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 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	08/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
			<b>→</b>

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 Period (entional accelerations)	
		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.	62544
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Mediacom Southeast, LLC (Ardmore, TN)	
		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 s 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 Southeast, LLC (Ardmore, TN)	
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Mediacom Southeast, LLC (Ardmore, TN)	62544
D	Instructions: List each separate community served by the cable system. A "communit "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.	mmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
First	CITY OR TOWN Ardmore	STATE TN
Community	Ardmore	AL
	Braceville	IL
ows as Necessary	East Brooklyn	 IL
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Elkton	TN
	Essex	IL
	Giles County	TN
	Godley	IL
	Lincoln County	AL
		-

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	Mediacom Southeast, L		e. TN)						6254
			•, …,	, 					
Е	SECONDARY TRANSMISSION			-	-	, transmission a	and a of the		
-	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								
Rates	down by categories of secondary each category by counting the ne								
	separately for the particular serv	ice at the rate i	ndicate	d-not the nun	nber 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				iny standa	rd rate variation	s within a p	articular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide	to their subsci	ribers. (	Give the number	er 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 of								
	Block 2: If your cable system	has rate catego	ories for	secondary tra	nsmission				
	printed in block 1 (for example, the printed in block 1)								
	with the number of subscribers a sufficient.	ind rates, in the	e right-n	Iand DIOCK. A ty	wo- or thre	e-wora descripti	ion of the se	ervice is	
	BLOCK 1						BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOLLE		TOTE	0/11		TUIDE	OODOORIDERO	TUTE
	Service to first set		1,505	51.54-79.49					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	51.54-79.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
Е	In General: Space F calls for rat					ll your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							-	
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
Nates	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and includ	e the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	sidential			<b>-</b>	
	• Pay cable	PP		tel, hotel			Family	Cable	79.4
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection		-	y cable-add'l cl	nannel				
	Installation: Residential	00.00		e protection					
	First set	99.99		rglar protection	l				
	Additional set(s)     EM radio (if sonarato rato)	15.00-29.00		services:		20.00			
	<ul> <li>FM radio (if separate rate)</li> </ul>			connect		29.00			
	Convertor	10 50	• Dia	connect					
	Converter	10.50		connect tlet relocation		15.00-29.00			

	LECAL NAME OF OWNED OF	CADIE SVSTEM		SYSTEM
Name	LEGAL NAME OF OWNER OF			62:
	Mediacom Southeast,			~~~~
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- tivision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep pr "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAAY/WAAY(HD) ABC	32	N	Huntsville, AL
	WAAT/WAAT(ID) ABC	32.2	I-M	Huntsville, AL
Rows as Necessary	WAAT-DT2TON WAFF/WAFF(HD) NBC	48	I-MI	Huntsville, AL
KOWS as meeters ,	WAFF-DT2 BounceTV	40	I-M	Huntsville, AL
	WAFF-DT2 Bounce IV	40.2	I-M	Huntsville, AL
	WAFF-DT3 Grit	48.3	I-M	Huntsville, AL Huntsville, AL
		v-	1-141	numovine, AL
	WPPM/WRRM(HD) CBS	12	Ν	
	WBBM/WBBM(HD) CBS	12	N	CHICAGO, IL CHICAGO, IL
	WBBM-DT2 Start TV	12.2	N I-M	CHICAGO, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND)	12.2 27	i-M I	CHICAGO, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U	12.2 27 27.2	i-M I I-M	CHICAGO, IL Chicago, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV	12.2 27 27.2 27.3	I-M I I-M I-M	CHICAGO, IL Chicago, IL Chicago, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT4 Heros & Icons	12.2 27 27.2 27.3 27.4	I-M I I-M I-M I-M	CHICAGO, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV	12.2 27 27.2 27.3 27.4 27.5	I-M I I-M I-M I-M I-M	CHICAGO, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV WFLD/WFLD(HD) FOX	12.2 27 27.2 27.3 27.4 27.5 31	I	CHICAGO, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV WFLD/WFLD(HD) FOX WFLD-DT2 Movies!	12.2 27 27.2 27.3 27.4 27.4 27.5 31 31.2	I-M I I-M I-M I-M I-M I I I I I I-M	CHICAGO, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV WFLD/WFLD(HD) FOX WFLD-DT2 Movies! WFLD-DT3 BuzzR	12.2 27 27.2 27.3 27.4 27.5 31 31.2 31.3	I	CHICAGO, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV WFLD/WFLD(HD) FOX WFLD-DT2 Movies! WFLD-DT3 BuzzR WGN/WGN(HD) IND	12.2 27 27.2 27.3 27.3 27.4 27.5 31 31.2 31.3 19	i-M i i-M i-M i-M i-M i i i i	CHICAGO, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV WFLD/WFLD(HD) FOX WFLD-DT2 Movies! WFLD-DT3 BuzzR WGN/WGN(HD) IND	12.2 27 27.2 27.3 27.4 27.5 31 31.2 31.3 19 19.2	I	CHICAGO, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV WFLD/WFLD(HD) FOX WFLD-DT2 Movies! WFLD-DT3 BuzzR WGN/WGN(HD) IND WGN-DT2 Antenna WGN-DT3 ThisTV	12.2 27 27.2 27.3 27.3 27.4 27.5 31 31.2 31.3 19 19.2 19.3	i-M i i-M i-M i-M i i i i i i i i i i i	CHICAGO, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV WFLD/WFLD(HD) FOX WFLD-DT2 Movies! WFLD-DT3 BuzzR WGN/WGN(HD) IND WGN-DT2 Antenna WGN-DT3 ThisTV WHDF/WHDF HD (CW)	12.2 27 27.2 27.3 27.4 27.5 31 31.2 31.3 19 19.2 19.3 14	I I I-M I-M I-M I-M I I I I I I I I I I	CHICAGO, IL Chicago, IL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV WFLD/WFLD(HD) FOX WFLD-DT2 Movies! WFLD-DT3 BuzzR WGN/WGN(HD) IND WGN-DT2 Antenna WGN-DT2 Antenna	12.2 27 27.2 27.3 27.3 27.4 27.5 31 31.2 31.3 19 19.2 19.3 14 24	i-M i i-M i-M i-M i-M i i i i i i i i i	CHICAGO, IL Chicago, IL Huntsville, AL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV WFLD/WFLD(HD) FOX WFLD-DT2 Movies! WFLD-DT3 BuzzR WGN/WGN(HD) IND WGN-DT2 Antenna WGN-DT3 ThisTV WHDF/WHDF HD (CW) WHIQ/WHIQ (HD)PBS WHIQ-DT2 PBS KIDS	12.2 27 27.2 27.3 27.4 27.5 31 31.2 31.3 19 19.2 19.3 14 24 24 24.2	i i i-M i-M i-M i-M i i i i i i i i i i	CHICAGO, IL Chicago, IL Huntsville, AL
	WBBM-DT2 Start TV WCIU/WCIU (IND) WCIU-DT2 The U WCIU-DT3 MeTV WCIU-DT4 Heros & Icons WCIU-DT5 BounceTV WFLD/WFLD(HD) FOX WFLD-DT2 Movies! WFLD-DT3 BuzzR WGN/WGN(HD) IND WGN-DT2 Antenna WGN-DT2 Antenna	12.2 27 27.2 27.3 27.3 27.4 27.5 31 31.2 31.3 19 19.2 19.3 14 24	i-M i i-M i-M i-M i-M i i i i i i i i i	CHICAGO, IL Chicago, IL Huntsville, AL

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTE
Name	Mediacom Southeast,			
	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 <b>Substitute Basis Stations:</b> basis under specific FCC rule • 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 <b>Column 1:</b> List each station' multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WF <b>Column 3:</b> Indicate in each of educational station, by enter (for independent multicast), "	Iso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain st carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep	-time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M"
	Column 4: Give the location	rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis lian stations, if any, give the name of t	t the community to which the station	
	Column 4: Give the location	of each station. For U.S. stations, lis	t the community to which the station	
	Column 4: Give the location FCC. For Mexican or Canadi	n of each station. For U.S. stations, lis lian stations, if any, give the name of t	t the community to which the station the community with which the statio	n is identified.
	Column 4: Give the location FCC. For Mexican or Canadi	n of each station. For U.S. stations, lis lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	t the community to which the station the community with which the statio 3. TYPE OF STATION	on is identified.  4. LOCATION OF STATION
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD)	n of each station. For U.S. stations, lis lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 19.2	t the community to which the station the community with which the station 3. TYPE OF STATION I-M	n is identified.  4. LOCATION OF STATION Huntsville, AL
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna	n of each station. For U.S. stations, lis lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 19.2 19.3	t the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M	n is identified. 4. LOCATION OF STATION Huntsville, AL Huntsville, AL
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC	n of each station. For U.S. stations, lis lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 19.2 19.3 7	t the community to which the station the community with which the station 3. TYPE OF STATION I-M N	A. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC WLS-DT2 (HD) (LWN)	n of each station. For U.S. stations, lis lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 19.2 19.3 7 7.1	t the community to which the station the community with which the station 3. TYPE OF STATION I-M N I-M	n is identified. 4. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL Chicago, IL
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC WLS-DT2 (HD) (LWN) WMAQ/WMAQ (HD)NBC	n of each station. For U.S. stations, lis lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 19.2 19.3 7 7 7.1 29	t the community to which the station the community with which the station 3. TYPE OF STATION I-M N I-M N I-M	An is identified. 4. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL Chicago, IL Chicago, IL
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC WLS-DT2 (HD) (LWN) WMAQ/WMAQ (HD)NBC WMAQ-DT2 Cozi TV	n of each station. For U.S. stations, lis lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 19.2 19.3 7 7.1 29 29.2	t the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M N I-M N I-M	A. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL Chicago, IL Chicago, IL
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC WLS-DT2 (HD) (LWN) WMAQ/WMAQ (HD)NBC WMAQ-DT2 Cozi TV WPWR/WPWR (HD) (MYNET)	a of each station. For U.S. stations, lis lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 19.2 19.3 7 7 7.1 29 29.2 51	t the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M N I-M I-M I	n is identified. 4. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC WLS-DT2 (HD) (LWN) WMAQ/WMAQ (HD)NBC WMAQ-DT2 Cozi TV WPWR/WPWR (HD) (MYNET) WSMV (NBC)	n of each station. For U.S. stations, lis lian stations, if any, give the name of the 19.2 19.3 7 7.1 29 29.2 51 10	t the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M N I-M I-M I	A. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Nashville, TN
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC WLS-DT2 (HD) (LWN) WMAQ/WMAQ (HD)NBC WMAQ-DT2 Cozi TV WPWR/WPWR (HD) (MYNET) WSMV (NBC) WSNS Telemundo	n of each station. For U.S. stations, lis lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 19.2 19.3 7 7 7.1 29 29.2 51 10 45	t the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M N I-M I N I I N I I I I I I I I I I I I I	A LOCATION OF STATION 4. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
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	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC WLS-DT2 (HD) (LWN) WMAQ/WMAQ (HD)NBC WMAQ-DT2 Cozi TV WPWR/WPWR (HD) (MYNET) WSMV (NBC) WSNS Telemundo WTTW/WTTW(HD) PBS WTTW-DT3 PBS Create	to of each station. For U.S. stations, lis lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 19.2 19.3 7 7 7.1 29 29.2 51 10 45 47 47.3	t the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M N I-M I I N I E E-M	A. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL Chicago, IL
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC WLS-DT2 (HD) (LWN) WMAQ/WMAQ (HD)NBC WMAQ-DT2 Cozi TV WPWR/WPWR (HD) (MYNET) WSMV (NBC) WSNS Telemundo WTTW/WTTW(HD) PBS WTTW-DT3 PBS Create WTTW-DT4 V-Me	n of each station. For U.S. stations, lis lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 19.2 19.3 7 7 7.1 29 29.2 51 10 45 47 47.3 47.4	t the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M N I-M I-M I I I E E-M E-M	A. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL Chicago, IL
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC WLS-DT2 (HD) (LWN) WMAQ/WMAQ (HD)NBC WMAQ-DT2 Cozi TV WPWR/WPWR (HD) (MYNET) WSMV (NBC) WSNS Telemundo WTTW/WTTW(HD) PBS WTTW-DT3 PBS Create WTTW-DT4 V-Me WTZT (IND)	to of each station. For U.S. stations, lis lian stations, if any, give the name of the 19.2 19.3 7 7 7.1 29 29.2 51 10 45 47 47.3 47.4 11	t the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M N I-M I N I I E E-M E-M I	A. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL Chicago, IL
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WHNT-DT2 IND(HD) WHNT-DT3 Antenna WLS/WLS(HD) ABC WLS-DT2 (HD) (LWN) WMAQ/WMAQ (HD)NBC WMAQ-DT2 Cozi TV WPWR/WPWR (HD) (MYNET) WSMV (NBC) WSNS Telemundo WTTW/WTTW(HD) PBS WTTW-DT3 PBS Create WTTW-DT3 PBS Create WTTW-DT4 V-Me WTZT (IND) WZDX/WZDX (HD) FOX	n of each station. For U.S. stations, lis lian stations, if any, give the name of the 19.2 19.3 7 7.1 29 29.2 51 10 45 47 47.3 47.4 11 41	t the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M N I-M I-M I I I I E E-M I I I I I I I I I I I I I	A. LOCATION OF STATION Huntsville, AL Huntsville, AL Chicago, IL Chicago, IL Huntsville, AL

Accounting P			(075N				FORM	I SA1-2E. PAGE 4
LEGAL NAME OF Mediacom S								SYSTEM ID: 6254
		- 1	, ,					
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
The contract of the contract o	it is carried by monitoring, to prmation about rm. dentify the call tate whether the radio stat	y the sys be receint the Co sign of e the static ion's sign	I-Band FM Carriage: Under ( stem 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.	it the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st eneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
Column 4: G	live the station	n's locati	on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	Mediacom Southeast,	LLC (Ard	more, TN)				62544
	SUBSTITUTE CARRIAGE			NT AND PROGRAM I O	G		
	In General: In space I, identi					ion that your cable syste	em carried on a
-	substitute basis during the ad						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper SA1	I-2 form.
Carriage:	1. SPECIAL STATEMENT						
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	-	r cable system	carry, on a substitute basi	s, any nonne	twork television program	
Program Log	broadcast by a distant stat	tion?				YES	× 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 progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meaning is	5
	clear. If you need more space Column 1: Give the title			ision program ("substitute p	orogram") tha	t. during the accounting	a a a a a a a a a a a a a a a a a a a
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another sta	ition
	under certain FCC rules, reg						
	Do not use general categori "NBA Basketball: 76ers vs.		vies of baske	tball. List specific program	i titles, for exa	ample, "I Love Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			
				tem carried the substitute			nth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your o			ely
	stated as "6:00–6:30 p.m."		a program cam		15 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.		our system wa				
	s	UBSTITUT	E PROGRAM	1		IN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2019/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			9	SYSTEM ID#
	Mediacom Southeast, LLC (Ardmore, TN)				62544
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 system is 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 sen n of how to	condary trans o compute this	mission servi s amount, sec \$ 3	ce
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 BLOCK 1: GROSS RECEIPTS OF \$137,1	ut less tha formation.	an \$527,600	\$263,800	
	. ,				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	,	. ,		
	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	1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	1. Base amount under statutory formula		263,800.00	1007	
	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				
	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 \$263,8	00 (but le	ess than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	3	353,034.96		
	2. Base amount under statutory formula	2	263,800.00		
	3. Subtract line 2 from line 1		89,234.96		
	4. Multiply line 3 by .01	· · · · · · · · <u> </u>	\$	892.35	
	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	· · · · · · · · · · · · · · ·	\$	2,211.35
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	·····- <u>-</u>	\$	2,211.35	
	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		[	\$	2,231.35
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 t		-		ghts!

Name         Exolutionation of commercial conditions of the control of the cont	Accounting Period:	2019/1		FORM SA1-2E. PAGE 7.
M       Instructions: You must give (1) the number of channels on which the cable system carried belevision broadcast stations to its subcribers, and (2) the cable system of activated channels during the accounting period.       54         Image: Second Se	Name			SYSTEM ID# 62544
or which the cable system carried television broadcast stations and nonbroadcast services       77         N       Individual to Be Contacted for Further Information       INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)         Name       Kenneth J. Kohrs       Telephone B45-443-2752         Address       One Mediacom Way Womber.sited. truth noise.gentreet, is suite number)       Mediacom Park, NY 10918         UCAr, town sets.gent       Copyright@mediacomcc.com       Fax (optional)         Control of the cable system and to be certified and signed in accordance with Copyright Office regulations)                        It he undersigned, hereby certify that (Check one, but only one of the boxes.)          Certification		<b>Instructions:</b> You must give (1) the number of char to its subscribers, and (2) the cable system's total n 1. Enter the total number of channels on which the	umber of activated channels during the accounting period.	54
Individual to Be Contacted for Further information       Name       Kenneth J. Kohrs       Telephone 345-443-2762         Address       One Mediacom Way (Number, street, runal roduc spatineer, or suite number)       Mediacom Park, NY 10918         (Dip, Low, street, runal roduc spatineer, or suite number)       Mediacom Park, NY 10918         (Dip, Low, street, runal roduc spatineer, or suite number)         Mediacom Park, NY 10918         (Dip, Low, street, runal roduc spatineer, or suite number)         Mediacom Park, NY 10918         (Dip, Low, street, runal roduc spatineer, or suite number)         Mediacom Park, NY 10918         (Dip, Low, street, runal roduc spatineer, or suite number)         Mediacom Park, NY 10918         (Dip, Low, street, runal roduc spatineer, or suite number)         Mediacom Park, NY 10918         (Dip, Low, street, runal roduc spatineer, or suite number)         Inter an electron (This statement of account must be certified and signed in accordance with Copyright Office regulations)         • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.)         Image: Address B         (Agent of owner other than corporation or pathership) I am the duby authorized agent of the cable system as identified in line 1 of space B         • 1. have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are trune compute, and correct the babest of my knowledge, inf		on which the cable system carried television broad		. 77
Information       Address       One Mediacom Way (Rember sizes, noral tools, spattment, or sule number)         Mediacom Park, NY 10918 (City, town, state, arp)       Mediacom Park, NY 10918 (City, town, state, arp)         Email       Copyrights@mediacomcc.com       Fax (optional)         0       Certification       Fax (optional)         0       • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 0       • 1, the undersigned, hereby certify that (Check one partnership) I am the owner of the cable system as identified in line 1 of space B; or         ×       (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or         • (Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]         If U.S.C., Section 1001(1986)       Typed or printed name:       Kenneth J. Kohrs         Typed or printed name:       Kenneth J. Kohrs       Title:         Vice President, Financial Reporting       Vi	Individual to		NFORMATION IS NEEDED (Identify an individual to whom	
Plumber, street, ruarioule, apattement, or suite number)         Mediacom Park, NY 10918         (City, town, state, zip)         Email       Copyrights@mediacomcc.com         Fax (optional)         Fax (optional)         Certification       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • O       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • I, depend of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         • A (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]         Market are signature using an "/d signature" (e.g., /s/ John Smith)         Typed or printed name:       Kenneth J. Kohrs         Title:       Vice President, Financial Reporting		Name Kenneth J. Kohrs	Telephone	845-443-2762
O         Certification         • 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; or         ×       (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         • (Officer or partner) I am an officer (if a corporation or partnership) 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 of the cable system in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]         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		(Number, street, rural route, apartment, Mediacom Park, NY 109		
O         Certification         • I, the undersigned, hereby certify that (Check one, but only one, 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; or         X       (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or         (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true; complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]         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		Email Copyrights@mediac	Fax (optional)	
Certification       • I, the undersigned, hereby certify that (Check one, but only one, 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; or         X       (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or         (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]         Image: Decision 1001(1986)]       Image: Decision 1001(1986)]         Image: Decision 1001(1986)       Image: Decision 1001(1986)         Image: Decision 1001(1986)       Image: Decision 1001(1986)         Image: Decision 1001(1986)       Image: Decision 1001(1986)		CERTIFICATION (This statement of account must be	e certified and signed in accordance with Copyright Office regulations)	
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)]           Image: Complete information in the intervent of the best of my knowledge information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]          Image: Complete information in the intervent of the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]          Image: Complete information in the intervent of the best of my knowledge information, and belief, and are made in good faith.          Image: Complete information information in the intervent of the best of my knowledge.          Image: Complete information info	-	(Owner other than corporation or partner     (Agent of owner other than corporation of in line 1 of space B and that the owner	rship) I am the owner of the cable system as identified in line 1 of space E or partnership) I am the duly authorized agent of the owner of the cable s is not a corporation or partnership; or	ystem as identified
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		<ul><li>in line 1 of space B.</li><li>I have examined the statement of account and herebrare true, complete, and correct to the best of my know</li></ul>	y declare under penalty of law that all statements of fact contained herein	er of the cable system
Title: Vice President, Financial Reporting		Ente	er an electronic signature on the line above to certify this statement.	-
		Typed or printed nam	e: Kenneth J. Kohrs	
Date:		Date:		8/13/2019

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 lave

unting Period: 2019/1		
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
iacom Southeast, LLC (Ardmore, TN)		625
service of providing secondary transmissions of prima	action 111(d)(1)(A), of the Copyright Act by adding the fol- ne gross amounts paid to the cable system for the basic any broadcast transmitters, the system shall not include sub- eiving secondary transmissions pursuant to section 119." the note on page (vii) of the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) b	elow\$	
Name	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments For an explanation of interest assessment, see page (viii) of the		Q
	the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment.	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.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment.	the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the	the general instructions located in the paper SA1-2 form.          x         a here         x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum	the general instructions located in the paper SA1-2 form.  x  x  here  x  days he sum here  x 0.00274	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment.</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum</li> <li>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</li> </ul>	the general instructions located in the paper SA1-2 form.         x         x         n here         x         x         days         he sum here         x         <	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment.</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum</li> <li>Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.get</i></li> </ul>	the general instructions located in the paper SA1-2 form.          x	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment.</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum</li> <li>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 * To view the interest rate chart click on <i>www.copyright.gu</i> contact the Licensing Division at (202) 707-8150 or licenterest in the sum of the sum of the line 2 by the set of the line 2 by the s</li></ul>	the general instructions located in the paper SA1-2 form.          x       x         n here       -         x       days         he sum here       -         x       0.00274         or block 3 line 6       \$         y       -         (interest charge)         ov/licensing/interest-rate.pdf.         For further assistance please         unsing@loc.gov.         terest assessment for one day late.         of account already submitted to the Copyright Office, please	Q Interest Assessm
<ul> <li>For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment.</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum</li> <li>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 * To view the interest rate chart click on <i>www.copyright.ge</i> contact the Licensing Division at (202) 707-8150 or licent ** This is the decimal equivalent of 1/365, which is the interest of list below the owner, address, first community served, ID num</li> </ul>	the general instructions located in the paper SA1-2 form.          x       x         n here       -         x       days         he sum here       -         x       0.00274         or block 3 line 6       \$         y       -         (interest charge)         ov/licensing/interest-rate.pdf.         For further assistance please         unsing@loc.gov.         terest assessment for one day late.         of account already submitted to the Copyright Office, please	Q Interest Assessm
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