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

Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED AMOUNT 3/1/2021 \$ ALLOCATION NUMBER

by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2020/2 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.	
Owner		List any other name of 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.	24132
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	24132
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (CADIZ, KY)	
		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)	
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given ir	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	I	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	90 NORTH MAIN	
	<u> </u>	(Number, street, rural route, apartment, or suite number) BENTON, KY 42025	
		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
Name	MEDIACOM SOUTHEAST LLC (CADIZ, KY)	2413
	Instructions: List each separate community served by the cable system. A "co	mmunity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorpora	ated communities within unincorporated areas and including single,
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	t you list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filing	ngs.
	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
Fired	CADIZ	KY
First Community		
Community	TRIGG COUNTY	κΥ
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								TEM ID
Name				n				515	2413
	MEDIACOM SOUTHEAS	51 LLC (CAI	ΊΖ, Κ Υ)					2410
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	·				,	ble system	ı, broken	
scribers and	down by categories of secondary			•		•			
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate c							de 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. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		e ngin n						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODUCIND			0,111			000001110	
	Service to first set		794	74.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		-	• •			
I	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		-			C		0	
ransmissions:	Block 1: Give the standard rat			•		• •			
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				511CU. LISU	these other set			
	CATEGORY OF SERVICE	BLO		ORY OF SER		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	RATE		tion: Non-res	-	RATE	CATEGO	JRT OF SERVICE	RAIE
	Pay cable	PP		el, hotel	luentiai		Family	Cable	81.9
	Pay cable—add'l channel	PP		nmercial			. anny	Cubic	01.0
	• Fire protection	FF	-	cable					
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential		-	protection					
	First set	99.99		glar protection					
	Additional set(s)	15.00-49.00		ervices:					
	• FM radio (if separate rate)	10.00-40.00		onnect		49.00			
	• Converter	10.50		connect		-3.00			
	Convertor	10.00							
			• ()) +	et relocation		15 00_AQ 00			
				et relocation e to new addr	229	15.00-49.00			

	2020/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM 241
		· · ·		
G Primary ansmitters: elevision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations :	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting to)(2) and (4), or 76.63 (referring to 76. explained in the next paragraph. With respect to any distant stations of	<i>t</i> (1) stations carried only on a part- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta	ime basis under ams [sections tions carried on a
	• 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	lso in space I, if the station was carrien concerning substitute basis stations	ed both on a substitute basis and also , see page (v) of the general instruct	o on some other ions.
	multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI	I number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	e-air designation. For example, repo	ort multistream the air in its community
	educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	(for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	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
	WEHT ABC	7	N	EVANSVILLE, IN
	WKMU/WKMU(HD) KET PI	36	Е	MURRAY, KY
ows as Necessary	WKMU-DT2 KET2 (HD)	36.2	I-M	MURRAY, KY
	WKMU-DT3 KET KY	36.3	I-M	MURRAY, KY
		36.4	E-M	MURRAY, KY
	WKMU-DT4 PBS Kids	00.4	6	WORKAT, KT
	WKMU-DT4 PBS Kids WKRN/WKRN(HD)ABC	27	N	NASHVILLE, TN
	WKRN/WKRN(HD)ABC	27	N	NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS	27 21	N E	NASHVILLE, TN MURRAY, KY
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW	27 21 23	N E I	NASHVILLE, TN MURRAY, KY NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS	27 21 23 8	N E I E	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC	27 21 23 8 32	N E I E N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC	27 21 23 8 32 10	N E I E N N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS	27 21 23 8 32 10 5	N E I E N N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	27 21 23 8 32 10 5 21	N E I E N N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	27 21 23 8 32 10 5 21	N E I E N N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	27 21 23 8 32 10 5 21	N E I E N N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	27 21 23 8 32 10 5 21	N E I E N N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	27 21 23 8 32 10 5 21	N E I E N N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	27 21 23 8 32 10 5 21	N E I E N N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	27 21 23 8 32 10 5 21	N E I E N N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD)ABC WMKU(HD)PBS WNAB CW WNPT/WNPT(HD)PBS WPSD NBC WSMV/WSMV(HD)NBC WTVF/WTVF (HD)CBS WUXP MY NET	27 21 23 8 32 10 5 21	N E I E N N	NASHVILLE, TN MURRAY, KY NASHVILLE, TN NASHVILLE, TN PADUCAH, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN

EGAL NAME OF			YSTEM: C (CADIZ, KY)					SYSTEM 1 241
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If idgnal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can l ertain sta eneral ir parate a	be expected, ated 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	
		2,2						

Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC	(CADIZ, KY)					24132
	SUBSTITUTE CARRIAG	E: SPECI)G			
I I	In General: In space I, ident					tion that w	our cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per	-			isis anv noni	network tel	evision prog	ram
Statement and		-		in ourry, on a substitute be	lolo, any nom			
Program Log	broadcast by a distant sta	luon?				l	YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must comp	lete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUT							
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossihla ift	heir meanin	n ie
	clear. If you need more spa				s wherever p	0331010, 11 1		y 13
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
			adcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car							
			/ when your sy	stem carried the substitute	e program. U	se numera	lls, with the n	nonth
	first. Example: for May 7 gi		o oubstituto pr	ogram was corriad by you	r ochlo ovoto	m list the	timos acour	atalı
	to the nearest five minutes			ogram was carried by you				atery
	stated as "6:00-6:30 p.m."	. Example.	a program oar		1. TO p.m. to c			
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	ired
	to delete under FCC rules	and regulat	ions in effect o	luring the accounting perio	od; enter the	etter "P" if	the listed pr	ogram
	was substituted for program		your system w	as permitted to delete und	ter FCC rules	and regul	lations in	
	effect on October 19, 1976							
					WHE	N SUBST	ITUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		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. FROM	TIMES — TO	DELETION
		100 01 110					10	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
1							_	
							_	

Accounting Period:	2020/2			FORM S	6. SA1-2E. PAGE 6.
Name				5	SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (CADIZ, KY)				24132
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	stem's see a of how to	condary transm compute this a	ission service amount, see \$ 24	
	COPYRIGHT ROYALTY FEE				
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf 	ut less tha formation	in \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for	this six-mon	
	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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	241,126.31		
	3. Subtract line 2 from line 1	\$	22,673.69		
	Enter the amount of gross receipts from space K		\$ 2	41,126.31	
	5. Enter the amount from line 3		\$	22,673.69	
	6. Subtract line 5 from line 4	•	\$ 2	18,452.62	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,092.26
	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 a	and 8	······.	\$	1,092.26
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	Subtract line 2 from line 1		203,000.00		
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5				
	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)	· · · · · · · · · .	\$	1,092.26	
Due	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			\$	1,112.26
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				ghts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CADIZ, KY)	SYSTEM ID# 24132
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	20 65
N Individual to Be Contacted for Further	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	845-443-2762
Information	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip) Email Copyrights@mediacomcc.com	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ov 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 herei 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)] 	system as identified vner of the cable system
	X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership) Date: 2/15/2021	-

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 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." r more information on when to exclude these amounts, see the note on page (vii) of the general instructions ated in the paper SA1-2 form. ring the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions de by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address TEREST ASSESSMENT u must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. r an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	SYSTEM 241 P Special Statemen Concerning Gros eccipts Exclusio
PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS e Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ing 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." IT more information on when to exclude these amounts, see the note on page (vii) of the general instructions ated in the paper SA1-2 form. It ing the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions de by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. It is a complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. It an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. It is the amount of late payment or underpayment. It is the satellite to the sum here	P Special Statemen Concerning Gros
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* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
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