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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

~	ACCO	DUNTING PERIOD COVERED BY THIS STATEN	MENT: (YY)	YY/(Period))	
		2019/1 Period 1 = January 1	June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Pe	eriod (optional -	see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the cable system. If the ow	wner is a subsidia	ry of another corporation, give the full corporate	e title
_		of the subsidiary, not that of the parent corporation.			
Owner		List any other name or names under which the owner conducts the	e business of the	cable system.	
		If there were different owners during the accounting period, only the single statement of account and royalty fee payment covering the experiment covering the statement of account and statement of account accoun			a
		Check here if this is the system's first filing. If not, enter the system	n's ID number ass	igned by the Licensing Division.	33223
		·			
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABL	E SYSTEM		
		MEDIACOM ILLINOIS LLC			
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF I	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		UCTIONS: In line 1, give any business or trade names a already appear in space B. In line 2, give the mailing a			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MEDIACOM ILLINOIS LLC			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	1102 N. Fourth Street, PO Box 334			
	<u> </u>	(Number, street, rural route, apartment, or suite number) Chillicothe, IL 61523			
		(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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM ILLINOIS LLC	33223
D	Instructions: List each separate community served by the cable system "a separate and distinct community or municipal entity (including unin discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first commu as the "first community." Please use it as the first community on all fu	n. A "community" is the same as a "community unit" as defined in FCC rules: ncorporated communities within unincorporated areas and including single, nity that you list will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Gibson City	IL
Community	Sibley	
Add Rows as Necessary		

								FORM SA1	TEM I
Name	LEGAL NAME OF OWNER OF C							313	3322
	MEDIACOM ILLINOIS LI	_C							0021
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND R	ATES				
–	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	h blocks in spac	e E ca	II for the numbe	er of subsc	ribers to the cal			
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	. (Example: "\$2	0/mth"). Summarize a					
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	ited as	a subscriber in	each app	licable category	. Example:	a residential	
	subscriber who pays extra for ca					I in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	2014			1			<u> </u>	
	BLC	OCK 1 NO. OF					BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		462	40.49-51.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel			40.40.54.54					
	Commercial			40.49-51.54					
	Converter Residential								
	Non-residential								
	·Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, t					,	,		
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								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Ruco	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip	otion and includ	e the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	PP		otel, hotel			Family	TV	80.
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	nannel				
	Installation: Residential			e protection					
	• First set	99.99		rglar protection					
	 Additional set(s) 	15.00-29.00		services:					
	The sealer of the second second second					29.00			
	• FM radio (if separate rate)	40.50		connect		23.00			
	 FM radio (if separate rate) Converter 	10.50	• Dis	sconnect					
	· · · /	10.50	• Dis • Ou			15.00-29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM ILLINOIS	LLC		33
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	In General: In space G, ide 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	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p the form. el number the FCC assigned to the tele	<i>t</i> (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program I ed 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, report	me basis under ims [sections ions carried on a ostitute program Log)—if the o on some other ons. IN, etc. Identify each rt multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	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), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station the community with which the station	endent), "I-M" onal multicast). is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAND/WAND (HD) NBC	17	N	Decatur, IL
	WAND-DT2 Cozi	17.2	I-M	Decatur, IL
Rows as Necessary	WBUI/WBUI (HD) CW	22	l	Decatur, IL
	WBUI-DT2 ThisTV	22.2	I-M	Decatur, IL
	WBUI-DT3 Stadium	22.3	I-M	Decatur, IL
	WCCU/WCCU (HD) FOX	26	I	SPRINGFIELD, IL
	WCCU-DT2 MeTV	26.2	I-M	SPRINGFIELD, IL
	WCCU-DT3 Antenna	26.3	I-M	SPRINGFIELD, IL
	WCIA/WCIA (HD) CBS	48	Ν	Champaign, IL
	WCIA-DT3 Bounce TV	40.0		
	- L	48.3	I-M	Champaign, IL
	WCIA-DT4 Grit	48.3 48.4	I-M I-M	Champaign, IL Champaign, IL
	WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD)	•		
		48.4	I-M	Champaign, IL
	WCIX/WCIX-DT MyNet (HD)	48.4 13	i-M I	Champaign, IL SPRINGFIELD, IL
	WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet	48.4 13 41 41.2	I-M I N	Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL
	WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD	48.4 13 41 41.2 41.3	i-M i N i-M i-M	Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL
	WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge!	48.4 13 41 41.2 41.3 41.4	I-M I N I-M I-M I-M	Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL
	WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS	48.4 13 41 41.2 41.3 41.4 9	i-M i N i-M i-M i-M E	Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL
	WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	48.4 13 41 41.2 41.3 41.4 9 9.2	I-M I N I-M I-M I-M E E E-M	Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL
	WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS	48.4 13 41 41.2 41.3 41.4 9	i-M i N i-M i-M i-M E	Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL
	WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	48.4 13 41 41.2 41.3 41.4 9 9.2	I-M I N I-M I-M I-M E E E-M	Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL
	WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	48.4 13 41 41.2 41.3 41.4 9 9.2	I-M I N I-M I-M I-M E E E-M	Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL
	WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	48.4 13 41 41.2 41.3 41.4 9 9.2	I-M I N I-M I-M I-M E E E-M	Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL Urbana, IL
	WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	48.4 13 41 41.2 41.3 41.4 9 9.2	I-M I N I-M I-M I-M E E E-M	Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL

EGAL NAME OF			/STEM:					SYSTEM II 332
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If bignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether a 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 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	
UNEL SIGIN		3/0	LOUATION OF STATION	UALL SIGN		310	LOUATION OF STATION	
		+						
		t						

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS I	LLC						33223
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				•	on that your ca	ahle svstei	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televisior	n program	1
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		waat of this was	a blank. Kusun anavuania (·//		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete the	e progran	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations i	wherever nos	sible if their m	eanina is	
	clear. If you need more spa				wherever pos		cariiriy is	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific program		ample, i Love i	LUCY OI	
			dcast live, enter	""Yes." Otherwise enter	lo."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			C or, in	
				tem carried the substitute			n the mon	ith
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shou	ild be	
		er "R" if the	listed program	was substituted for progra	mming that v	our svstem wa	s reauire	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM	l		AGE OCCUR		7. REASON FOR
	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 —	ES TO	DELETION
		165 01 140	CALL SIGN	4. STATION S LOCATION	AND DAT		10	
						_		
						_		
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						_		
						_		
1	I	1	1		" (1

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	*STEM ID 33223
			33223
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	e 8,606.69
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 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600	\$263,800	
	See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 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		
	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 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE						SYSTEM ID 33223
M Channels	to its subscribers, and1. Enter the total number system carried televion2. Enter the total number	(2) the cable system's per of channels on whi sion broadcast station per of activated channel	s total numl ch the cab s els	nber of a ble	hich the cable system carried activated channels during the a	accounting period.	26
		ystem carried televisio ervices			лп s		70
N Individual to Be Contacted	INDIVIDUAL TO BE C we can contact about			ORMAT	ION IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name Kei	nneth J. Kohrs				Telephone	845-443-2762
	(Num Me	e Mediacom Way Iber, street, rural route, apa diacom Park, NY town, state, zip)	artment, or su		per)		
	Email	Copyrights@r	nediacom	ncc.con	1	Fax (optional)	
O Certification	I, the undersigned, her (Owner other X (Agent of ov in line 1 (Officer or p in line 1 · I have examined the statements	reby certify that (Check er than corporation or vner other than corpo of space B and that the partner) I am an officer of space B. tatement of account and correct to the best of m	one, <i>but on</i> partnershi ration or pr owner is no (if a corpor d hereby de	niy one , nip) I am partners not a cor pration) o leclare ui	of the boxes.) the owner of the cable system hip) I am the duly authorized apporation or partnership; or		stem as identified
		Typed or printe Title: (Title o	Enter sig ed name: Vice I	n electro ignature Ker Presic	Kenneth J. Kohrs nic signature on the line above t using an "/s/ signature" (e.g., /s nneth J. Kohrs dent, Financial Report in corporation or partnership)	/ John Smith)	
1		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	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM ILLINOIS LLC	332
 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? NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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