>WFSB-1 -</td> <td>33.1</td> <td>N</td> <td>No</td> <td></td> <td>HARTFORD, CT</td> </tr> <tr> <td>WFSB-4 3</td> <td>33.4</td> <td>N-M</td> <td>No</td> <td></td> <td>HARTFORD, CT</td> </tr> <tr> <td>WGBY-1 -</td> <td>58.1</td> <td>E</td> <td>No</td> <td></td> <td>SPRINGFIELD, MA</td> </tr> <tr> <td>WGGB-1 -</td> <td>40.1</td> <td>N</td> <td>No</td> <td></td> <td>SPRINGFIELD, MA</td> </tr> </tbody> </table>		1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (if Distant)	6. LOCATION OF STATION	**WDMRlp -	51	I	No		SPRINGFIELD, MA	**WHPX-1 -	34.1	I	No		NEW LONDON, CT	*WBZ-1 -	30.1	N	No		BOSTON, MA	*WGBH-1 -	19.1	E	No		BOSTON, MA	*WSHM-LP -	67	N	No		SPRINGFIELD, MA	*WUNI-1 -	29.1	I	No		WORCESTER, MA	*WWLP-1 -	11.1	N	No		SPRINGFIELD, MA	WCTX-1 -	39.1	I	No		NEW HAVEN, CT	WEDH-1 -	45.1	E	No		HARTFORD, CT	WEDH-2 -	45.2	E-M	No		HARTFORD, CT	WFSB-1 -	33.1	N	No		HARTFORD, CT	WFSB-4 3	33.4	N-M	No		HARTFORD, CT	WGBY-1 -	58.1	E	No		SPRINGFIELD, MA	WGGB-1 -	40.1	N	No		SPRINGFIELD, MA
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Dropped 2009-2 period

* Carried in Holland, MA only

** Carried in all areas except Holland, MA

PAGE 3 - 1 ADDITIONAL PRIMARY TRANSMITTERS: TELEVISION (continued from page 3 part G)

WTIC-1	31.1 —	I	No	HARTFORD, CT
WTNH-1	10.1 —	N	No	NEW HAVEN, CT
WTNH-4	10.4 —	N-M	No	NEW HAVEN, CT
WXXX-1	12.1 —	I	No	WATERBURY, CT
WXXX-2	12.2 —	I-M	No	WATERBURY, CT
WUVN-1	46.1 —	I	No	HARTFORD, CT
**WVIT-1	35.1 —	N	No	NEW BRITAIN, CT
**WVIT-2	35.2 —	N-M	No	NEW BRITAIN, CT
**WVIT-3	35.3 —	N-M	No	NEW BRITAIN, CT

[illegible]

[illegible]

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM COXCOM, INC.	SYSTEM ID# 061273
K Gross Receipts	GROSS RECEIPTS 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. ▶ \$ 2,694,969.02 <small>(Amount of "gross receipts")</small> IMPORTANT: You must complete a statement in space P concerning gross receipts.	
L Copyright Royalty Fee	INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE 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	MINIMUM FEE: All cable systems with semiannual "gross receipts" of \$527,600 or more are required to pay at least the Minimum Fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's "gross receipts" for the accounting period. Line 1. Enter the amount of "gross receipts" from space K. ▶ 2,694,969.02 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your Minimum Fee. ▶ \$ 28,674.47	
Block 2	DISTANT TELEVISION STATIONS CARRIED: 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. BASE RATE FEE: Enter the Base Rate Fee from either Part 8, section 3 or 4, or Part 9, Block A of the DSE Schedule. If none, enter zero. ▶ \$ Line 2. 3.75 Fee: Enter the total fee from line 7, Block C, Part 6 of the DSE Schedule. If none, enter zero. ▶ Line 3. Add lines 1 and 2 and enter here. ▶ \$	
Block 4	Line 1. BASE RATE FEE/3.75 FEE, or MINIMUM FEE: Enter either the minimum fee from Block 1 or the sum of the Base Rate Fee/3.75 Fee from Block 3, line 3, whichever is larger. ▶ \$ 28,674.47 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE Schedule. If none, enter zero. ▶ \$ 0.00 Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet). ▶ \$ 0.00 TOTAL ROYALTY FEE. Add Lines 1, 2 and 3 of Block 4 and enter total here. ▶ \$ 28,674.47 Remit this amount via <i>electronic payment payable</i> to Register of Copyrights. (See page i of the general instructions for more information.)	

LEGAL NAME OF OWNER OF CABLE SYSTEM COXCOM, INC.	SYSTEM ID# 061273	Name
CHANNELS INSTRUCTIONS: You must give: (1) the number of channels on which the cable system carried television broadcast stations to its subscribers; and, (2) the cable system's total number of activated channels, during the accounting period.		M Channels
1. Enter the total number of channels on which the cable system carried television broadcast stations.		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;">17</div>
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;">331</div>
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this Statement of Account.)		N Contact
Name CHARLIE HENDERSON Telephone 404-843-5000 <small>(Area Code)</small>		
Address 1400 LAKE HEARN DRIVE <small>(Number, Street, Rural Route, Apartment or Suite Number)</small>		
ATLANTA, GA 30319 <small>(City, Town, State, ZIP Code)</small>		
Email (optional) _____ Fax (optional) _____		
CERTIFICATION: (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)		O 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)]		
<div style="display: flex; align-items: center;"> <div> Handwritten signature: _____ Typed or printed name: WILLIAM J FITZSIMMONS Title: CHIEF ACCOUNTING OFFICER <small>(Title of official position held in corporation or partnership)</small> Date: _____ </div> </div>		

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.	SYSTEM ID# 061273
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P Statement of Gross Receipts	<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page(vi) of the General Instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite "dish" owners? <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%; vertical-align: top;"> Name Mailing Address </td> <td style="width: 50%; vertical-align: top;"> Name Mailing Address </td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> Name Mailing Address </td> <td style="width: 50%; vertical-align: top;"> Name Mailing Address </td> </tr> </table>	Name Mailing Address	Name Mailing Address	Name Mailing Address	Name Mailing Address
Name Mailing Address	Name Mailing Address				
Name Mailing Address	Name Mailing Address				

Q Interest Assessment	<p>WORKSHEET FOR COMPUTING INTEREST You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (vii) General Instructions.</p> <p>Line 1 Enter the amount of late payment or underpayment \$ x %</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here x days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here x .00274</p> <p>Line 4 Multiply line 3 by .00274** enter here and on line 3, Block 4, space L, (page 7) \$ (interest charge)</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 Address First Community Served 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":
 - Divide all of your subscribers into "subscriber groups" depending on their location. A particular "subscriber group" consists of all subscribers who are "distant" with respect to exactly the same complement of stations.
 - Identify the communities/areas represented by each subscriber group.
 - For each "subscriber group," calculate the total number of DSEs of that group's complement of stations.

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

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this Schedule.
 - Determine the portion of the total "gross receipts" you reported in space K (page 7) that is attributable to each "subscriber group."

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

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

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

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

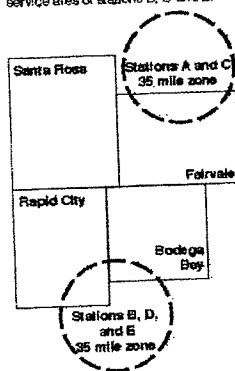
Rounding Off DSEs. In computing DSEs on the DSE Schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the Schedule as follows:

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

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

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

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



Distant Stations Carried	Identification of Subscriber Groups	"GROSS RECEIPTS" FROM SUBSCRIBERS
STATION	CITY	
A (independent)	1.0	
B (independent)	1.0	
C (part-time)	.083	
D (part-time)	.139	
E (network)	.25	
TOTAL DSEs	2.472	
		\$600,000.00

Minimum Fee Total "Gross Receipts" $\times .01013$
\$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 $\times .01013 \times 1.0 = 3,140.30$	\$170,000 $\times .01013 \times 1.0 = 1,722.10$	\$120,000 $\times .01013 \times 1.0 = 1,215.60$
\$310,000 $\times .00668 \times 1.472 = 3,048.22$	\$170,000 $\times .00668 \times .083 = 94.26$	\$120,000 $\times .00668 \times .389 = 311.83$
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).

1 Owner	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.	SYSTEM ID# 061273				
2 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	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.						0.00

DSE SCHEDULE - PAGE 12.				SYSTEM ID# 061273		Name	
INSTRUCTIONS FOR COMPUTATION OF DSEs FOR STATIONS CARRIED PART-TIME DUE TO LACK OF ACTIVATED CHANNEL CAPACITY 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.)						3 Computation of DSEs for Category: "LAC" Stations	
CATEGORY "LAC" STATIONS: COMPUTATION OF DSEs							
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	=			
	+	=	X	=			
	+	=	X	=			
	+	=	X	=			
SUM OF DSEs OF CATEGORY "LAC" STATIONS:				0.00			
Add the DSEs of each station.							
Enter the sum here and in line 2 of part 5 of this Schedule,							
INSTRUCTIONS FOR COMPUTATION OF DSEs FOR SUBSTITUTE-BASIS STATIONS: 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.)						4 Computation of DSEs for Substitute- Basis Stations	
SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:				0.00			
Add the DSEs of each station.							
Enter the sum here and in line 3 of part 5 of this Schedule,							
TOTAL NUMBER OF DSEs: 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.						5 Total Number of DSEs	
1. Number of DSEs from part 2 0.00 2. Number of DSEs from part 3 0.00 3. Number of DSEs from part 4 0.00						0.00	
TOTAL NUMBER OF DSEs 0.00							

Name <div style="font-size: 24pt; font-weight: bold; text-align: center;">6</div> Computation of 3.75 Fee	<div style="text-align: right; font-weight: bold;">SYSTEM ID# 061273</div> <div style="font-weight: bold;">LEGAL NAME OF OWNER OF CABLE SYSTEM</div> <div style="font-weight: bold; font-size: 1.2em;">COXCOM, INC.</div> <div style="margin-top: 10px;"> INSTRUCTIONS: Block A must be completed. In block A: * If your answer if "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 if "No," complete blocks B and C below. </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> BLOCK A: TELEVISION MARKETS </div> <p>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?</p> <p><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.</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> BLOCK B: CARRIAGE OF PERMITTED DSEs </div> <div style="display: flex;"> <div style="width: 15%; padding-right: 10px;"> Column 1: CALL SIGN </div> <div> 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.) </div> </div> <div style="display: flex;"> <div style="width: 15%; padding-right: 10px;"> Column 2: BASIS OF PERMITTED CARRIAGE </div> <div> 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)) </div> </div> <div style="display: flex;"> <div style="width: 15%; padding-right: 10px;"> Column 3: </div> <div> 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.) </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 11%;">1. CALL SIGN</th> <th style="width: 11%;">2. PERMITTED BASIS</th> <th style="width: 11%;">3. DSE</th> <th style="width: 11%;">1. CALL SIGN</th> <th style="width: 11%;">2. PERMITTED BASIS</th> <th style="width: 11%;">3. DSE</th> <th style="width: 11%;">1. CALL SIGN</th> <th style="width: 11%;">2. PERMITTED BASIS</th> <th style="width: 11%;">3. DSE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>• SUM OF PERMITTED DSEs—add the DSEs of each station</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold;">0.00</div> </div> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> BLOCK C: COMPUTATION OF 3.75 FEE </div> <div style="display: flex;"> <div style="width: 15%; padding-right: 10px;"> Do any of these DSEs represent partially permitted/partially non-permitted carriage? If yes, see instructions on inside cover of this SA. </div> <div> <table style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black;">Line 1: Enter the total number of DSEs from part 5 of this Schedule</td> <td style="text-align: right; border-bottom: 1px solid black;">0.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Line 2: Enter the "SUM OF PERMITTED DSEs" from block B above</td> <td style="text-align: right; border-bottom: 1px solid black;">0.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">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)</td> <td style="text-align: right; border-bottom: 1px solid black;">0.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Line 4: Enter "Gross Receipts" from space K (page 7)</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 0.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Line 5: Multiply line 4 by .0375 and enter sum here</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 0.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Line 6: Enter total number of DSEs from line 3</td> <td style="text-align: right; border-bottom: 1px solid black;">0.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 0.00</td> </tr> </table> </div> </div>	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE																																																																																																				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
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE																																																																																																																			
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																																																																																																																										

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.	SYSTEM ID# 061273
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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) \$ 2,694,969.02
	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
	* 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.	
	SECTION 3: TOP 50 TELEVISION MARKET	
	Section 3a	* Did your cable system retransmit the signals of any partially-distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete part 9 of this Schedule. <input checked="" type="checkbox"/> No—Complete the applicable section below. If the figure in section 2, line C is 4,000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the "gross receipts" x .00599 x the DSE. Enter the result on line A below. A. Enter .00599 of "gross receipts" (the amount in section 1) \$ _____ B. Enter .00377 of "gross receipts" (the amount in section 1) \$ _____ C. Subtract 1,000 from total permitted DSEs (the figure on line C in section 2) and enter here _____ D. Multiply line B by line C and enter here _____ E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge \$
	Section 3b	If the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 3a blank. A. Enter .00599 of "gross receipts" (the amount in section 1) \$ _____ B. Enter .00377 of "gross receipts" (the amount in section 1) \$ _____ C. Multiply line B by 3,000 and enter here \$ _____ D. Enter .00178 of "gross receipts" (the amount in section 1) \$ _____ E. Subtract 4,000 from total DSEs (the figure on line C in section 2) and enter here _____ F. Multiply line D by line E and enter here \$ _____ G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge \$
	SECTION 4: SECOND 50 TELEVISION MARKET	
Section 4a	Did your cable system retransmit the signals of any partially-distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete part 9 of the Schedule. <input checked="" type="checkbox"/> No—Complete the following sections. 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. A. Enter .00300 of "gross receipts" (the amount in section 1) \$ _____ B. Enter .00189 of "gross receipts" (the amount in section 1) \$ _____ C. Subtract 1,000 from total permitted DSEs (the figure on line C in section 2) and enter here _____ D. Multiply line B by line C and enter here \$ _____ E. Add lines A and D. This is your surcharge. Enter here and in line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge \$ 	

DSE SCHEDULE, PAGE 16.

LEGAL NAME OF CARRIER OF CABLE SYSTEM COXCOM, INC.		SYSTEM ID# 061273	Name
Section 4b	<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>Syndicated Exclusivity Surcharge \$</p>		7 Computation of the Syndicated Exclusivity Surcharge
<p>INSTRUCTIONS: 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"> In block A, indicate, by checking "Yes" or "No," whether your system carried any partially-distant stations. If your answer is "No," compute your system's Base Rate Fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially-distant stations), you must complete part 9. Leave block B below blank. <p>What is a "partially-distant station?" A station is "partially-distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see the "Distant Station" section on page (iv) of the General Instructions.</p>			8 Computation of Base Rate Fee
BLOCK A: CARRIAGE OF PARTIALLY-DISTANT STATIONS			
<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>			
BLOCK B: NO PARTIALLY-DISTANT STATIONS—COMPUTATION OF BASE RATE FEE			
Section 1	Enter the amount of "gross receipts from space K (page 7) \$ 2,694,969.02		
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this Schedule. (If block A of part 6 was checked "yes," use the total number of DSEs from part 5.) 0.00		
Section 3	<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 0.01064 of "gross receipts" (the amount in section 1) \$ 0.00</p> <p>B. Enter 0.00701 of "gross receipts" (the amount in section 1) \$ 18,891.73</p> <p>C. Subtract 1,000 from total DSEs (the figure in section 2) and enter here \$ 0.00</p> <p>D. Multiply line B by line C and enter here \$ 0.00</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>Base Rate Fee \$ 0.00</p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM	SYSTEM ID#
	COXCOM, INC.	061273
8	<p>Section 4 If the figure in section 2 is more than 4,000, compute your Base Rate Fee here and leave section 3 blank.</p> <p>Computation of Base Rate Fee</p> <p>A. Enter 0.01064 of "gross receipts" (the amount in section 1) \$ <u>0.00</u></p> <p>B. Enter 0.00701 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 0.00330 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>	
9	<p>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially-Distant Stations</p> <p>In General: If any of the stations you carried was "partially-distant," the statute allows you, in computing your Base Rate Fee, to exclude receipts from subscribers located within the station's local service area from your system's total "gross receipts." To take advantage of this exclusion, you must</p> <p style="padding-left: 20px;">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: 20px;">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: 20px;">Finally: Add up the separate Base Rate Fees for each subscriber group. That total is the Base Rate Fee for your system.</p> <p>Important: If any portion of your cable system is located within the top 100 television market and the station is not exempt, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group</p> <p style="padding-left: 20px;">Step 1: Determine the local service area of each wholly-distant and each partially-distant station you carried.</p> <p style="padding-left: 20px;">Step 2: For each wholly-distant and each partially-distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is "distant" to that station (and, by the same token, the station is "distant" to the subscriber.)</p> <p style="padding-left: 20px;">Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are "distant." Each subscriber group must consist entirely of subscribers who are "distant" to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the Base Rate Fee for each subscriber group: 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"> • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is "distant" to all of the subscribers in the group. • If: <ol style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this Schedule; or, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this Schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate "gross receipts" for the subscriber group. For further explanation of "gross receipts" see page (vi) of the General Instructions. • 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. 	

LEGAL NAME OF OWNER OF CABLE SYSTEM	Name
<p>Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals</p> <p>Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.</p> <p>Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.</p> <p>Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</p> <p>Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.</p> <p>You must report, but not assign a DSE value for:</p> <ul style="list-style-type: none"> (a) the retransmission of a multicast stream prior to February 27, 2010. This exemption is only applicable for the first accounting period of 2010. (b) the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2008, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter. 	

[illegible]

[illegible]

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	COXCOM, INC.	061273
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially-Distant Stations	<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 <input type="checkbox"/> Second 50 major television market</p> <p>INSTRUCTIONS:</p> <p>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this Schedule.</p> <p>Step 2: In line 2 give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as "Exempt DSEs" in block C, part 7 of this Schedule. If none enter zero.</p> <p>Step 3: In line 3 subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Schedule. In making this computation use "Gross Receipts" figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	<div style="border: 1px solid black; padding: 5px;"><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>SYNDICATED EXCLUSIVITY SURCHARGE \$</p></div>	<div style="border: 1px solid black; padding: 5px;"><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>SYNDICATED EXCLUSIVITY SURCHARGE 1st Group \$</p></div>
	<div style="border: 1px solid black; padding: 5px;"><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>SYNDICATED EXCLUSIVITY SURCHARGE 2nd Group \$</p></div>	<div style="border: 1px solid black; padding: 5px;"><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>SYNDICATED EXCLUSIVITY SURCHARGE 3rd Group \$</p></div>
	<p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$</p>	

COPYRIGHT STATEMENT OF ACCOUNT MANAGEMENT SYSTEM

SA3 LONG FORM COVER PAGE - Version 8 for Windows

Distributed and Supported by:

GRALIN associates, inc
1812 Solly Ave
Philadelphia, PA 19152
(215) 742 0567

email: saffsupport@gralin.net

SETTINGS OF THIS SYSTEM'S REPORT CONTROLS:

Any DISTANT stations indicated in Block G:	Yes	
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	
Multiple Channer Lineups:	No	
Any PARTIALLY-DISTANT stations:	No	
Any PARTIALLY-PERMITTED stations:	No	
Any Subscriber Groups:	No	0

Form: 61273102

System ID: COX CABLE GREATER HARTFORD, INC.

Account Number: 061273

City/Town: ENFIELD, Connecticut

Owner: COXCOM, INC.

Account Period: July 1 - December 31, 2010

Royalty Fee Due: \$ 31,064.19

06127320102
06127320102

061273 2010/2

SPECIAL NOTICE ABOUT THIS STATEMENT OF ACCOUNT

IMPORTANT

Ownership Changes: If there were *different owners* during the accounting period, only the *owner* on the *last day of the accounting period* should submit a *single* statement of account and royalty fee payment covering the entire accounting period.

Photocopy Required: *Effective July 1, 2005.*

A legible copy of the semiannual statement of account must be submitted together with the original statement of account to the Copyright Office.

Electronic Payment of Royalty Fees Required: *Effective October 1, 2006.*

Detailed instructions for making royalty payments via electronic funds transfer (EFT) are contained in circulars 74A, 74B, and 74C, which are available at www.copyright.gov/circs/circ74 or by contacting the Licensing Division (8:30 AM and 5:00 PM EST) by phone at (202) 707-8150, fax (202) 707-0905, or email licfiscal@loc.gov. The remittance must be made payable to *Register of Copyrights*.

Remittance Advice Information: Federal regulations (C.F.R. Title 37 201.17 [i]) require that a remittance advice be attached to the statement(s) of account and a copy of the remittance advice be emailed or sent by facsimile to the Licensing Division. The Office uses this remittance information to ensure the funds received via EFT are correctly allocated to each statement of account. Filing an accurate advice (1) facilitates processing of your payments, (2) minimizes our contact or correspondence with you, and (3) reduces administrative and other costs.

Convenient form at <http://www.copyright.gov/licensing/remittance-advice.pdf>.

Library of Congress

Copyright Office

Licensing Division

101 Independence Avenue SE

Washington, DC 20557-6400

Tel: (202) 707-8150 (8:30 A.M.–5:00 P.M., EST) Fax: (202) 707-0905

Email: licensing@loc.gov or Web: www.copyright.gov/licensing

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2010
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.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1 - December 31, 2010																			
B Owner	<p>Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system.</p> <p>LEGAL NAME OF OWNER/ MAILING ADDRESS OF CABLE SYSTEM COXCOM, INC. 061273 SAME *06127320102* 061273 2010/2 1400 LAKE HEARN DRIVE ATLANTA, GEORGIA 30319</p>																			
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"><tr><td>1</td><td colspan="3">IDENTIFICATION OF CABLE SYSTEM: COX CABLE GREATER HARTFORD, INC.</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: 801 PARKER STREET (Number, street, rural route, apartment, or suite number) MANCHESTER, CT 06040 (City, town, state, zip code)</td></tr></table>				1	IDENTIFICATION OF CABLE SYSTEM: COX CABLE GREATER HARTFORD, INC.			2	MAILING ADDRESS OF CABLE SYSTEM: 801 PARKER STREET (Number, street, rural route, apartment, or suite number) MANCHESTER, CT 06040 (City, town, state, zip code)										
1	IDENTIFICATION OF CABLE SYSTEM: COX CABLE GREATER HARTFORD, INC.																			
2	MAILING ADDRESS OF CABLE SYSTEM: 801 PARKER STREET (Number, street, rural route, apartment, or suite number) MANCHESTER, CT 06040 (City, town, state, zip code)																			
D Area Served	<p>Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §78.5(dd). 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: If you are reporting multiple channel lineups on a community-by-community basis in Space G, do not use this Space D. Instead, complete the revised Space D at the back of this form. 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>GRANBY</td><td>CT</td></tr><tr><td>EAST GRANBY</td><td>CT</td><td>HARTLAND</td><td>CT</td></tr><tr><td>EAST WINDSOR</td><td>CT</td><td>MORE AREAS SERVED LISTED</td><td></td></tr></tbody></table>				CITY OR TOWN	STATE	CITY OR TOWN	STATE	ENFIELD	CT	GRANBY	CT	EAST GRANBY	CT	HARTLAND	CT	EAST WINDSOR	CT	MORE AREAS SERVED LISTED	
CITY OR TOWN	STATE	CITY OR TOWN	STATE																	
ENFIELD	CT	GRANBY	CT																	
EAST GRANBY	CT	HARTLAND	CT																	
EAST WINDSOR	CT	MORE AREAS SERVED LISTED																		

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

Form SA3c Rev. 06/28/10

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

ACCOUNTING PERIOD: 2010/2

COXCOM, INC.

SYSTEM ID#

061273

PAGE 1 - 1 ADDITIONAL COMMUNITIES SERVED (continued from page 1 part D)

HOLLAND	MA
SOMERS	CT
STAFFORD	CT
SUFFIELD	CT
UNION	CT
WINDSOR LOCKS	CT

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
COXCOM, INC.	061273	

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

GENERAL 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: Radio broadcasts _____

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
Residential:					
• Service to First Set	35,524	10.27-16.99			
• Service to Additional Set(s)	41,748	0			
• FM Radio (if separate rate)					
Motel, Hotel					
Commercial	654	16.99			
Converter					
• Residential	40,360	4.98-7.82			
• Non-Residential	237	4.98-7.82			

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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**

[illegible]

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM	SYSTEM ID#			
	COXCOM, INC.	061273			
G Primary Transmitters: Television	<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.</p> <p>Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cable system carried the station. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page iv of the general instructions.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page iv of the general instructions.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAG" 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 v of the general instructions.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because: (1) it was retransmitted prior to February 27, 2010, or (2) it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). The first exempted class only applies to the 2010/1 accounting period.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you carried any multicast signals during the January-June 2010 Accounting Period please see page v of the General Instructions or go to www.copyright.gov/licensing/multicasting for more detailed information.</p> <p>Note: If you are utilizing multiple channel lineups, use a separate space G for each channel line-up.</p>				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
**WDMRip	51	I	No		SPRINGFIELD, MA
**WHPX-1	26.1	I	No		NEW LONDON, CT
*WBZ-1	30.1	N	No		BOSTON, MA
*WGBH-1	19.1	E	No		BOSTON, MA
*WSHM-LD	21	N	No		SPRINGFIELD, MA
*WUNI-1	29.1	I	No		WORCESTER, MA
*WWLP-1	11.1	N	No		SPRINGFIELD, MA
WCCT-1	20.1	I	No		WATERBURY, CT
WCCT-2	20.2	I-M	No		WATERBURY, CT
WCTX-1	39.1	I	No		NEW HAVEN, CT
WEDH-1	45.1	E	No		HARTFORD, CT
WEDH-2	45.2	E-M	No		HARTFORD, CT
WEDH-3	45.3	E-M	No		HARTFORD, CT
WFSB-1	33.1	N	No		HARTFORD, CT

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

PAGE 3 - 1 ADDITIONAL PRIMARY TRANSMITTERS: TELEVISION (continued from page 3 part G)

WFSB-3	33.3	N-M	No		HARTFORD, CT
WGBY-1	22.1	E	No		SPRINGFIELD, MA
WGGB-1	40.1	N	No		SPRINGFIELD, MA
WGN	19	I	Yes	O	CHICAGO, IL
WTIC-1	31.1	I	No		HARTFORD, CT
WTIC-2	31.2	I-M	No		HARTFORD, CT
WTNH-1	10.1	N	No		NEW HAVEN, CT
WUVN-1	46.1	I	No		HARTFORD, CT
WVIT-1	35.1	N	No		NEW BRITAIN, CT
WVIT-2	35.2	N-M	No		NEW BRITAIN, CT
WVIT-3	35.3	N-M	No		NEW BRITAIN, CT

[illegible]

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM COXCOM, INC.	SYSTEM ID# 061273
-------------	--	------------------------------------

I

**Substitute
Carriage
Special
Statement and
Program Log**

GENERAL

In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the General Instructions.

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

- During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?

Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. ☐ Yes ☒ No

2. LOG OF SUBSTITUTE PROGRAMS

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the General Instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."

Column 3: Give the call sign of the station broadcasting the substitute program.

Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."

Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 8:01:15 p.m. to 8:28:30 p.m. should be stated as "8:00-8:30 p.m."

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was *required* to delete under FCC rules and regulations in effect during the accounting period; or enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1978.

SUBSTITUTE PROGRAM**WHEN SUBSTITUTE
CARRIAGE OCCURRED****7. REASON
FOR
DELETION****1. TITLE OF PROGRAM****2. LIVE?
Yes or No****3. STATION'S
CALL SIGN****4. STATION'S LOCATION****5. MONTH
AND DAY****6. TIMES
FROM — TO**

COXCOM, INC.

SYSTEM ID#
061273

Name _____

Column 1 (Call Sign): Give the call sign of your station.

Column 1 (Call Sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of Carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.-3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE


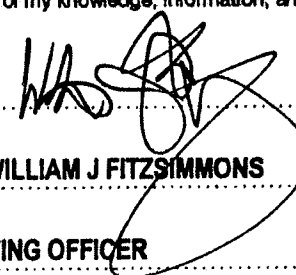
[illegible]

J

Part-Time Carriage Log

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.	SYSTEM ID# 061273
K Gross Receipts	GROSS RECEIPTS 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.		2,919,566.48 (Amount of "gross receipts")
	IMPORTANT: You must complete a statement in space P concerning gross receipts.		
L Copyright Royalty Fee	INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE 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	MINIMUM FEE: All cable systems with semiannual "gross receipts" of \$527,600 or more are required to pay at least the Minimum Fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's "gross receipts" for the accounting period. Line 1. Enter the amount of "gross receipts" from space K. 2,919,566.48 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your Minimum Fee. 31,064.19	
	Block 2	DISTANT TELEVISION STATIONS CARRIED: 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 checked="" type="checkbox"/> Yes—Complete the DSE Schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.	
	Block 3	Line 1. BASE RATE FEE: Enter the Base Rate Fee from either Part 8, section 3 or 4, or Part 9, Block A of the DSE Schedule. If none, enter zero. 31,064.19 Line 2. 3.75 Fee: Enter the total fee from line 7, Block C, Part 6 of the DSE Schedule. If none, enter zero. 0.00 Line 3. Add lines 1 and 2 and enter here. 31,064.19	
	Block 4	Line 1. BASE RATE FEE/3.75 FEE, or MINIMUM FEE: Enter either the minimum fee from Block 1 or the sum of the Base Rate Fee/3.75 Fee from Block 3, line 3, whichever is larger. 31,064.19 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE Schedule. If none, enter zero. 0.00 Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet). 0.00 TOTAL ROYALTY FEE. Add Lines 1, 2 and 3 of Block 4 and enter total here. 31,064.19 Remit this amount via <i>electronic payment payable</i> to Register of Copyrights. (See page i of the general instructions for more information.)	

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.	SYSTEM ID# 061273	Name
CHANNELS INSTRUCTIONS: You must give: (1) the number of channels on which the cable system carried television broadcast stations to its subscribers; and, (2) the cable system's total number of activated channels, during the accounting period.		M Channels
1. Enter the total number of channels on which the cable system carried television broadcast stations.		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;">18</div>
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;">418</div>
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this Statement of Account.)		N Contact
Name KATHY CORNWELL Telephone 404-843-5000 <small>(Area Code)</small>		
Address 1400 LAKE HEARN DRIVE <small>(Number, Street, Rural Route, Apartment or Suite Number)</small>		
ATLANTA, GA 30319 <small>(City, Town, State, ZIP Code)</small>		
Email (optional) _____ Fax (optional) _____		
CERTIFICATION: (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)		O 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: WILLIAM J FITZSIMMONS		
Title: CHIEF ACCOUNTING OFFICER <small>(Title of official position held in corporation or partnership)</small>		
Date: 2/24/11		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing a determination that would be made by a court of law.		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM COXCOM, INC.	SYSTEM ID# 061273								
P Special Statement Concerning Gross Receipts Exclusions	<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page vi of the general instructions.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name</td> <td style="width: 50%; border: none;">Name</td> </tr> <tr> <td style="border: none;">Mailing address</td> <td style="border: none;">Mailing address</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> </table>		Name	Name	Mailing address	Mailing address
Name	Name									
Mailing address	Mailing address									
.....									
.....									
Q Interest Assessment	<p>INTEREST ASSESSMENT 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 of the general instructions.</p> <p>Line 1 Enter the amount of late payment or underpayment. \$ _____ x _____ %</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here. _____ x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here. _____ x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7). \$ _____ (Interest charge)</p> <p>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</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, accounting period, and ID number as given in the original filing.</p> <p>Owner</p> <p>Address</p> <p>First community served</p> <p>Accounting period</p> <p>ID number</p>									
<p>Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.</p>										

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	1.084% of gross receipts
Each of the second, third, and fourth DSEs	0.701% of gross receipts
The fifth and each additional DSE	0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- If any of the stations were partially distant:
 - Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - Identify the communities/areas represented by each subscriber group.
 - For each subscriber group, calculate the total number of DSEs of that group's complement of stations.
If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of this 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.
 - 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.

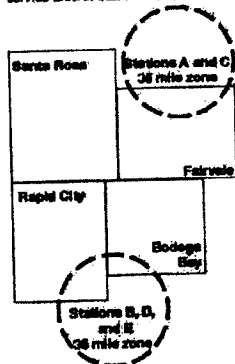
Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34847 is rounded to .348).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34851 is rounded to .349).

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)	0.083	Bodega Bay	Stations A and C	70,000.00
D (part-time)	0.138	Fairvale	Stations B, D, and E	120,000.00
E (network)	0.25			
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

Minimum Fee Total Gross Receipts \$600,000.00
x .01084
\$6,497.20

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 1.388
Base rate fee \$6,497.20	Base rate fee \$1,907.71	Base rate fee \$1,604.03
\$310,000 x .01084 x 1.0 = 3,298.40	\$170,000 x .01084 x 1.0 = 1,802.80	\$120,000 x .01084 x 1.0 = 1,276.80
\$310,000 x .00701 x 1.472 = 3,198.80	\$170,000 x .00701 x .083 = 99.91	\$120,000 x .00701 x .388 = 327.23
Base rate fee \$6,497.20	Base rate fee \$1,907.71	Base rate fee \$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94
In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.	SYSTEM ID# 061273																																																						
2 Computation of DSEs for Category "O" Stations	<p>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."</p> <table border="1"> <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>WGN</td> <td>1.00</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> <tr> <td colspan="5">SUM OF DSEs OF CATEGORY "O" STATIONS:</td> <td>1.00</td> </tr> <tr> <td colspan="5">• Add the DSEs of each station.</td> <td></td> </tr> <tr> <td colspan="5">Enter the sum here and in line 1 of part 5 of this schedule.</td> <td></td> </tr> </tbody> </table>		CATEGORY "O" STATIONS: DSEs						CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	WGN	1.00																							SUM OF DSEs OF CATEGORY "O" STATIONS:					1.00	• Add the DSEs of each station.						Enter the sum here and in line 1 of part 5 of this schedule.					
CATEGORY "O" STATIONS: DSEs																																																								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE																																																			
WGN	1.00																																																							
SUM OF DSEs OF CATEGORY "O" STATIONS:					1.00																																																			
• Add the DSEs of each station.																																																								
Enter the sum here and in line 1 of part 5 of this schedule.																																																								

DSE SCHEDULE PAGE 12.

LEGAL NAME OF OWNER OF CABLE SYSTEM COXCOM, INC.				SYSTEM ID# 061273		Name:	
Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAG" 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.)						3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	
CATEGORY LAG STATIONS: COMPUTATION OF DSEs							
1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS OF STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
	+	=		x	=		
	+	=		x	=		
	+	=		x	=		
	+	=		x	=		
	+	=		x	=		
	+	=		x	=		
	+	=		x	=		
	+	=		x	=		
	+	=		x	=		
SUM OF DSEs OF CATEGORY LAG STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,				0.00			
Instructions: Column 1: Give the call sign of each station listed in space I (page 6, 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.)						4 Computation of DSEs for Substitute-Basis Stations	
SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
	+	=			+	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,				0.00			
TOTAL NUMBER OF DSEs: 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.						5 Total Number of DSEs	
1. Number of DSEs from part 2.....				1.00			
2. Number of DSEs from part 3.....				0.00			
3. Number of DSEs from part 4.....				0.00			
TOTAL NUMBER OF DSEs				1.00			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM COXCOM, INC.		SYSTEM ID# 061273	
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6 Computation of 3.75 Fee	INSTRUCTIONS: Block A must be completed. In block A: • If your answer is "Yes," leave the remainder of part 6 and part 7 of this DSE Schedule blank and complete part 8, (page 18) of the Schedule. • If your answer is "No," complete blocks B and C below.								
	BLOCK A: TELEVISION MARKETS								
	Is the "cable system" located wholly outside of all major and smaller markets as defined under section 78.5 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.								
	BLOCK B: CARRIAGE OF PERMITTED DSEs								
	Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this Schedule that your system was "permitted" to carry 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: 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 (78.57, 78.59(b), 78.61(b)(c), 78.63(a) referring to 78.61(b)(c)) B Specialty Station as defined in 78.5(kk) (78.59(d)(1), 78.61(e)(1), 78.63(a) referring to 78.61(e)(1)) C Noncommercial Educational Station (78.59(c), 78.61(d), 78.63(a) referring to 78.61(d)) D Grandfathered Station (78.65) (see paragraph regarding Substitution of Grandfathered Stations in the instructions for DSE Schedule). E Carried pursuant to individual waiver of FCC rules (78.7) 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 (78.59(d)(5), 78.61(e)(5), 78.63(a) referring to 78.61(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
	WGN	A	1.00						
• SUM OF PERMITTED DSEs— add the DSEs of each station <div style="float: right; border: 1px solid black; padding: 2px 10px;">1.00</div>									
BLOCK C: COMPUTATION OF 3.75 FEE									
Do any of these DSEs represent partially permitted/ partially non-permitted carriage? If yes, see instructions on inside cover of this S.A.	Line 1: Enter the total number of DSEs from part 5 of this Schedule 1.00								
	Line 2: Enter the "SUM OF PERMITTED DSEs" from block B above. 1.00								
	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								

[illegible]

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM COXCOM, INC.	SYSTEM ID# 061273
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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) \$ 2,919,566.48
	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
	* 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.	
	SECTION 3: TOP 50 TELEVISION MARKET	
	Section 3a	* Did your cable system retransmit the signals of any partially-distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete part 9 of this Schedule. <input checked="" type="checkbox"/> No—Complete the applicable section below. If the figure in section 2, line C is 4,000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the "gross receipts" x .00599 x the DSE. Enter the result on line A below. A. Enter .00599 of "gross receipts" (the amount in section 1) \$ _____ B. Enter .00377 of "gross receipts" (the amount in section 1) \$ _____ C. Subtract 1,000 from total permitted DSEs (the figure on line C in section 2) and enter here. \$ _____ D. Multiply line B by line C and enter here. \$ _____ E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge \$ _____
	Section 3b	If the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 3a blank. A. Enter .00599 of "gross receipts" (the amount in section 1) \$ _____ B. Enter .00377 of "gross receipts" (the amount in section 1) \$ _____ C. Multiply line B by 3,000 and enter here. \$ _____ D. Enter .00178 of "gross receipts" (the amount in section 1) \$ _____ E. Subtract 4,000 from total DSEs (the figure on line C in section 2) and enter here \$ _____ F. Multiply line D by line E and enter here. \$ _____ G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge \$ _____
	SECTION 4: SECOND 50 TELEVISION MARKET	
Section 4a	Did your cable system retransmit the signals of any partially-distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete part 9, of the Schedule. <input checked="" type="checkbox"/> No—Complete the following sections. 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. A. Enter .00300 of "gross receipts" (the amount in section 1) \$ _____ B. Enter .00189 of "gross receipts" (the amount in section 1) \$ _____ C. Subtract 1,000 from total permitted DSEs (the figure on line C in section 2) and enter here. \$ _____ D. Multiply line B by line C and enter here. \$ _____ E. Add lines A and D. This is your surcharge. Enter here and in line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge \$ _____	

LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.		SYSTEM ID# 061273	Name
Section 4b	<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>Syndicated Exclusivity Surcharge \$ </p>		7 Computation of the Syndicated Exclusivity Surcharge
INSTRUCTIONS: 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. <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially-distant stations. • If your answer is "No," compute your system's Base Rate Fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially-distant stations), you must complete part 9. Leave block B below blank. <p>What is a "partially-distant station?" A station is "partially-distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see the "Distant Station" section on page (iv) of the General Instructions.</p>			
BLOCK A: CARRIAGE OF PARTIALLY-DISTANT STATIONS			
• 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 following sections.			
BLOCK B: NO PARTIALLY-DISTANT STATIONS—COMPUTATION OF BASE RATE FEE			
Section 1	Enter the amount of "gross receipts from space K (page 7) \$ 2,919,566.48		
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this Schedule. (If block A of part 6 was checked "yes," use the total number of DSEs from part 5.) 1.00		
Section 3	<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 0.01084 of "gross receipts" (the amount in section 1) \$ 31,064.19</p> <p>B. Enter 0.00701 of "gross receipts" (the amount in section 1) \$ 20,466.16</p> <p>C. Subtract 1,000 from total DSEs (the figure in section 2) and enter here 0.00</p> <p>D. Multiply line B by line C and enter here \$ 0.00</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>Base Rate Fee \$ 31,064.19</p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM	SYSTEM ID#
	COXCOM, INC.	061273
8 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 0.01064 of gross receipts (the amount in section 1) \$ <u>0.00</u> B. Enter 0.00701 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 0.00330 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>	
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations	<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were 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>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. 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>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: 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>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p>Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the base rate fee for each subscriber group: 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"> • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. • If: <ol style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page vi of the general instructions. • Compute a base rate fee for each subscriber group using the formula outline in block B of part B 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. 	

LEGAL NAME OF OWNER OF CABLE SYSTEM	Name
<p>Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals</p> <p>Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.</p> <p>Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.</p> <p>Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</p> <p>Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.</p> <p>You must report, but not assign a DSE value for:</p> <ul style="list-style-type: none">(a) the retransmission of a multicast stream prior to February 27, 2010. This exemption is only applicable for the first accounting period of 2010;(b) the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.				SYSTEM ID# 061273				Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially-Distant Stations</div>
COMMUNITY/ AREA				FIRST SUBSCRIBER GROUP				
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				THIRD SUBSCRIBER GROUP				
COMMUNITY/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
"Total DSEs"				"Total DSEs"				
"Gross Receipts" 2nd Group \$				"Gross Receipts" 3rd Group \$				
Base Rate Fee 2nd 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) \$								

Name _____

COXCOM, INC.

9

COMMUNITY/ AREA

COMMUNITY/ AREA

FIRST SUBSCRIBER GROUP

CALL SIGN

DSE

CALL SIGN

DSE

CALL SIGN

DSE

CALL SIGN

DSE

"Total DSEs"

\$

1

•Total DSEs•

"Gross Receipts" 1st Group

1

3.75 Fee 1st Group

1.

THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA .

COMMUNITY/ AREA

CALL SIGN

DSE

CALL SIGN

DSE

CALL SIGN

DSE

CALL SIGN

DSE

'Total DSEs'

"Gross Receipts" 2nd Group

\$

3.75 Fee 2nd Group

\$

Total DSEs

"Gross Receipts" 3rd Group

3.75 Fee 3rd Group

1

3.75 Fee: Add the 3.75 Fees for each subscriber group as shown in the boxes above.

Enter here and in the block 3, line 2, space L (page 7)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, INC.		SYSTEM ID# 061273
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially- Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
	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:		
	<input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market		
	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this Schedule. Step 2: In line 2 give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as "Exempt DSEs" in block C, part 7 of this Schedule. If none enter zero. Step 3: In line 3 subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Schedule. In making this computation use "Gross Receipts" figures applicable to the particular group. You do not need to show your actual calculations on this form.		
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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>SYNDICATED EXCLUSIVITY SURCHARGE \$</p> </div> <div style="width: 48%;"> <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>SYNDICATED EXCLUSIVITY SURCHARGE 1st Group \$</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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>SYNDICATED EXCLUSIVITY SURCHARGE 2nd Group \$</p> </div> <div style="width: 48%;"> <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>SYNDICATED EXCLUSIVITY SURCHARGE 3rd Group \$</p> </div> </div>			
<p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$</p>			

**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. 10-10

**RESPONSES OF COX COMMUNICATIONS TO HEARING RECORD REQUESTS OF
THE DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

RECORD REQUEST 2

Please provide the cost of programming per channel during each month of the true up and projected periods.

RESPONSE

The requested information is being provided under seal as confidential information, along with a Motion for Protective Order. In the Company's most recent rate filings, the Department has granted its Motions for Protective Order regarding programming costs per channel.

Below is the public response to this request:

The "Cost of Programming for Channels" in Worksheet 7, line 701 for the True Up Period was derived by taking per subscriber programming rates per channel during each applicable month in the True Up Period and multiplying these rates times the number of subscribers as shown in the Form 1240 filing. The calculation is as follows: **[BEGIN CONFIDENTIAL INFORMATION]**

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

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RESPONSE TO RECORD REQUEST 2 (continued) [CONFIDENTIAL INFORMATION]

[END CONFIDENTIAL INFORMATION]

The "Cost of Programming for Channels" in Worksheet 7, line 701 for the Projected Period was derived by taking per subscriber programming rates per channel during each applicable month in the True Up Period and multiplying these rates times the number of subscribers as shown in the Form 1240 filing.

The calculation is as follows: **[BEGIN CONFIDENTIAL INFORMATION]**

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RESPONSE TO RECORD REQUEST 2 (continued) [CONFIDENTIAL INFORMATION]

[END CONFIDENTIAL INFORMATION]

RESPONSIBLE WITNESS: Mike Patrie

DATE: August 10, 2011

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

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**RESPONSES OF COX COMMUNICATIONS TO HEARING RECORD REQUESTS OF
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RECORD REQUEST 3

How are retransmission costs, if any, reflected in the Form 1240 rate filing, if at all? Which channels carry retransmission costs?

RESPONSE

Retransmission costs are not reflected in the Form 1240 filing.

The only channel on the Holland Limited Basic lineup that is currently carrying retransmission costs is WWLP Ch. 22, NBC Springfield.

RESPONSIBLE WITNESS: Mike Patrie

DATE: August 10, 2011

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

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**RESPONSES OF COX COMMUNICATIONS TO HEARING RECORD REQUESTS OF THE
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

RECORD REQUEST 4

Please provide the 2010 Preparation Documentation for the Form 1240 in place of the 2009 Preparation Documentation included as part of the Form 1240 filing.

RESPONSE

The 2010 Preparation Documentation for the Form 1240 is attached. The differences between the 2009 and 2010 Form 1240 Preparation Documentation are as follows:

Line C3 – Changed the inflation information to match what was used in the current Form 1240 submission.

RESPONSIBLE WITNESS: Mike Patrie

DATE: August 10, 2011

**FCC FORM 1240
ANNUAL FILING**

PREPARATION DOCUMENTATION

This memo will serve to document, in general terms, the approach and assumptions used in preparing the annual filing of FCC Form 1240 for systems owned and/or managed by Cox Communications, Inc. ("CoxCom, Inc."). Where a FCC Order of Public Notice applies, it is referenced by number. Questions about the mathematical calculations and formulas used in the Form 1240 and the Worksheets should be referenced to the "Instructions for FCC Form 1240."

MODULE A – MAXIMUM PERMITTED RATE FROM PREVIOUS FILING

Line A1 The current maximum permitted rate equals the maximum permitted rate from the prior Form 1240, Line 19 or from the prior Form 1210, Line K9.

MODULE B: SUBSCRIBERSHIP

Line B1 The average subscribership for True-Up Period 1 is calculated by taking the average of the actual subscribers for each month of the True-Up Period indicated in Question 6 of FCC Form 1240.

Line B3 The estimated average subscribership for the Projected Period is calculated by taking the average of the budget subscribers for each month of the Projected Period indicated in Question 5 of FCC Form 1240.

MODULE C: INFLATION INFORMATION

Line C3 The inflation factor for the True-Up Period is calculated using the Gross National Product Price Index. The individual factors used for each month of the True-Up Period reflect the quarterly factors released by the FCC (DA 09-751) summarized as follows:

<u>QUM</u>	<u>Months Covered</u>	<u>Inflation</u>
4Q09	Oct-09– Dec-09	0.50%
1Q10	Jan-10 – Mar-10	1.08%
2Q10	Apr-10– Jun 10	1.91%
3Q10	Jul-10 – Sep 10	1.91%

The appropriate inflation factor is entered on Worksheet 1 for each month of the True-Up Period and divided by twelve. The number 1.0 is then added to the result and entered on Line 113 of Worksheet 1.

WORKSHEET 7 – EXTERNAL COSTS

- Line 701 Programming costs are based on the program channels listed on the channel lineup times the monthly EBU subscribers times the contract rate per channel.
- Line 702 Retransmission Consent Fees are based on actual cost for retransmission consent..
- Line 703 Copyright fees are based on the statement of accounts submitted to the Licensing Division Copyright Office Library of Congress.

WORKSHEET 8 – TRUE-UP RATE CHARGED

- Line 813 True-Up Period rates charged reflect actual retail rates, per the rate card. Rates exclude FCC regulatory fees and franchise fees.

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

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**RESPONSES OF COX COMMUNICATIONS TO HEARING RECORD REQUESTS OF THE
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

RECORD REQUEST 5

Please provide a corrected Proposed Rate Structure page.

RESPONSE

Attached is a corrected Proposed Rate Structure page, which clarifies that neither the Digital Receiver nor the DVR/High Definition Receiver rates include remotes. The footnote at the bottom of this page contained in the previously filed Proposed Rate Structure page has been removed.

RESPONSIBLE WITNESS: Mike Patrie

DATE: August 10, 2011

Cox Com Inc. d/b/a Cox Communications New England
City of Holland
Proposed Rate Structure
Basic Service, Equipment and Installation Rate Summary
CUID - MA0321
Proposed Rates Effective April 1, 2011

	<u>Current Rate</u>	<u>MPR</u>	<u>Operator Selected Rate</u>	<u>Increase/Decrease</u>
<u>Service Rates:</u>				
Basic Tier	\$ 10.27	\$ 10.11	\$ 10.11	\$ (0.16)
Installation and Equipment Rates:				
<i>Installation:</i>				
Installation of Unwired Home	\$ 54.40	\$ 41.30	\$ 41.30	\$ (13.10)
Installation of Prewired Home	\$ 29.70	\$ 20.95	\$ 20.95	\$ (8.75)
Add/Move/Reconnect A/O at Time of Initial Install	\$ 21.23	\$ 17.50	\$ 17.50	\$ (3.73)
Add/Move/Reconnect A/O After Initial Install	\$ 30.15	\$ 20.20	\$ 20.20	\$ (9.95)
Digital Install	\$ 49.95	\$ 41.30	\$ 41.30	\$ (8.65)
Equipment:				
Remotes	\$ 0.17	\$ 0.11	\$ 0.11	\$ (0.06)
Digital Receiver	\$ 4.98	\$ 5.10	\$ 4.98	\$ -
DVR/High Definition Receiver	\$ 4.98	\$ 5.10	\$ 4.98	\$ -
cableCARD	\$ 1.99	\$ 2.10	\$ 1.99	\$ -
Change of Service (In Office)	\$ 1.99	\$ 1.99	\$ 1.99	\$ -
Change of Service (Home Visit)	\$ 22.96	\$ 21.93	\$ 21.93	\$ (1.03)
Service Visits Unrelated to Cox Equipment or Signal Delivery	\$ 22.96	\$ 21.93	\$ 21.93	\$ (1.03)

Note: Rates exclude Taxes and Regulatory Fees

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

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**RESPONSES OF COX COMMUNICATIONS TO HEARING RECORD REQUESTS OF THE
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

RECORD REQUEST 6

Refer to the Form 1205, Schedule A, for the current rate filing (2009) and the prior year's rate filing (2008). Please provide a narrative explanation of the reasons behind the reduction in gross book value for vehicles from \$27.265 million in 2008 and \$18.049 million in 2009. Identify any reasons other than reduction in the size of the vehicle fleet that caused this decrease. In addition, please provide a narrative explanation of Schedule B decreases from \$29.314 million to \$22.252 million for salaries and benefits included in annual operating expenses for service installation and maintenance of equipment.

RESPONSE

1) We had a 7% reduction in our vehicle fleet from 2008 to 2009. This resulted in a total asset value reduction of \$49.8M. This is contributing \$3.2M of the \$9M reduction on the Form 1205 when you apply the 2009 E&I % of 6.59%. Also \$5.8M of the \$9M reduction on the Form 1205 is related to the 1.8% drop in the E&I percentage year over year (2008 E&I % is 8.38% and 2009 E&I % is 6.59%).

2) Schedule B decrease from \$29.3 to \$22.2 million for salaries and wages is primarily related to a reduction in activity. This reduction in activity is related to a slowdown in the economy and the related connect activity.

RESPONSIBLE WITNESS: Mike Patrie

DATE: August 10, 2011

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

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**RESPONSES OF COX COMMUNICATIONS TO HEARING RECORD REQUESTS OF THE
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

RECORD REQUEST 7

Please explain the reasons for and provide verification of (1) the basis for the increase in the number of remotes in 2009 vs. 2008 and (2) the decrease in maintenance hours in the Form 1205, Schedule B, Line C.

RESPONSE

1) We currently do not track remotes in service but do track converters in service. In 2009 a decision was made to equate one-for-one the number of remotes with the number of converters in service. This resulted in an increase in the number of remotes reported.

2) Year over year the converter maintenance hours decreased 43,635 due to a reduction in activity in 2009. Since the converter maintenance hours include remotes, the company uses an allocation percentage for splitting out remote repair hours, which is 2.94% of the total converter maintenance hours. This would account for the decrease in remote repair hours on schedule C of the 1205.

RESPONSIBLE WITNESS: Mike Patrie

DATE: August 10, 2011