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 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							
2-28-22	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
	Instructions:							
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Mediacom California LLC (Sun City, CA)							
	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)							
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MEDIACOM CALFORINIA LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 27192-A SUN CITY BLVD							
	(Number, street, rural route, apartment, or suite number) SUN CITY, CA 92586							
	(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 suffciency of the fling, a determination that would be made by a court of law.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom California LLC (Sun City, CA) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" a	FORM SA1-2E. PAGE 1b. SYSTEM ID#								
Mediacom California LLC (Sun City, CA)	SYSTEM ID#								
Mediacom California LLC (Sun City, CA)									
	33403								
muscrucions, usceacu segarate community served by the cable system. A community is the same as a community unit- a	as defined in ECC rules: "a								
congrate and dictinct community or municipal entity (including unincorporated communities within unincorporated areas a									
unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification h									
	erealter known as the lirst								
community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in paren	ntheses below the identified								
Served city.									
Serveu									
CITY OR TOWN STATE	<u>i</u>								
First Riverside County CA									
Community									
Add Rows as Necessary									

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33403

Mediacom California LLC (Sun City, CA)

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,018	74.49			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	1	74.49			
Converter					
Residential					
Non-residential					
				1	l

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	96.00
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		Pay cable			
•Burglar protection	Burglar protection • Pay cable-add'l channel				
Installation: Residential		Fire protection			
First set	109.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33403

Mediacom California LLC (Sun City, CA)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KABC/KABC (HD) ABC	7	N	LOS ANGELES, CA
KABC-DT2 Localish HD	7.2	I-M	LOS ANGELES, CA
KABC-DT3 This	7.3	I-M	LOS ANGELES, CA
KCAL/KCAL (HD) IND	9	l	LOS ANGELES, CA
KCBS/KCBS (HD) CBS	43	N	LOS ANGELES, CA
KCBS-DT2 Start TV	43.2	I-M	LOS ANGELES, CA
KCBS-DT3 DABL	43.3	I-M	LOS ANGELES, CA
KCET (IND)	28	I	LOS ANGELES, CA
KCOP/KCOP (HD) (MYNET)	13	I	LOS ANGELES, CA
KCOP-DT2 Buzzer	13.2	I-M	LOS ANGELES, CA
KCOP-DT3 Movies	13.3	I-M	LOS ANGELES, CA
KDOC IND	32	l	ANAHEIM, CA
KILM (ION Plus)	44	I	Barstow, CA
KJLA/ KJLA HD (IND)	49	I	Los Angeles, CA
KLCS/KLCS (HD) PBS	41	E	LOS ANGELES, CA
KLCS-DT2 PBS KIDS	41.2	E-M	LOS ANGELES, CA
KLCS-DT3 Create	41.3	E-M	LOS ANGELES, CA
KMEX/KMEX (HD) UNIVISION	34	I	LOS ANGELES, CA
KMEX-DT2 Unimas	34.2	I-M	LOS ANGELES, CA
KMEX-DT3 Bounce	34.3	I-M	LOS ANGELES, CA
KMEX-DT4 True Crime	34.4	I-M	LOS ANGELES, CA
KNBC/KNBC(HD) NBC	36	N	LOS ANGELES, CA
KPXN/KPXN(HD) ION	38	l	SAN BERNARDINO, CA
KRCA (IND)	35	I	RIVERSIDE, CA

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 33403

Mediacom California LLC (Sun City, CA)

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSCI/KSCI IND (HD)	18	I	LOS ANGELES, CA
KTLA/KTLA(HD) CW	31	l	LOS ANGELES, CA
KTLA-DT2 Antenna	31.2	I-M	LOS ANGELES, CA
KTLA-DT3 Court	31.3	I-M	LOS ANGELES, CA
KTTV/KTTV (HD) FOX	11	I	LOS ANGELES, CA
KVCR (PBS)	26	E	SAN BERNARDINO, CA
KVEA/ KVEA HD (TELEMUND	39	I	LOS ANGELES, CA
KVEA-DT2 Telexitos	39.2	I-M	LOS ANGELES, CA
KVMD (IND)	31	I	TWENTYNINE PALMS, CA
KWHY (IND)	42	I	LOS ANGELES, CA
KXLA-DT2 (IND)	51.2	I-M	Rancho Palos Verdes, CA
KZSW (IND)	27	I	HEMET, CA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

33403

Mediacom California LLC (Sun City, CA)

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Primary Transmitters: Radio

Accounting Perio		0.4 D. E. 0.40T							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O									33403
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LC)G					
Substitute	In General: In space I, identii substitute basis during the ac explanation of the programmi	counting pe	eriod, under spe	cific present and former F	FCC	rules, regula	ations, or au	uthoriz	zations. F	or a further
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special					asis	any nonne	twork telev	ision	program	1
Statement and									V	
Program Log broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							INO			
	,	, icave tric	rest of this pag	je blank. II your answer	10 1	co, you iii	ast comple	io ino	prograi	''
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								ion n. Ith Ty		
	effect on October 19, 1976.					WHE	N SUBST	TTUT	E.	
	S		E PROGRAM	l T			AGE OCC			7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	FROM	TIMES	TO	
								_		
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Accounting Period:	2021/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom California LLC (Sun City, CA)		;	SYSTEM ID# 33403
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of the 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	n's secondary transr now to compute this	mission service amount, see	14,927.46 ross receipts)
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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ss than \$527,600	3263,800	
	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 the 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
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b 1. Base amount under statutory formula	263,800.00	•	
	Enter amount of gross receipts from space K	244,927.46	;	
	3. Subtract line 2 from line 1	18,872.54	<u> </u>	
	4. Enter the amount of gross receipts from space K	\$	244,927.46	
	5. Enter the amount from line 3	\$	18,872.54	
	6. Subtract line 5 from line 4	\$	226,054.92	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,130.27
	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	3	\$	1,130.27
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$52	7,600)	
	4 Fatantha annumb of managarint form annual K			
	Enter the amount of gross receipts from space K		_ ·	
	Subtract line 2 from line 1	200,000.00	<u>-</u>	
	4. Multiply line 3 by .01		_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			
	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, an	nd 6	· · <u> </u>	
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	1,130.27	
Due	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		\$	1,150.27
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			hts!

Accounting Period:	2021/2						FORM SA1-2E.	PAGE 7.	
Name		/NER OF CABLE SYSTEM: ornia LLC (Sun City, CA)					SYST	EM ID# 33403	
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	s				49		
	on which the ca	number of activated channel able system carried television ast services	n broadcast st				81		
N Individual to Be Contacted		BE CONTACTED IF FURTH pout this statement of accounts		ATION IS NEEDED (Identify an	individual to whom				
for Further Information	Name <u>I</u>	Kenneth J. Kohrs			To	elephone 84	15-443-2762		
	<u></u>	One Mediacom Way Number, street, rural route, apartn		nber)					
		Mediacom Park, NY City, town, state, zip)	10918						
	Email	Copyrights@me	ediacomcc.co	m	Fax (optional				
	CERTIFICATION (T	his statement of account mu	ust be certified	and signed in accordance with	Copyright Office regu	ulations)			
O Certification	• I, the undersigned,	hereby certify that (Check on	ne, <i>but only one</i>	e, of the boxes.)					
	(Owner	other than corporation or pa	artnership) I a	m the owner of the cable system	as identified in line 1	of space B; or			
				r ship) I am the duly authorized a a corporation or partnership; or	agent of the owner of th	he cable syste	em as identified		
		or partner) I am an officer (in line 1 of space B.	f a corporation)) or a partner (if a partnership) of	the legal entity identifi	ied as owner o	of the cable system		
		, and correct to the best of my	•	under penalty of law that all state oformation, and belief, and are m		ed herein			
			X /s/	Kenneth J. Kohrs					
		- •		ronic signature on the line above t e using an "/s/ signature" (e.g., /s					
		Typed or printed	name: Ke	enneth J. Kohrs					
		Title:		ident, Financial Report					
		Date:			2/11/2022				

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 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.

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 33403 Mediacom California LLC (Sun City, CA) 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-P 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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 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. വ For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment days 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 block 3 line 6 * 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. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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CONTROL #: REMITTANCE #:

☐Letter sent

 $\square \mathsf{Accepted}$

 \square Accepted

Space H Primary Transmitters: Radio

C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'd Initials				
		Date of remittance	Check □EFT	☐FILING FEES				
Cable ID#				Amount Initials				
Examined by	Reviewed by	Date examination completed	Allocation number					
Space A Accounting Period								
	☐January 1 - June 30, 2017	[July 1 - December 31, 2017					
	☐ Letter sent]	☐Information received					
	□Accepted]						
Space B Owner								
	Letter sent]	☐Information received					
	□Accepted]	Phone call/Date/Contact					
Space D Area Served								
	☐ Letter sent]	☐ Information received					
	□Accepted]	Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	☐Letter sent							
and Rates	□Accepted	[☐Phone call/Date/Contact					
Space G Primary Transmitters:								
Television								

 $\ \ \, \square \\ \ \, Information \ received$

☐ Phone call/Date/Contact

 \square Phone call/Date/Contact

		Space I Substitute Carriage
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑Letter sent	☐Information received	(SA3 only)
Accepted	☐Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐ Information received	
□Accepted	☐Phoe call/Date/Contact	
		Space M Channels
☐Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	