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

A	ACCC	DUNTING 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			
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.	5077
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Georgia, LLC (Eastman, GA)	
		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(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.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MCC Georgia, LLC (Eastman, GA)	5077
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	l communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
4.000	Note: Entities and properties such as hotels, apartments, condominiums, or mob	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Eastman	GA
Community	Dodge	GA
	MCRAE	GA
Rows as Necessary	HELENA	GA
	TELFAIR	GA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	MCC Georgia, LLC (Eas								507
	SECONDARY TRANSMISSION				TEO				
E	In General: The information in s			-	-	v transmission s	service of t	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F,	not here. All the	facts you	state must be t			
Transmission	last day of the accounting period						ala avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicate	d-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc	. (Example: "\$2	20/mth"). Summarize a	ny standa	rd rate variation	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servio	e that cable	
	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					i in the count un	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fi	om those	
	printed in block 1 (for example, t	iers of services	that in	clude one or mo	ore secon	dary transmissio	ons), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOC	< 2	
		NO. OF		DATE	CAT			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Service to first set		1.366	29.95-49.49					
	Service to additional set(s)		1,000	23.33-43.43					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	29.95-49.49					
	Converter		Ŭ	20.00 -00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	6				
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	•			•		0.,		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	Pay cable	PP	• Mc	otel, hotel			Family	Cable	76.4
	 Pay cable—add'l channel 	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	 Burglar protection 		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fin	e protection					
	First set	99.99	• Bu	rglar protection					
		15.00-29.00	Other	services:					
	 Additional set(s) 						ſ		
	Additional set(s)FM radio (if separate rate)		•Re	connect		29.00			
		10.50		connect sconnect		29.00			
	• FM radio (if separate rate)		• Dis			29.00 15.00-29.00			

				FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 5077
	MCC Georgia, LLC (Ea	· · · · · · · · · · · · · · · · · · ·		
G Primary insmitters: elevision	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 information 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 ter Column 4: Give the location	n during the accounting period, <i>except</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 of 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 carrien 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 RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	translator stations and low power tele translator stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program Li- 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 ful- (for network multicast), "I" (for independent stations in the paper SA1-2 form. t the community to which the station is the community with which the stati	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WABW PBS	14	E	Pelham, GA
	WALB/WALB(HD) NBC	10	N	Albany, GA
	WALB-DT3 Bounce	10.3	Ν	
ows as Necessary	WALD-DIS BOUICE			Albany, GA
ws as Necessary	WGNM/WGNM(HD) CTN	45	I	Albany, GA Macon, GA
ws as Necessary				
s as Necessary	WGNM/WGNM(HD) CTN	45	I	Macon, GA
rs as Necessary	WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX	45 16	1	Macon, GA Macon, GA
vs as Necessary	WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD)	45 16 16.1	I I N	Macon, GA Macon, GA Macon, GA
vs as Necessary	WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC)	45 16 16.1 16.2	I I N N	Macon, GA Macon, GA Macon, GA Macon, GA
ws as Necessary	WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT3 COMET	45 16 16.1 16.2 16.3	I I N N N	Macon, GA Macon, GA Macon, GA Macon, GA
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EGAL NAME OF								SYSTEM II
	, <u> </u>							
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried b monitoring, to prmation about rm. dentify the call tate whether the radio stat this by placing	y the sys be recei it the Cc I sign of e the static ion's sign g a check	I-Band FM Carriage: Under of them 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 th	It the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Car	adian stations	s, if any,	the community with which the	e station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+							
							I	

Accounting Perio	od: 2018/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	MCC Georgia, LLC (Ea	stman, G	A)					5077
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	fy every noi	nnetwork televis	<i>sion program,</i> broadcast by	a distant stat	ion, that your ca	ible syster	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or author	rizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	•	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete the	e progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their me	eaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	program") that	t, during the ac	countina	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of and	other stat	
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further inf	formation	l.
	Do not use general categori "NBA Basketball: 76ers vs.		vies of daske	toall. List specific program	i titles, for exa	ample, i Love I	Lucy or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra			C an in	
	the case of Mexican or Can			e community to which the community with which the			C or, in	
	Column 5: Give the mon	th and day		tem carried the substitute			the mon	th
	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."	Example: c	i program oann		o p.m. to 0.2	0.00 p.m. 0100		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulations		
	s	UBSTITUT	E PROGRAM	1		N SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	ES TO	DELETION
		163 01 110	CALL SIGN				10	
						_		
						_		
						_		

Accounting Period:	2018/1			FORM S	6. A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Eastman, GA)			ę	SYSTEM ID# 5077
	NCC Geolgia, LLC (Lastinali, GA)				5077
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the so (as identified in space E) during the accounting period. For a further explanatio 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	ystem's s	econdary trans to compute this	mission servi s amount, see \$ 30	ce
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 I • Use block 3 if the amount of gross receipts in space K is more than \$263,800 I See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th nformatio	nan \$527,600 n.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00				I
	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				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES		ore 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 a	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	\$	300,707.57		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		36,907.57		
	4. Multiply line 3 by .01			369.08	
	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, 1	5, and 6 .	••••••	\$	1,688.08
	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)	· · · · · · · · · ·	\$	1,688.08	
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			\$	1,708.08
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name		FOWNER OF CABLE SYSTEM: a, LLC (Eastman, GA)				SYSTEM ID# 5077
M Channels	to its subscribe	ers, and (2) the cable system's	total number of ch the cable	which the cable system carried to	ccounting period.	20
	on which the	al number of activated channel cable system carried television dcast services	n broadcast stati	ons		67
N Individual to Be Contacted		OBE CONTACTED IF FURTH t about this statement of accou		FION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 84	15-443-2762
	Address	One Mediacom Way (Number, street, rural route, apar	rtment, or suite num	ber)		
		Mediacom Park, NY (City, town, state, zip)	10918			
	Email	Copyrights@m	nediacomcc.com	n	Fax (optional)	
0	CERTIFICATIO	N (This statement of account m	nust be certified	and signed in accordance with C	Copyright Office regulations)	
Certification	• I, the undersig	ned, hereby certify that (Check o	one, but only one	of the boxes.)		
	(Own	ner other than corporation or p	partnership) I an	the owner of the cable system as	s identified in line 1 of space B; or	
		ent of owner other than corpora n line 1 of space B and that the o			ent of the owner of the cable system	m as identified
		icer or partner) I am an officer (n line 1 of space B.	(if a corporation)	or a partner (if a partnership) of th	e legal entity identified as owner o	of the cable system
	are true, comple			nder penalty of law that all staten rmation, and belief, and are made		
			X /s/	Kenneth J. Kohrs		
				onic signature on the line above to using an "/s/ signature" (e.g., /s/		
		Typed or printed	ed name: Ke	nneth J. Kohrs		
		Title: (Title of		dent, Financial Reportin	Ig	
		Date:			8/21/2018	

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 telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lave

Inting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
CGeorgia, LLC (Eastman, GA)	507
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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
	<u>u</u>
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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