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

STATEMEN	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary	r Transmissions by s (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructi	ons are located	3/1/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A A	CCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par	•	idiary of another corporation, give the full o	corporate

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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	24132
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (CADIZ, KY)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY (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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given i	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	90 NORTH MAIN	
	2	(Number, street, rural route, apartment, or suite number)	
		BENTON, KY 42025 (City, town, state, zip code)	
	I	$\mathbf{k}_{\mathbf{r}}$, $\mathbf{r}_{\mathbf{r}}$, $\mathbf{r}_{\mathbf{r}}$	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	MEDIACOM SOUTHEAST LLC (CADIZ, KY)	24132
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con-	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter know
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area	identified city.	ome parks should be reported in parentneses below the
Served		
	CITY OR TOWN	STATE
First	CADIZ	KY
Community	TRIGG COUNTY	κΥ
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 2413
	MEDIACOM SOUTHEAS	ST LLC (CA	DIZ, K	(Y)					2413
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s	pace E should	cover	all categories of	f seconda				
	system, that is, the retransmission								
Secondary Transmission	about other services (including particular to a service of the accounting period						those exist	ting on the	
Service: Sub-	Number of Subscribers: Bot						ble system	ı, broken	
scribers and	down by categories of secondar	-					•		
Rates	each category by counting the n			0,0			,	charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc	· ·		,	•		o mani a		
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		•			
	subscriber who pays extra for ca					0,	•		
	first set" and would be counted of	once again unc	ler "Ser	vice to addition	al set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	and rates, in th	e nym-	Hand DIOCK. A to		ee-word descript			
	BLC	BLOCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:						-		
	Service to first set		914	40.49-48.99					
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								I
	Commercial		0	40.49-48.99					
	Converter								
	Residential								
	Non-residential								
					· · · · ·				
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There are	•			0			,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuali	y blied. If ally is		narged on a van	able pei-p	logram basis,	
ransmissions:	Block 1: Give the standard rat	te charged by t							
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) description				ished. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	TUTE		ation: Non-res		TUTE	ONTEON		
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	75.4
	• Pay cable—add'l channel	PP	• Co	ommercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l ch	nannel				
	Installation: Residential		• Fir	e protection					
	• First set	99.99	• Bu	rglar protection					
	 Additional set(s) 	15.00-29.00	Other	services:					
	• FM radio (if separate rate)			connect		29.00			
	• Converter	10.50	• Dis	sconnect					1
	Conventer								
	Converter	10100	• Ou	itlet relocation		15.00-29.00			
	Converter				ess	15.00-29.00			

	2018/2			FORM SA1-2E. PAG
Name	MEDIACOM SOUTHEA			241
	PRIMARY TRANSMITTERS:	· · · ·		
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: basis under specific FCC ru • 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	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	<i>bt</i> (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain state carried by your cable system on a sub- the Special Statement and Program and both on a substitute basis and als be see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over t station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WEHT ABC	7	N	EVANSVILLE, IN
	WKMU/WKMU(HD) KET PI	36	E	MURRAY, KY
d Rows as Necessary	WKMU-DT2 KET2	36.2	E	MURRAY, KY
	WKMU-DT3 KET KY	36.3	E	MURRAY, KY
	WKMU-DT4 PBS Kids	36.4	E	MURRAY, KY
	WKRN/WKRN(HD)ABC	27	N	NASHVILLE, TN
			<u>N</u>	
	WMKU(HD)PBS	21		MURRAY, KY
	WMKU(HD)PBS WNAB CW	21 23	E	MURRAY, KY NASHVILLE, TN
	WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS	21 23 8	E I E	MURRAY, KY NASHVILLE, TN NASHVILLE, TN
	WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC	21 23 8 32	E I E N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY
	WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC	21 23 8 32 10	E I E N N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN
	WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS	21 23 8 32 10 5	E I E N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN
	WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	21 23 8 32 10 5 21	E I E N N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
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	WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	21 23 8 32 10 5 21	E I E N N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
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	WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	21 23 8 32 10 5 21	E I E N N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	21 23 8 32 10 5 21	E I E N N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
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	WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	21 23 8 32 10 5 21	E I E N N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	21 23 8 32 10 5 21	E I E N N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN

EGAL NAME OI			C (CADIZ, KY)					SYSTEM 1 241
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral in eparate a	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
						·		
						·		
							·	

Accounting Perio	od: 2018/2							FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC (CADIZ, KY)						24132
		•							
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC)G				
	In General: In space I, ident	ifv everv no	nnetwork televi	is <i>ion program.</i> broadcast by	v a <i>distant</i> sta	tion. that v	our c	able svst	tem carried on a
_	substitute basis during the a								
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions	in the	paper S/	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE					
Special	 During the accounting per 				asis any noni	network te	levisi	ion nroar	am
Statement and				frouriy, on a substitute be	lois, any nom				
Program Log	broadcast by a distant sta	tion?						YES	X NO
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you i	must com	plete	the prog	ram
	log in block 2.				-				
	2. LOG OF SUBSTITUTE		MS						
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if	their	meaning	ı is
	clear. If you need more spa					0001010, 11	anon	meaning	, 10
				vision program ("substitute	e program") t	hat, during	g the	accounti	ing
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, '	ʻl Lov	e Lucy" (or
	"NBA Basketball: 76ers vs.				<i>"</i>				
				er "Yes." Otherwise enter					
				asting the substitute prog the community to which th		concod by	, tha I	ECC or i	in
	the case of Mexican or Car						uie i		
				stem carried the substitute			als w	/ith the m	nonth
	first. Example: for May 7 gi				e pregram e		,		
			e substitute pr	ogram was carried by you	r cable syste	m. List the	e time	es accura	ately
	to the nearest five minutes.	Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.i	n. sh	ould be	-
	stated as "6:00–6:30 p.m."								
			listed program		romming the	t vour eve	tem w	vas reau	ired
	Column 7: Enter the lett								
	to delete under FCC rules a	and regulati	ions in effect d	uring the accounting perio	od; enter the	letter "P" i	f the l	listed pro	
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d	uring the accounting perio	od; enter the	letter "P" i	f the l	listed pro	
	to delete under FCC rules a	and regulati	ions in effect d	uring the accounting perio	od; enter the	letter "P" i	f the l	listed pro	
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d	uring the accounting perio	od; enter the der FCC rules	letter "P" i s and regu	f the l Ilatior	listed pro	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati nming that <u>y</u>	ions in effect d your system w	luring the accounting period as permitted to delete und	od; enter the der FCC rules WHE	letter "P" i s and regu	f the l llatior	listed pro	ogram
	to delete under FCC rules a was substituted for program effect on October 19, 1976 Si	and regulati	ions in effect d your system w E PROGRAM	luring the accounting period as permitted to delete und	od; enter the der FCC rules WHE CARRI	N SUBS	f the l latior	listed pro ns in TE RED	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati nming that <u>y</u>	ions in effect d your system w	luring the accounting period as permitted to delete und	od; enter the der FCC rules WHE	N SUBS	f the l llatior	listed pro ns in TE RED	ogram 7. REASON FOR
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Accounting Period:	2018/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CADIZ, KY)			ę	8YSTEM ID# 24132
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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. IMPORTANT: You must complete a statement in space P concerning gross receipts	ystem's se on of how to	condary transm o compute this a	ission service amount, see \$2	
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 \$137,100 f • Use block 3 if the amount of gross receipts in space K is more than \$263,800 f See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	231,538.97		
	3. Subtract line 2 from line 1	\$	32,261.03		
	4. Enter the amount of gross receipts from space K		\$ 2	31,538.97	
	5. Enter the amount from line 3		. \$	32,261.03	
	6. Subtract line 5 from line 4		\$ 1	99,277.94	
	7. Multiply line 6 by .005 (enter figure here)			\$	996.39
	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		\$	996.39
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	3. Subtract line 2 from line 1		•		
	4. Multiply line 3 by .01				
	 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			,	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	996.39	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,016.39
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CADIZ, KY)	SYSTEM ID# 24132
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	20
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	65
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip) Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 hereir 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)] 	system as identified ner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/21/2019	

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 effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

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? Image: Ima	SYSTEM 24 P Special Stateme Concerning Gro Receipts Exclusi
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 Name Mailing Address Name Mailing Address INTEREST ASSESSMENT Name	P Special Stateme Concerning Gro
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 YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address Name Mailing Address INTEREST ASSESSMENT INTEREST ASSESSMENT	- Special Stateme Concerning Gro
Mailing Address Mailing Address INTEREST ASSESSMENT Image: Contract of the second sec	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* 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.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
II) number	
ID number First community served	

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