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 workbool 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	8/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Percedo Data Filing Pariod (antional age instructions)	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: 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.	20489
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM MINNESOTA LLC	
		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 ir	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM MINNESOTA LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(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 fling, a determination that would be made by a court of law.

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I

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM MINNESOTA LLC	20489
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	WORTHINGTON	MN
Community	LUVERNE	MN
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name								010	2048
Е	SECONDARY TRANSMISSION					v transmission a	onvice of th		
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular servi	ice at the rate i	ndicate	d-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standa	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide	e to their subsc	ribers. (Give the numbe	r of subsc	ribers and rate	for each list	ed category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	e right-r	апа рюск. А ти	/o- or thre	e-wora descripti	ion of the s	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	SUBSCRIB	LNG		UA1		NVICE	SUBSCRIBERS	
	Service to first set		602	40.49-49.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	40.49-49.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for rat	-				ll vour cablo eve	tom's sonvi	oos that woro	
F	not covered in space E, that is, th	•	,		•				
	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	tes are ch	larged on a varia	able per-pro	gram basis,	
ransmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ch of the a	applicable servio	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip	1 0			shed. List	these other serv	vices in the	form of a	
		BLO				RATE	CATEO	BLOCK 2	RATE
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER' ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable	PP		tel, hotel	uentiai		Family	Cable	79.4
	Pay cable—add'l channel	PP		mmercial			·	Capit	
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection	-				
	First set	99.99		rglar protection					
	 Additional set(s) 	15.00-29.00		services:					
			• Re	connect		29.00			1
	 FM radio (if separate rate) 		1.0	connect					
	FM radio (if separate rate) Converter	10.50		sconnect					
		10.50	• Dis			15.00-29.00			

	2019/1			FORM SA1-2E. PAGE 3.
ame	LEGAL NAME OF OWNER OF			SYSTEM ID#
	MEDIACOM MINNESC			20489
G imary smitters: evision	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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te 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-the	arried by your cable system on a sub- the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub- the Special Statement and Program and both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE NBC	11	N	MINNEAPOLIS, MN
	KDLT/KDLT(HD) NBC	47	N	SIOUX FALLS, SD
ecessary	KDLT-DT2 Antenna TV	47.2	I-M	SIOUX FALLS, SD
	KELO/KELO(HD) CBS	11	N	SIOUX FALLS, SD
	KELO-DT2 MYUTV	11.2	I-M	SIOUX FALLS, SD
	KESD/KESD(HD) PBS	8	E	BROOKINGS, SD
	KESD-DT2 World	8.2	E-M	BROOKINGS, SD
	KESD-DT3 Create	8.3	E-M	BROOKINGS, SD
	KESD-DT4 PBS Kids	8.4	E-M	BROOKINGS, SD
	KSFY/KSFY(HD) ABC	13	N	SIOUX FALL, SD
	KSFY-DT2/KSFY-DT2 (HD)	42.2		
		13.2	I-M	SIOUX FALL, SD
	KSFY-DT3 ME TV	13.2	I-M I-M	SIOUX FALL, SD SIOUX FALL, SD
	KSFY-DT3 ME TV	13.3	I-M	SIOUX FALL, SD
	KSFY-DT3 ME TV KTCA-DT PBS	13.3 34	i-M E	SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD
	KSFY-DT3 ME TV KTCA-DT PBS KTTW/KTTW (HD) FOX	13.3 34 7	I-M E I	SIOUX FALL, SD MINNEAPOLIS, MN
	KSFY-DT3 ME TV KTCA-DT PBS KTTW/KTTW (HD) FOX KTTW-DT2 This TV	13.3 34 7 7.2	i-M E i i-M	SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD
	KSFY-DT3 ME TV KTCA-DT PBS KTTW/KTTW (HD) FOX KTTW-DT2 This TV KTTW-DT3 Cozi TV	13.3 34 7 7.2 7.3	i-M E I i-M i-M	SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD
	KSFY-DT3 ME TV KTCA-DT PBS KTTW/KTTW (HD) FOX KTTW-DT2 This TV KTTW-DT3 Cozi TV KWCM PBS	13.3 34 7 7.2 7.3 10	i-M E i i-M i-M E	SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD APPLETON, MN
	KSFY-DT3 ME TV KTCA-DT PBS KTTW/KTTW (HD) FOX KTTW-DT2 This TV KTTW-DT3 Cozi TV KWCM PBS	13.3 34 7 7.2 7.3 10	i-M E i i-M i-M E	SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD APPLETON, MN
	KSFY-DT3 ME TV KTCA-DT PBS KTTW/KTTW (HD) FOX KTTW-DT2 This TV KTTW-DT3 Cozi TV KWCM PBS	13.3 34 7 7.2 7.3 10	i-M E i i-M i-M E	SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD APPLETON, MN
	KSFY-DT3 ME TV KTCA-DT PBS KTTW/KTTW (HD) FOX KTTW-DT2 This TV KTTW-DT3 Cozi TV KWCM PBS	13.3 34 7 7.2 7.3 10	i-M E i i-M i-M E	SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD APPLETON, MN
	KSFY-DT3 ME TV KTCA-DT PBS KTTW/KTTW (HD) FOX KTTW-DT2 This TV KTTW-DT3 Cozi TV KWCM PBS	13.3 34 7 7.2 7.3 10	i-M E i i-M i-M E	SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD APPLETON, MN
	KSFY-DT3 ME TV KTCA-DT PBS KTTW/KTTW (HD) FOX KTTW-DT2 This TV KTTW-DT3 Cozi TV KWCM PBS	13.3 34 7 7.2 7.3 10	i-M E i i-M i-M E	SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD APPLETON, MN

EGAL NAME O								SYSTEM II 204
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
Special Instruc- eceivable if (1) in the basis of for detailed infr aper SA1-2 fo Column 1: la Column 2: S Column 3: la ignal, indicate Column 4: C	ctions Conce of it is carried b monitoring, to ormation about rm. dentify the call State whether of the radio state this by placing Sive the station	rning Al y the syst be recein at the Co l sign of the static tion's sig g a chech n's locati	I-Band FM Carriage: Under the whenever it is received a ved 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	Copyright Office in at the system's he system's FM anter this point, see par sed by the cable s ne station is licen	regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can eertain si general i eparate	inal is generally be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
0411 01011		0.12			A.A	0.5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		<u> </u>						
	+							

	d: 2019/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM MINNESO	TA LLC						20489
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, ident		-		-	on. that vour	cable svste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or auth	norizations.	For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instru	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	work televisi	on 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	st complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			sion program ("substitute p	program") tha	t during the	accounting	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substituted	d for the prog	ramming of a	another stat	tion
	under certain FCC rules, re							າ.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lov	e Lucy" or	
			dcast live, enter	" "Yes." Otherwise enter "N	0."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			-CC or, in	
				tem carried the substitute p			ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program came	ed by a system norm 6.01.1	5 p.m. to 6.2	5.50 p.m. sno		
	Column 7: Enter the lett			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC fulles a	nu regulation	IS III	
								1
						N SUBSTIT		
		2. LIVE?	E PROGRAN					
	 TITLE OF PROGRAM 		2 STATION'S			AGE OCCU		7. REASON FOR DELETION
		Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1
				4. STATION'S LOCATION	5. MONTH	6. TII	MES	1

Name			WNER OF C												S	YSTEM I
	MED	ACOM	MINNES		LLC											204
K Gross Receipts	Instru all am (as ide page (ounts (gr entified in (vii) of the	The figure oss receip	ots) paic during nstructi	d to you the acc ions loc	ur cable counting cated in	system g period the pap	by sub For a er SA1	scribers further e -2 form.	s for the explana	e system	's seco	t you pay. Indary tran compute th	smission	servic	e
			accounting You must											\$ (Amou		9,359.22 oss receipts)
								01 001		9 91000				(Anot	int of gro	
L Copyright Royalty Fee	Instruct • Compl • Use bl • Use bl • Use bl	ions: To lete block lock 1 if t lock 2 if t lock 3 if t	DYALTY I compute t k 1, block 2 he amount he amount he amount he general i	the roya 2, <i>or</i> bl t of gros t of gros t of gros	olock 3. oss rece oss rece oss rece	eipts in s eipts in s eipts in s	space K space K space K	is more is more	e than \$ e than \$	137,10 263,80	0 but les	s than	or equal to \$527,600	\$263,80	0	
					BLC)CK 1:	GROSS	S RECE	EIPTS	OF \$13	37,100 C	R LES	SS			
			a cable sys od is \$52.0		ith gross	s receipt	ts of \$13	7,100 c	or less, t	he roya	Ity fee tha	at you r	nust pay fo	r this six-r	nonth	
	Line 1.	Rovaltv	fee for acc	ountina	period											
	Line 2	Interest	charge Er	nter the	amoun	t from li	no 1 cn	200 O r	200 8							0.00
	Line 2.	meresi	Jilaiye. Ei		amoun	t nom m	ie 4, spa	100 Q, F	aye o .							0.00
	Line 3.	TOTAL	ROYALTY	FEE P	AYABL	E FOR	ACCOU	NTING	PERIO) Add I	ines 1 an	d 2		· · · <u> </u>		
											,		than \$137	. ,		
			under stat										3,800.00	_		
			t of gross re										9,359.22	-		
			2 from line										4,440.78	-		
			ount of gros											169,359		
			ount from li											94,440	.78	
														74,918		
	7. Mult	iply line 6.	i by .005 (e	enter fig	ure here	e)								\$		374.59
	8. Inter	rest charg	je. Enter ti	he amo	unt from	n line 4,	space C), page	8					·		0.00
	9. TOT	AL ROY	ALTY FEE	PAYAI	BLE FO	OR ACC	OUNTIN	IG PER	IOD. Ad	d lines	7 and 8 .			\$		374.59
			BLOO	CK 3: 0	GROSS	3 RECE	EIPTS C	of Moi	RE THA	AN \$26	3,800 (b	out less	s than \$52	7,600)		
	1. Ente	er the am	ount of gros	ss recei	ipts fron	n space	К									
			under stat										3,800.00	-		
			2 from line											-		
			3 by .01											-		
	5. Roy	alty due c	on the first	\$263,80	00 of gro	oss rece	eipts (un	der stat	utory for	mula).		\$		1,319	.00	
		-			-				-						.00	
												• • • • •				
				FI	LING F	EE AN	ID TOT	AL REI	VIIIIAN	NCE D	UE					
Filing Fee and	1. Rov	altv Fee í	Payable for	r Accou	intina Pe	eriod (fra	om Bloci	(1, 2, 0	r 3. abo	ve)		\$		374	.59	
Total Remittance Due		-	-		-										.00	
	2. FIIII	y ree (Se	ee the instr	uctions		emon	ation of	i illing ie	e calcu	iations,		<u></u> Ф		20	.00	
	1				CCOUN		FRIOD	Add li	nes 2 a	nd 3				\$		394.59
	3. TOT		UNI DUE	FUR A			LINUD							Ŧ		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM ID# 20489
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	24
	on which the cable system carried television broadcast stations and nonbroadcast services	76
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	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address 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 B; X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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)] 	stem as identified
	X /s/ Kenneth J. Kohrs 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: 08/13/2019	

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 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

Inting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
NACOM MINNESOTA LLC	204
 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 Gross 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
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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	Q Interest Assessme
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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 th 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.