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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 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.	4108
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (MARCELINE, MO)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	inless these
С		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	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite number)	
	-	EXCELSIOR SPRINGS, MO 64024	
		(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 ID#
Name	MEDIACOM SOUTHEAST LLC (MARCELINE, MO)	4108
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
_	CITY OR TOWN MARCELINE	STATE
First Community	MARCELINE	MO
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name								515	410
	MEDIACOM SOUTHEAS	T LLC (MA	KCEL	INE, MO)					710
E	SECONDARY TRANSMISSION	SERVICE: SL	IBSCR	IBERS AND R	ATES				
E	In General: The information in s								
Cooondom/	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existir	ig on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary	y transmission	service	. In general, yo	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							and the	
	unit in which it is generally billed								
	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								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e ngnt-r	Ianu Diock. A li	vo- or thre	e-word descripti	on or the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		93	40.49-49.54	Expand	ded		71	49.5
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-49.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•	• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are ch	narged on a varia	able per-pro	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cahl	e system for ea	ch of the	annlicable servir	has listed		
Rates	Block 2: List any services that							vere not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and includ	le the ra	ate for each.					
		BLO				_		BLOCK 2	-
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	sidential		Femily		70.4
	• Pay cable	PP		otel, hotel			Family		79.4
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable	1				
	•Burglar protection			y cable-add'l cl	iannei				
	Installation: Residential			e protection					
	• First set	99.99		rglar protection					
	Additional set(s)	15.00-29.00		services:					
	• FM radio (if separate rate)	40.50		connect		29.00			
		10.50	• Dis	nonnoot					
	Converter	10.50		sconnect		45 00 00 00			
	·Convener	10.50	• Ou	itlet relocation		15.00-29.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM SOUTHE	AST LLC (MARCELINE, MO)		41
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary insmitters: elevision	carried by your cable syster FCC rules and regulations i 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 statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination I with a station according to its over-the	t (1) stations carried only on a part-time the carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute the Special Statement and Program Long ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a me (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO
ws as Necessary	KCPT-DT3 PBS Create	18.3	E-M	KANSAS CITY, MO
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO
	KCTV/KCTV(HD)CBS	24	N	KANSAS CITY, MO
	KCWE CW/KCWE CW HD	31	I	KANSAS CITY, MO
	KMBC/KMBC(HD) ABC	29	N	KANSAS CITY, MO
	KMBC-DT2 MeTV	29.2	N-M	KANSAS CITY, MO
	KMCI/KMCI (HD) IND	41	I	LAWRENCE, KS
	KMCI-DT2 BOUNCE TV	41.2	I-M	LAWRENCE, KS
	KMOS PBS	15	E	SEDALIA, MO
	KPXE ION/ KPXE ION HD	51	I	KANSAS CITY, MO
		_		
	KQTV ABC	7	N	ST. JOSEPH, MO
	KSHB/KSHB(HD) NBC	42	N	IST. JOSEPH, MO KANSAS CITY, MO
	KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO
	KSHB/KSHB(HD) NBC KSHB-DT2 COZI TV	42 42.2	N I-M	KANSAS CITY, MO KANSAS CITY, MO
	KSHB/KSHB(HD) NBC KSHB-DT2 COZI TV KSHB-DT3 Laff	42 42.2 42.3	N I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSHB/KSHB(HD) NBC KSHB-DT2 COZI TV KSHB-DT3 Laff KSMO/KSMO (HD) MyNET	42 42.2 42.3 47	N I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSHB/KSHB(HD) NBC KSHB-DT2 COZI TV KSHB-DT3 Laff KSMO/KSMO (HD) MyNET WDAF/WDAF(HD)FOX	42 42.2 42.3 47 3	N I-M I-M I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSHB/KSHB(HD) NBC KSHB-DT2 COZI TV KSHB-DT3 Laff KSMO/KSMO (HD) MyNET WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV	42 42.2 42.3 47 3 3.2	N I-M I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSHB/KSHB(HD) NBC KSHB-DT2 COZI TV KSHB-DT3 Laff KSMO/KSMO (HD) MyNET WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV KCTV-DT2 COMET	42 42.2 42.3 47 3 3.2 24.2	N M M M M M M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSHB/KSHB(HD) NBC KSHB-DT2 COZI TV KSHB-DT3 Laff KSMO/KSMO (HD) MyNET WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV KCTV-DT2 COMET KCWE-DT2 Justice Network	42 42.2 42.3 47 3 3.2 24.2 31.2	N 	KANSAS CITY, MO KANSAS CITY, MO
	KSHB/KSHB(HD) NBC KSHB-DT2 COZI TV KSHB-DT3 Laff KSMO/KSMO (HD) MyNET WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV KCTV-DT2 COMET KCWE-DT2 Justice Network KMCI-DT3 ESCAPE	42 42.2 42.3 47 3 3.2 24.2 31.2 41.3	N M M M M M M M 	KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS

Accounting Period:	2019/1			FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	MEDIACOM SOUTHE	AST LLC (MARCELINE, MO)		410
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form. t the community to which the station	ime basis under ims [sections itions carried on a postitute program Log)—if the pon some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDAF-DT3 This TV	3.3	I-M	KANSAS CITY, MO
	WDAF-DT4 TBD	3.4	I-M	KANSAS CITY, MO

Accounting F	Period: 2019	/1					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
MEDIACOM	SOUTHEA	ST LLC	C (MARCELINE, MO)					4108
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					Н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat	y the sys be recei t the Cc sign of e he static ion's sign	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t 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 jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
			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	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (MARCELINE	i, MO)			4108
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident						
	substitute basis during the a						
Substitute Carriage:	explanation of the programm				e general instr	uctions in the paper SA1	-2 form.
Special	 SPECIAL STATEMEN During the accounting per 					twork tolovision program	n
Statement and	broadcast by a distant sta	-	i cable system	carry, on a substitute bas			
Program Log	,					YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progra	m
	log in block 2.		MC				
	2. LOG OF SUBSTITUTI In General: List each subs			te line. Use abbreviations	wherever nos	sible if their meaning is	3
	clear. If you need more spa						
				sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ies like "mo					
	"NBA Basketball: 76ers vs.		lagat live anto	"Vac " Otherwise enter "N	lo."		
				"Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	adcast static	on's location (th	e community to which the	station is lice	nsed by the FCC or, in	
	the case of Mexican or Car	adian static	ons, if any, the	community with which the tem carried the substitute	station is iden	itified).	nth
	first. Example: for May 7 give		when your sys		piogram. Use	numerais, with the mo	nun
	Column 6: State the tim	es when the		gram was carried by your			ely
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	listed program	was substituted for progra	amming that v	our svstem was <i>require</i>	ed
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed prog	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
							1
			E PROGRAM	l .		N 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 SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (MARCELINE, MO)	S	*STEM ID 4108
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 amount, see	, 378.99
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 See page (vi) of the general instructions located in the paper \$A1-2 form for more information. 	\$263,800	
	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		F OWNER OF CABLE SYSTEM: SOUTHEAST LLC (MARCE	ELINE, MO)			SYSTEM ID# 4108
M Channels	to its subscribe1. Enter the to system carrie2. Enter the to on which the	ers, and (2) the cable system's tal number of channels on whic ed television broadcast stations tal number of activated channe cable system carried televisior	total numbe ch the cable s els n broadcast		accounting period.	<u>36</u> 72
N Individual to Be Contacted		TO BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	rtment, or suite	e number)		
	Email	Copyrights@m	nediacomco	c.com	Fax (optional)	
O Certification	I, the undersig (Ow X (Age (off I have examin are true, complete	aned, hereby certify that (Check of ner other than corporation or p ent of owner other than corpora in line 1 of space B and that the of ficer or partner) I am an officer (in line 1 of space B. ded the statement of account and lete, and correct to the best of my ction 1001(1986)] Typed or printer Title:	one, <i>but only</i> partnership) ration or par owner is not (if a corporat d hereby decl y knowledge	I am the owner of the cable system	as identified in line 1 of space E agent of the owner of the cable s the legal entity identified as own ements of fact contained herein de in good faith. to certify this statement. s/ John Smith)	3; or ystem as identified
		Date:			08/13/2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (MARCELINE, MO)	410
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 fol- lowing 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	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	0
	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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