This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		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.	
			29861
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM WISCONSIN LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM WISCONSIN LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1504 2nd Street SE (Number, street, rural route, apartment, or suite number)	
		Waseca, MN 56093	
		(City, town, state, zip code)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	MEDIACOM WISCONSIN LLC	298
_	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	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 mob	
Area	identified city.	me nome parks should be reported in parentneses below the
Served	laentinea city.	
	CITY OR TOWN	STATE
First	Cuba City	WI
Community	Belmont	WI
-	Benton	WI
Rows as Necessary	Darlington	wi
rows as necessary	Hazel Green	WI
	Potosi	WI
		WI
	Shullsberg	
	Tennyson	

E Ir Secondary Transmission Service: Sub- scribers and Rates su uu ca si fi fi p w w si	LEGAL NAME OF OWNER OF CA MEDIACOM WISCONSIN SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissio about other services (including pr ast day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate ch unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block systems most commonly provide hat applies to your system. Note subscriber who pays extra for cal irst set" and would be counted of Block 2: If your cable system for which the number of subscribers and sufficient. BLC CATEGORY OF SERVICE Residential:	SERVICE: SU bace E should in of television ay cable) in sp (June 30 or Di blocks in space transmission umber of billing ce at the rate in arged for eact (Example: "\$2 bounts allowed to their subsc to the service to a nce again und the services	cover a and rad ace F, ecember ce E ca service s in that ndicates h categ 20/mth" for adva e form I ribers. (dividual nted as addition er "Sen pries for that in e right-h	Ill categories of dio broadcasts I not here. All the er 31, as the ca- ll for the number d. In general, you at category (the d—not the num ory of service. I). Summarize a ance payment. ists the categor Give the number or organization a subscriber in al sets would b vice to additional secondary tran-	secondary by your syster a facts your se may be er of subscur- u can com- number of suber of sets include bo- ny standar ries of sector is receiving e ach appl e included al set(s)."	stem to subscrib state must be the pribers to the cata pute the numbe f persons or org s receiving servit th the amount or rd rate variations ondary transmis rribers and rate f ng service that f licable category. I in the count un service that are dary transmissio	pers. Give in hose existin ole system, r of subscri anizations of ice). f the charge s within a pr sion service for each list falls under of Example: a der "Service different fro	e cable nformation ng on the broken bers in charged e and the articular rate e that cable ed category different a residential e to the om those m, together ervice is	TEM ID 2986
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	BLC CATEGORY OF SERVICE	NO. OF		RATE	0.017		BLOCK		
				RATE	0.4.7			NO OF	-
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	Concential.			TUTE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	RAIL
	 Service to first set 		745	29.95-50.54					
	Service to additional set(s)		1 45	23.33-30.34					
	• FM radio (if separate rate)								
N	Notel, hotel								
	Commercial		1	29.95-50.54					
-	Converter								
	Residential								
	Non-residential								
-	SERVICES OTHER THAN SECO								
	n General: Space F calls for rate								
	not covered in space E, that is, the service for a single fee. There are					,	,		
	urnished at cost or (2) services of								
	amount of the charge and the un		usually	billed. If any ra	ites are ch	arged on a varia	able per-pro	ogram basis,	
Secondary el ransmissions:	enter only the letters "PP" in the r Block 1: Give the standard rate		he cahl	e system for ea	ch of the a	annlicable servic	has listed		
Rates	Block 2: List any services that							were not	
	isted in block 1 and for which a s				shed. List	these other serv	vices in the	form of a	
b	prief (two- or three-word) descrip	tion and includ	le the ra	ate for each.			-		
		BLO	CK 1					BLOCK 2	
	ATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
c	Continuing Services:			ation: Non-res	idential			• • •	
	• Pay cable	PP 		tel, hotel			Family	Cable	78.4
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
Ι.	•Burglar protection			y cable-add'l ch	annel				
Ir	nstallation: Residential	00.00		e protection					
	First set	99.99		rglar protection					
	Additional set(s) EM radio (if sonarato rato)	15.00-29.00		services:		20.00			
	 FM radio (if separate rate) Converter 	10.50		connect connect		29.00			
	- GUINEILEI	10.50		tlet relocation		15 00-20 00			
				tiet relocation	000	15.00-29.00			

ounting Period: 2	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	MEDIACOM WISCONS	TELEVISION		2986
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.1 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the for concerning. I number the FCC assigned to the tell CC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instra of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subset the Special Statement and Program Low ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a re (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFXB (CTN)	43	1	Dubuque, WI
	WHA/WHA(HD) PBS	20	E	Madison, WI
ws as Necessary	WHA-DT2 (PBS)	20.2	E	Madison, WI
N3 65 NCCC336. 7	WHA-DT3 (PBS) Create	20.3	E	Madison, WI
	WHA-DT4 (PBS) Kids	20.4	E	Madison, WI
	WIFS/WIFS (HD) IND	32		Madison, WI
	WIFS/WIFS (HD) IND	50	N	Madison, Wi
	WISC-DT2 MyNet	50.2	N	Madison, Wi
	WKOW/WKOW(HD) ABC	26	N	Madison, WI
	WKOW-DT2 MeTV	26.2	N	Madison, Wi
	WKOW-DT2 Mer V WKOW-DT3 Decades	26.3	N	Madison, WI
	WMSN/WMSN(HD) FOX	<u>20.3</u> 49	R I	Madison, Wi Madison, Wi
		49 49.2		Madison, WI Madison, WI
	WMSN-DT2 Comet			
	WMSN-DT3 Charge!	49.3	I	Madison, Wi
	WMSN-DT4 TBD	49.4		Madison, Wi
	WMTV/WMTV(HD) NBC	19	N	Madison, WI
	WMTV-DT2 CW (HD)	19.2	-	Madison, Wi
	WMTV-DT3 AntennaTV	19.3	-	Madison, WI
	WMTV-DT4 WeatherNationTV	19.4	I	Madison, WI

				FORM SA1-2E. PAGE 3
Nama	LEGAL NAME OF OWNER OF O	ABLE SYSTEM:		SYSTEM ID#
Name	MEDIACOM WISCONSI	N LLC		29861
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)(substitute program basis, as Substitute Basis Stations: A basis under specific FCC rule • Do <i>not</i> list the station here is station was carried <i>only</i> on a • List the station here, and als basis. For further information Column 1: List each station's multicast stream associated w "WETA-2" as the same on the Column 2: Give the channel of license. For example, WR Column 3: Indicate in each c educational station, by enterin (for independent multicast), "I For the meaning of these terr Column 4: Give the location	o in space I, if the station was carried concerning substitute basis stations, s call sign. <i>Do not</i> report origination provite a station according to its over-the-	(1) stations carried only on a part-tin carriage of certain network program (e)(2) and (4))]; and (2) certain static ried by your cable system on a subs e Special Statement and Program Lo both on a substitute basis and also ee page (v) of the general instructio ogram services such as HBO, ESPN air designation. For example, report sion station for broadcasting over the ation, an independent station, or a r or network multicast), "I" (for indepen "E-M" (for noncommercial education tions in the paper SA1-2 form. ne community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream me air in its community moncommercial ndent), "I-M" nal multicast). s licensed by the

EGAL NAME OF			SIEM:					SYSTEM I 298
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (item whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	adend, and (2 enna, during o ge (v) of the g system as a so sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM WISCONS	IN LLC						29861
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	3			
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or autho	orizations.	For a further
Substitute	explanation of the programm				e general instru	uctions in the p	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	•	r cable system	carry, on a substitute basi	s, any nonnet	work televisio	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete th	ne prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their m	neaning is	
				sion program ("substitute p	program") tha	t, during the a	ccounting	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substituted	d for the prog	ramming of ar	nother stat	tion
	under certain FCC rules, re Do not use general categor	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further in	nformatior	1.
	"NBA Basketball: 76ers vs.		vies of daske	toall. List specific program	rulies, for exa	ampie, i Love	Lucy of	
	Column 2: If the program	n was broad		"Yes." Otherwise enter "N				
				sting the substitute program		nand by the F	CC or in	
	the case of Mexican or Can			e community to which the community with which the s				
				tem carried the substitute p			h the mor	nth
	first. Example: for May 7 giv					1 1 - 4 4 4		L .
	to the nearest five minutes.			gram was carried by your o				iy
	stated as "6:00–6:30 p.m."	Example: a	i program oann		0 p to 0.2			
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa		1 00 1000 0	na regulatione	,	
	s	UBSTITUT		I		N SUBSTITU		
	1. TITLE OF PROGRAM	2. LIVE?			0/1111	AGE OCCUF	KED.	7. REASON FOR
			3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. TIM		7. REASON FOR DELETION
		Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1
				4. STATION'S LOCATION	5. MONTH	6. TIM	ES	1

	2018/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE
Name	MEDIACOM WISCONSIN LLC			-	298
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	system's s tion of how	econdary trans to compute thi	mission servic s amount, see	e
	IMPORTANT: You must complete a statement in space P concerning gross	receipts.		(Amount of gr	oss receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more 	0 but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period				
					0.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add I	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	166,041.24		
	3. Subtract line 2 from line 1	\$	97,758.76		
	4. Enter the amount of gross receipts from space K	•••••	\$ 1	66,041.24	
	5. Enter the amount from line 3	·····.	\$	97,758.76	
	6. Subtract line 5 from line 4	· · ·	\$	68,282.48	
	7. Multiply line 6 by .005 (enter figure here)			\$	341.41
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8		\$	341.41
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	7,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula).		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				
	FILING FEE AND TOTAL REMITTANCE D				
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	341.41	
otal Remittance Due				20.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)		φ	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	361.41
	Important: Your remittance must be in the form of an electronic pay	ment payat	ole to the Regis	ster of Copyrig	jhts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE MEDIACOM WISCO		:			SYSTEM ID# 29861
M Channels	 to its subscribers, and 1. Enter the total numl system carried televi 2. Enter the total numl on which the cable s 	(2) the cable system's ber of channels on wh sion broadcast station ber of activated chann ystem carried televisio	s total number ich the cable ns nels on broadcast			25 50
N Individual to	INDIVIDUAL TO BE C we can contact about			RMATION IS NEEDED (Identify an individual to whom		
Be Contacted for Further Information	Name Ke	nneth J. Kohrs		Tele	phone 845-443-2762	
	(Nun Me	e Mediacom Way iber, street, rural route, api diacom Park, NY town, state, zip)	artment, or suite	e number)		
	Email	Copyrights@	mediacomc	c.com Fax (optional)		
O Certification	I, the undersigned, here (Owner other X (Agent of ov in line 1 (Officer or in line 1 in line 1 I have examined the s	reby certify that (Check er than corporation or wner other than corpo of space B and that the partner) I am an officer of space B. tatement of account an correct to the best of m	one, but only partnership pration or par e owner is not r (if a corporat d hereby dec ny knowledge	ified and signed in accordance with Copyright Office regula <i>c one</i> , of the boxes.)) I am the owner of the cable system as identified in line 1 of sp rtnership) I am the duly authorized agent of the owner of the c is a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified a lare under penalty of law that all statements of fact contained h b, information, and belief, and are made in good faith. /s/ Kenneth J. Kohrs	pace B; or able system as identified as owner of the cable syste	m
				electronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or print Title: (Title c	Vice P	Kenneth J. Kohrs resident, Financial Reporting n held in corporation or partnership)		
		Date:	8/22/20	018		

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 the 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 telephol 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM WISCONSIN LLC	298
 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 (vii) of the general instructions located in the paper SA1-2 form. 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? X NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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 (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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