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	T 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	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
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A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	33224
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM ILLINOIS LLC	
		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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM ILLINOIS LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1102 N. Fourth Street, PO Box 334 (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MEDIACOM ILLINOIS LLC	332
	Instructions: List each separate community served by the cable system. A "c	
D	"a separate and distinct community or municipal entity (including unincorpor 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 f	rated communities within unincorporated areas and including single nat you list will serve as a form of system identification hereafter kno ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
oontou		
_	CITY OR TOWN	STATE
First		IL
Community	DOWNS	L
	BLOOMINGTON	IL
d Rows as Necessary	BELLFLOWER	IL
	SAYBROOK	IL
	COLFAX	IL
	Downs Subdiv	IL

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MEDIACOM ILLINOIS LI	_C							3322
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c 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	SERVICE: SU pace E should on of television vay cable) in sp (June 30 or Du blocks in space y transmission umber of billing ice at the rate i harged for eacl . (Example: "\$2 ounts allowed in space E, the e to their subsci	cover a and rac ace F, i ecembe ce E cal service s in tha ndicate n categ 0/mth") for adva form li	Il categories of tio broadcasts not here. All the er 31, as the ca Il for the numbe . In general, yo at category (the d—not the num ory of service. I). Summarize a ance payment. ists the categor Give the numbe	secondar by your sy a facts you se may be er of subso u can com number of set include bo ny standa ries of sec er of subso	sistem to subscri u state must be b). cribers to the ca pute the number of persons or or s receiving serv- oth the amount of rd rate variation ondary transmis- cribers and rate	ibers. Give those existi ble system er of subscr ganizations vice). of the charg as within a p ssion servic for each lis	information ng on the broken ibers in charged e and the particular rate e that cable ted category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to a once again undo has rate catego iers of services	addition er "Serv pries for that ine	al sets would b vice to additiona secondary tran clude one or mo	e included al set(s)." nsmission ore secon	d in the count un service that are dary transmission	nder "Servio e different fr ons), list the	e to the om those em, together	
	BLO	DCK 1					BLOCK		_
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	RS	RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	GOBOOKIDI			UAI			ODBOOKIDEKO	
	Service to first set		1,041	29.95-48.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.95-48.54					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) info hat are ns: you ished to usually ne cable item fur e was r	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offeren nade or establi	spect to a combination give rate rs. Rate in ates are ch ates of the ed during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary tran icerning (1) ild include to iable per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential		F	0-1-1-	70.4
	Pay cable	PP		tel, hotel			Family	Cable	78.4
	Pay cable—add'l channel Fire protection	PP		mmercial					
	Fire protection Burglar protection			y cable v cable-add'l ch	annal				
	•Burglar protection Installation: Residential			y cable-add'l ch e protection	annen				
	First set	99.99		rglar protection					
	Additional set(s)	15.00-29.00		services:					
		10.00 20.00							
			• Re	connect		29.00			
	FM radio (if separate rate) Converter	10.50		connect connect		29.00			
	• FM radio (if separate rate)	10.50	• Dis			29.00 15.00-29.00			

Name	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, idel 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 not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on ti Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast),	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. 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 ne form. I number the FCC assigned to the tele CC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M"	g translator stations and low power tele (1) stations carried only on a part-tir the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- carried 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 instruction program services such as HBO, ESPI e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education withing in the paper SA12 form	ne basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M"
	Column 4: Give the location	n of each station. For U.S. stations, lis	t the community to which the station is the community with which the station	
		17	N	
	WAND (NBC) WAOE/ WAOE HD (MYNET)	39	N I	Decatur, IL PEORIA, IL
ows as Necessary	WAOE-DT2 Antenna	39.2	-	PEORIA, IL
lows as necessary	WAOE-DT2 Light TV	39.3		PEORIA, IL
	WCIA (CBS)	48	N	Champaign, IL
	WEEK/WEEK (HD) NBC	25	N	PEORIA, IL
	WEEK-DT2/WEEK-DT2(HD)A	25.2	Ν	PEORIA, IL
	WEEK-DT3/WEEK-DT3 CW(H	25.3	I	PEORIA, IL
	WHOI (HD) COMET	19	I	CREVE COEUR, IL
	WILL/WILL (HD) PBS	9	E	Urbana, IL
	WILL-DT2 PBS World	9.2	E	Urbana, IL
	WILL-DT3 PBS Create	9.3	E	Urbana, IL
	WMBD/WMBD (HD) CBS	30	N	Peoria, IL
	WMBD-DT2 Bounce	30.2	N	Peoria, IL
	WMBD-DT3 LAFF	30.3	N	Peoria, IL
	WMBD-DT4 ESCAPE	30.4	N	Peoria, IL
	WTVP/WTVP (HD) PBS	46	E	PEORIA, IL
			-	PEORIA, IL
	WTVP-DT2 PBS World	46.2	E	
	WTVP-DT2 PBS World WTVP-DT3 PBS Create	46.2 46.3	E	PEORIA, IL

EGAL NAME OF			/STEM:					SYSTEM II 332
	t every radio s	station ca	arried on a separate and discontent of the second sec					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under 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. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne 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 jeneral 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	
UALL SIGN		3/0	LOUATION OF STATION	UALL SIGN		310	LOUATION OF STATION	
		+						
		1						

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						33224
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I O	G			
I I	In General: In space I, identi				-	ion that your ca	able syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pa	aper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>isior</u>	n program	<u>1</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No	' loovo tho	rest of this nac	e blank. If your answer is '	Yee " vou mi	ist complete th	-	
		, leave the	rest of this pag	e biank. Il your answer is	res, you mu	ist complete th	e program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	eaning is	
	clear. If you need more spa					,	J	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.	Bulls."				- F - ,	· · , ·	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nsed by the EC	C or in	
	the case of Mexican or Can						50 01, 11	
	Column 5: Give the mor	th and day		tem carried the substitute			h the mon	ith
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."		i program cam		15 p.m. to 0.2	0.00 p.m. 5100		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations	IN	
						N SUBSTITU		
	S		E PROGRAM			AGE OCCUR		7. REASON FOR DELETION
	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	5222.000
						_		
						_		
						_		
						_		
						_		
						_		

ccounting Period:	-	NAME OF	OWNER O	F CABLE	E SYSTE	M:										. 0.		1-2E. PAGI
Name																	•	332
K Gross Receipts	Instru all an (as id page (nounts (g lentified i (vii) of th Gross red	The figure gross rece in space ne genera ceipts from	eipts) p E) durir al instru om subs	oaid to ing the uctions scribers	your o accou s locate s for s	cable system unting pertend in the secondar	stem l eriod. e pape ry trar	by sub For a er SA1 ismiss	scribe further -2 forn ion ser	rs for th explan n. vice(s)	e systen ation of	m's se how t	ount you pa econdary tr to compute	ansm this a	ission s amount,	ervice , see	9
			e accoun : You mu												Ş	·		,966.04 ss receipts)
L Copyright Royalty Fee	Instruc • Comp • Use t • Use t • Use t	tions: To plete bloo block 1 if block 2 if block 3 if		te the rock 2, <i>or</i> ount of gount	royalty f r block gross re gross re gross re	 3. receipt receipt receipt 	ts in spa ts in spa ts in spa	ice K i ice K i	s mor s mor	e than e than	\$137,1 \$263,8	00 but le	ess th	an or equa an \$527,60 n.		263,800)	
					E	3LOC	:K 1: GF	ROSS	REC	EIPTS	OF \$1	37,100	OR L	ESS				
			s a cable riod is \$52		າ with g	ross re	eceipts o	of \$137	7,100 0	or less,	the roy	alty fee t	hat yo	ou must pay	for th	is six-m	onth	
		•			ina nori	ind												
		, ,			01										-			
	Line 2	2. Interest	t charge.	Enter t	the amo	ount fr	om line 4	4, spa	ce Q, I	bage 8					·· -			0.00
	Line 3	3. TOTAL	ROYAL	TY FEE	ΞΡΑΥΑ	ABLE	FOR AC	COUN	ITING	PERIC	D Add	lines 1 a	and 2					
			В	BLOCK	(2: GR	loss	RECEI	PTS (OF \$2	63,800	OR L	ESS (bi	ut mo	re than \$1	37,10	0)		
	1. Ba	se amour	nt under s	statutory	y formu	ıla						. \$		263,800.0	00			
	2. En	ter amoui	nt of gros	s receip	pts from	n spac	ж К					. \$		214,966.0	04			
	3. Su	btract line	e 2 from li	i ne 1								\$		48,833.9	96			
	4. Ent	ter the an	nount of ç	gross re	eceipts	from s	space K .						<u>.</u>	\$	214	4,966.0	04	
	5. En	ter the an	nount fron	m line 3	3								· · · · <u>-</u>	\$	4	8,833.9	96	
	6. Su	btract line	e 5 from li	ine 4									_	\$	16	6,132.0	08	
	7. Mu	Itiply line	6 by .005	5 (enter	[.] figure	here)										5		830.66
	8. Inte	erest cha	rge. Ente	er the ar	mount f	from li	ne 4, spa	ace Q	page	8					· · ·			0.00
	9. TO	TAL RO	YALTY F	EE PA)	YABLE	FOR	ACCOU	NTIN	G PER	IOD. A	dd lines	7 and 8				5		830.66
			BL	OCK 3	3: GRC	DSS F	RECEIP	TS O	F MO	RE TH	AN \$2	63,800	(but le	ess than \$	527,6	00)		
	1 Ent	ter the an	nount of g	aross re	eceints	from s	space K											
			nt under s	-										263,800.0	00			
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			3 by .01 .															
													-	\$		1,319.0	00	
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	7.10	TAL RO	TALIY FI	EE PAY	YABLE	FOR	ACCOU	NIIN	G PER	IOD. A	dd lines	4, 5, an	id 6		···-			
					FILIN	G FEI	E AND	ΤΟΤΑ	L RE	MITTA	NCE D	UE						
Filing Fee and														•			~~	
otal Remittance Due	1. Ro	yaity Fee	Payable	tor Acc	ounting	g Perio	od (from	BIOCK	1, 2, c	or 3, abo	ove)		····- <u>-</u>	\$		830.6		
Duo	2. Fili	ng Fee (S	See the in	structio	ons for	more i	informati	on on	filing f	ee calc	ulations	s)	· · · · <u>-</u>	\$		20.0	00	
	3. TO	TALAM	OUNT DU	JE FOR		ουντι	ING PER	≀IOD.	Add I	ines 2	and 3 .				ę	5		850.66

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 33224
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 .	29 61
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name Kenneth J. Kohrs Telephone 845-44	43-2762
	Address Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the 	
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	Cable System
	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: 8/22/2018	

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 telephol 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 fling, a determination that would be made by a court of lav

PSCAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS To determining the total number of subscribers and the gross amounts paid to the cable system for the basis scribers and amounts collected from subscribers receiving secondary transmissions pluraunt to section 119. To mere information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the pager SA1-2 form. The stem te total here and list the satellite carrier(s) below TSE. Strier the total here and list the satellite carrier(s) below TSE. Strier the total here and list the satellite carrier(s) below TSE. Strier the total here and list the satellite carrier(s) below TSE. Strier the total here and list the satellite carrier(s) below TSE. Strier the total here and list the satellite carrier(s) below TSE. Strier the total here and list the satellite carrier(s) below TSE. Strier the total here and list the satellite carrier(s) below TSE. Strier the total here and list the satellite carrier(s) below TSE. Strier the total here and list the satellite carrier(s) below TSE. Strier the total here and list the satellite carrier(s) below TSE. Address TSE.	SYSTEM	
		IAME OF OWNER OF CABLE SYSTEM:
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: The determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. ¹ 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 VES. Enter the total here and list the satellite carrier(s) below. INTEREST ASSESSMENT You must complete this worksheet for those royally 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. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rate* and enter the sum here . Line 2 Multiply line 1 by the interest rate* and enter the sum here . Line 4 Multiply line 2 by the number of days late and enter the sum here . Line 4 Multiply line 2 by the number of days late and enter the sum here . 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 . * Concerning * Concerning * Concerning * Concerning * Concerning * To view the interest rate chart click on www.copyright.govilicensing/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 owners, first community served. ID number, and accounting period as gi	332	
Name Mailing Address 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. Interest Ass Line 1 Enter the amount of late payment or underpayment	1(d)(1)(A), of the Copyright Act by adding the fol- P amounts paid to the cable system for the basic Special Statemer condary transmissions pursuant to section 119." Special Statemer te on page (vii) of the general instructions Receipts Exclusion unts of gross receipts for secondary transmissions P	 be Satellite Home Viewer Act of 1988 amended Title 17, sections wing sentence: "In determining the total number of subscribers and the g service of providing secondary transmissions of primary to scribers and amounts collected from subscribers receiving or more information on when to exclude these amounts, see the cated in the paper SA1-2 form. uring the accounting period, did the cable system exclude any cade by satellite carriers to satellite dish owners? NO
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. Interest Asse Line 1 Enter the amount of late payment or underpayment	······	YES. Enter the total here and list the satellite carrier(s) below
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x 0.00274 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	xdays	
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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		ne 4 Multiply line 3 by 0.00274** and enter here
 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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. 	3 line 6	
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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 th 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.