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 COPYRIG | HT OFFICE USE ONLY | Beturn completed workboo 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 a 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. |
| | | 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 ILLINOIS 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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: |
| | | MEDIACOM ILLINOIS LLC |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | 1102 North Fourth Street, P.O. Box 334 |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | 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.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
|---------------------|--|---|
| Name | MEDIACOM ILLINOIS LLC | 275 |
| | Instructions: List each separate community served by the cable system. A "commun | |
| D | "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings. | ommunities within unincorporated areas and including single |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile l identified city. | nome parks should be reported in parentheses below the |
| | | |
| | CITY OR TOWN | STATE |
| First | APPLE RIVER | L. |
| Community | Chadwick | IL. |
| | ELIZABETH CITY | IL |
| d Rows as Necessary | LANARK | IL. |
| | MILLEDGEVILLE | IL |
| | MT. CARROLL | IL |
| | SHANNON | IL |
| | STOCKTON | IL |
| | WARREN | IL |
| | SCALES MOUND | IL |
| | N.CHADWICK | IL |
| | N.LANARK | IL |
| | N.MILLEDGEVILLE | IL |
| | N.MT. CARROLL | IL |
| | N.SHANNON | IL |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | | | TEM ID |
|--|---|--|---|---|---|--|---|---|--------|
| Name | MEDIACOM ILLINOIS LI | _C | | | | | | | 2751 |
| E Secondary Transmission Service: Sub- scribers and Rates | SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide | SERVICE: SU pace E should on of television vay cable) in sp (June 30 or D b blocks in spar y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the | cover a and rac ace F, ecembe ce E ca service s in tha ndicate h categ 20/mth" for adva e form I | all categories of dio broadcasts not here. All the er 31, as the ca ll for the number . In general, yo at category (the ed—not the num ory of service.). Summarize a ance payment. ists the categor | secondar by your sy e facts you se may be er of subso u can com number of set Include bo ny standa | state must be a state must be b). cribers to the ca pute the number of persons or or ts receiving servent the amount of rd rate variation ondary transmis | bers. Give those existi ble system, er of subscr ganizations vice). of the charg us within a p ssion servic | information ing on the , broken ribers in charged Je and the particular rate se that cable | |
| | that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient. | should be cour ble service to a once again und has rate catego iers of services | nted as addition er "Serv ories for that in | a subscriber in al sets would b vice to addition secondary trai clude one or me | each app le included al set(s)." nsmission ore secon | licable category d in the count un service that are dary transmission | y. Example: nder "Servic e different fr ons), list the | a residential ce to the rom those em, together | |
| | BLO | DCK 1 | | | | | BLOCK | ٢2 | |
| | | NO. OF | | RATE | CAT | | | NO. OF SUBSCRIBERS | RATE |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | ERS | RATE | CAI | EGORY OF SE | RVICE | SUBSCRIBERS | RAIE |
| | Service to first set | | 1,432 | 40.49-51.54 | | | | | |
| | Service to additional set(s) | | ., | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 3 | 40.49-51.54 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| F Services Other Than Secondary Transmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip | e (not subscrib hose services t re two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg | er) info that are ns: you ished to usually he cable stem fur e was r | rmation with re- not offered in of do not need to o nonsubscribe billed. If any ra- e system for ea- mished or offer- made or establi | spect to a combination give rate ars. Rate in ates are ch arch of the ed during | on with any seco information con nformation shou narged on a vari applicable servi the accounting | ondary transcerning (1) Id include b able per-pr ces listed. period that | smission services ooth the ogram basis, were not | |
| | | BLO | CK 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | | GORY OF SER | | RATE | CATEG | ORY OF SERVICE | RATE |
| | Continuing Services: | | | ation: Non-res | idential | | Familia | Cabla | 00.4 |
| | Pay cable Add'l channel | PP | | otel, hotel | | | Family | Caple | 80.4 |
| | Pay cable—add'l channel Fire protection | PP | | mmercial y cable | | | | | |
| | • | | | | annel | | | | |
| | •Burglar protection Installation: Residential | | | y cable-add'l ch e protection | | | | | |
| | First set | 99.99 | | rglar protection | | | | | |
| | Additional set(s) | 15.00-29.00 | | services: | | | | | |
| | • FM radio (if separate rate) | | | connect | | 29.00 | | | |
| | | | 110 | | | 23.00 | | | |
| | · · · / | 10.50 | • Dis | | | | | | |
| | • Converter | 10.50 | | sconnect tlet relocation | | 15.00-29.00 | | | |

| | 2019/1 | | | FORM SA1-2E. PAGE 3. |
|---|---|---|--|---|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# |
| | MEDIACOM ILLINOIS | | | 27518 |
| G Primary Issmitters: levision | 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 a • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF 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>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), of each station. For U.S. stations, list | translator stations and low power tele t (1) stations carried only on a part-tin he carriage of certain network program S1(e)(2) and (4))]; and (2) certain static arried by your cable system on a subst the Special Statement and Program Low the community to which the station is the community with which the stati | 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). s licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KGCW/KGCW(HD) CW | 41 | I | BURLINGTON, IA |
| | KGCW-DT2 ThisTV | 41.2 | I-M | |
| | NGCW-D12 THISTV | | 1-141 | BURLINGTON, IA |
| as Necessary | KGCW-DT3 Laff | 41.3 | I-M | BURLINGTON, IA BURLINGTON, IA |
| as Necessary | | | | |
| s Necessary | KGCW-DT3 Laff | 41.3 | I-M | BURLINGTON, IA |
| is Necessary | KGCW-DT3 Laff KGCW-DT4 Bounce TV | 41.3 41.4 | I-M I-M | BURLINGTON, IA BURLINGTON, IA |
| s Necessary | KGCW-DT3 Laff KGCW-DT4 Bounce TV KIIN/KIIN(HD) PBS | 41.3 41.4 12 | I-M I-M E | BURLINGTON, IA BURLINGTON, IA Iowa City, IA |
| s Necessary | KGCW-DT3 Laff KGCW-DT4 Bounce TV KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) | 41.3 41.4 12 12.2 | I-M I-M E E-M | BURLINGTON, IA BURLINGTON, IA Iowa City, IA Iowa City, IA |
| is Necessary | KGCW-DT3 Laff KGCW-DT4 Bounce TV KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS World | 41.3 41.4 12 12.2 12.3 | I-M I-M E E-M E-M | BURLINGTON, IA BURLINGTON, IA Iowa City, IA Iowa City, IA Iowa City, IA |
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| MEDIACOM | OWNER OF C | | YSTEM: | | | | | SYSTEM I 275 |
|--|--|--|---|---|---|--|--|----------------------------------|
| | 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 it For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G | it is carried b monitoring, to prmation about rm. dentify the call tate whether it 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 check n's locati | I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on the 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 he station is licen | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain st general i eparate | be expected, rated intervals. Instructions 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 | |
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| Accounting Perio | d: 2019/1 | | | | | | FORM | 1 SA1-2E. PAGE 5. |
|------------------|---|-----------------------|---------------------------|-----------------------------|---------------------|--------------------|------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | MEDIACOM ILLINOIS I | LC | | | | | | 27518 |
| | SUBSTITUTE CARRIAGI | | | | 6 | | | |
| 1 | | | | | - | ion that your on | blo ovoton | n corried on a |
| • | In General: In space I, identi substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | | | - J | <u></u> | | |
| Special | During the accounting per | | | | | twork tolovision | program | |
| Statement and | | - | r cable system | carry, on a substitute bas | | | | V |
| Program Log | broadcast by a distant star | lion? | | | | | YES | X NO |
| | Note: If your answer is "No' | , leave the | rest of this pag | e blank. If your answer is | 'Yes," you mι | ist complete the | e program | 1 |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subst | | | | wherever pos | sible, if their me | eaning is | |
| | clear. If you need more spa | | | | | | | |
| | Column 1: Give the title period, was broadcast by a | | | sion program ("substitute | | | | a n |
| | under certain FCC rules, re | | | | | | | |
| | Do not use general categori | | | | | | | |
| | "NBA Basketball: 76ers vs. | | | | | | , | |
| | | | | "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra | | | · · | |
| | the case of Mexican or Can | | | e community to which the | | | C or, in | |
| | | | | tem carried the substitute | | | the mont | 'n |
| | first. Example: for May 7 giv | | inion your eye | | | | | |
| | | | substitute pro | gram was carried by your | cable system. | List the times a | accurately | / |
| | to the nearest five minutes. | Example: a | i program carrie | ed by a system from 6:01: | 15 p.m. to 6:2 | 8:30 p.m. shou | ld be | |
| | stated as "6:00–6:30 p.m." | | | was substituted for one are | | | | , |
| | to delete under FCC rules a | | | was substituted for progra | | | | |
| | was substituted for program | | | | | | | |
| | effect on October 19, 1976. | | , | • | | 0 | | |
| | | | | | | | | |
| | | | | | | N SUBSTITU | | |
| | S | | E PROGRAN | | | AGE OCCUR | | 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. TIME FROM — | TO | |
| | | | | | | _ | | |
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| Accounting Period: | 2019/1 | | | FORM S | A1-2E. PAGE 6. |
|------------------------------------|--|--------------------------|---------------------------------------|---|----------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | 5 | SYSTEM ID# |
| | MEDIACOM ILLINOIS LLC | | | | 27518 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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 | stem's see | condary trans compute this | mission servi s amount, see \$ 33 | се |
| 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 \$137,100 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf | ut less tha | in \$527,600 | \$263,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,10 | 00 OR LE | ESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 | ee that you | u must pay for | this six-month | I |
| | 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 lines | | | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS | | e than \$137,7 | 100) | |
| | 1. Base amount under statutory formula | 2 | 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | | | | |
| | 3. Subtract line 2 from line 1 | | | | |
| | 4. Enter the amount of gross receipts from space K | · · · · · · · <u> </u> | | | |
| | 5. Enter the amount from line 3 | · · · · · · · _ | | | |
| | 6. Subtract line 5 from line 4 | | | | |
| | 7. Multiply line 6 by .005 (enter figure here) | | · · · · · · · · · · · · · · | | |
| | 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 an | nd 8 | ·····. | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80 | 00 (but le | ss than \$527 | ,600) | |
| | 1. Enter the amount of gross receipts from space K | | 331,084.07 | | |
| | 2. Base amount under statutory formula | 2 | 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | | 67,284.07 | | |
| | 4. Multiply line 3 by .01 | · · · · · · · · <u> </u> | \$ | 672.84 | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | · · · · · · · · <u> </u> | \$ | 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 4, 5, | , and 6 | · · · · · · · · · · · · · · · · · · · | \$ | 1,991.84 |
| | FILING FEE AND TOTAL REMITTANCE DUE | | | | |
| | | | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | · · · · · · · <u> </u> | \$ | 1,991.84 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | ····· <u> </u> | \$ | 20.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | | | \$ | 2,011.84 |
| | Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 f | | - | | ghts! |

| Accounting Period: | 2019/1 | | | | | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|---|--|-------------------------|--|---------------------|
| Name | LEGAL NAME OF MEDIACOM IL | OWNER OF CABLE SYSTEM: LINOIS LLC | | | | SYSTEM ID 27518 |
| M Channels | to its subscriber 1. Enter the tota system carried | You must give (1) the number or rs, and (2) the cable system's al number of channels on whic d television broadcast stations | otal number of activated | l channels during the a | ccounting period. | 30 |
| | on which the c | al number of activated channe cable system carried television cast services | broadcast stations | | | 71 |
| N Individual to Be Contacted | | D BE CONTACTED IF FURTH about this statement of accou | | NEEDED (Identify an ir | ndividual to whom | |
| for Further Information | Name | Kenneth J. Kohrs | | | Telephone 845 | 5-443-2762 |
| | Address | One Mediacom Way (Number, street, rural route, apar | ment, or suite number) | | | |
| | | Mediacom Park, NY (City, town, state, zip) | 10918 | | | |
| | Email | Copyrights@m | ediacomcc.com | | Fax (optional) | |
| 0 | CERTIFICATION | I (This statement of account m | ust be certified and sign | ed in accordance with | Copyright Office regulations) | |
| Certification | | ed, hereby certify that (Check o er other than corporation or p | - | | is identified in line 1 of space B; or | |
| | in | line 1 of space B and that the o | wner is not a corporation | or partnership; or | ent of the owner of the cable system | |
| | I have examine | line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)] | | | | |
| | | | X /s/ Kenne Enter an electronic signa Enter signature using an | | • | |
| | | Typed or printer | I name: Kenneth | J. Kohrs | | |
| | | Title: (Title of | Vice President, F | | ng | |
| | | 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 telephon 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 fing, a determination that would be made by a court of law

| unting Period: 2019/1 | FORM SA1-2E. PAGE |
|---|---|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| DIACOM ILLINOIS LLC | 275 |
| 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 sub scribers 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. | |
| | |
| 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. | |
| 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 | |
| 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 | 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 | Interest Assessme |
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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 | Interest Assessme ays |
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