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	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING 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.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Georgia, LLC (Hazlehurst, GA)	
		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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the s 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:	
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D	MCC Georgia, LLC (Hazlehurst, GA) Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	communities within unincorporated areas and including single,
Area	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Hazlehurst	GA
Community	Jeff Davis County Lumber City	GA GA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MCC Georgia, LLC (Haz	lehurst, GA)						507
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	IBERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of the	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						olo evetom	brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of seco	ondarv transmis	sion servic	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 o					I in the count un	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fr	rom those	
	printed in block 1 (for example, the								
	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.							()	
	BLC	OCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		904	29.95-49.49					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		2	29.95-49.49					
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC		NSMIS		2			•	
-	In General: Space F calls for rat					I your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, the								
. .	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usualiy	Dilleu. Il ally la	les ale ch	largeu on a vana	able hei-hi	ografii basis,	
Transmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ch of the a	applicable servio	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	ption and includ	ie the ra	ate for each.			<u>, , </u>		
		BLO			105	DATE	OATEO	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	PP		otel, hotel	uentiai		Family	Cable	76.4
	Pay cable—add'l channel	PP		mmercial			i anny	Capic	70.4
	• Fire protection	FF		y cable					
	•				onnol				
	•Burglar protection Installation: Residential			y cable-add'l ch e protection	ame				
		00.00		•					
	• First set	99.99		rglar protection					
	Additional set(s)	15.00-29.00		services:		00.00			
	• FM radio (if separate rate)	40.50		connect		29.00			
	Converter	10.50	• Dis	sconnect					
			-						
				tlet relocation		15.00-29.00			

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			#SYSTEM ID 5078
	MCC Georgia, LLC (Ha			
G Primary nsmitters: elevision	In General: In space G, ider 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 rul	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th 9(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: a in space G—but do list it in space I (th	t (1) stations carried only on a part-tine carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat (arried by your cable system on a sub	me basis under ms [sections ions carried on a stitute program
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF	Ilso in space I, if the station was carried n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p with a station according to its over-the he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t	ons. N, etc. Identify each rt multistream he air in its community
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. If the community to which the station i he community with which the station	ndent), "I-M" onal multicast). s licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WABW PBS		E	Pelham, GA
	WALB NBC	10	N	Albany, GA
ows as Necessary	WALB-DT3 Bounce TV	10.3	Ν	Albany, GA
	WGNM/WGNM(HD) CTN	45	1	MACON, GA
	WJCL/WJCL(HD) ABC	22	Ν	Savannah, GA
	WSAV DT2 CW	39.2	I	Savannah, GA
	WSAV DT3 MyNet	39.3	I	Savanash CA
	······			Savannah, GA
	WSAV/WSAV(HD) NBC	39	N	Savannah, GA Savannah, GA
	WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX	39 28	N	
			N 1 1	Savannah, GA
	WTGS/WTGS(HD) FOX	28	I	Savannah, GA hardeeville, SC
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET	28 28.2	 	Savannah, GA hardeeville, SC hardeeville, SC
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV	28 28.2 28.3	 	Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD	28 28.2 28.3 28.4		Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC hardeeville, SC
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS	28 28.2 28.3 28.4 11	I I I I N	Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC hardeeville, SC Savannah, GA
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV	28 28.2 28.3 28.4 11 11.3	I I I N N	Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC hardeeville, SC Savannah, GA Savannah, GA
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV WXGA(HD) PBS	28 28.2 28.3 28.4 11 11.3 8	I I I I N N N E	Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC hardeeville, SC Savannah, GA Savannah, GA Waycross, GA Baxley, GA
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV WXGA(HD) PBS WGSA/WGSA(HD) IND WGSA-DT2 Justice Network	28 28.2 28.3 28.4 11 11.3 8 35 35.2	I I I I N N N E I I I	Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC hardeeville, SC Savannah, GA Savannah, GA Waycross, GA Baxley, GA
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV WXGA(HD) PBS WGSA/WGSA(HD) IND WGSA-DT2 Justice Network WGSA-DT3 THIS TV	28 28.2 28.3 28.4 11 11.3 8 35 35.2 35.3	I I I I I I I I I I I I I I I I I I I	Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC hardeeville, SC Savannah, GA Savannah, GA Waycross, GA Baxley, GA Baxley, GA
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV WXGA(HD) PBS WGSA/WGSA(HD) IND WGSA-DT2 Justice Network	28 28.2 28.3 28.4 11 11.3 8 35 35.2	I I I I N N N E I I I	Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC hardeeville, SC Savannah, GA Savannah, GA Waycross, GA Baxley, GA
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV WXGA(HD) PBS WGSA/WGSA(HD) IND WGSA-DT2 Justice Network WGSA-DT3 THIS TV	28 28.2 28.3 28.4 11 11.3 8 35 35.2 35.3	I I I I I I I I I I I I I I I I I I I	Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC hardeeville, SC Savannah, GA Savannah, GA Waycross, GA Baxley, GA Baxley, GA
	WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV WXGA(HD) PBS WGSA/WGSA(HD) IND WGSA-DT2 Justice Network WGSA-DT3 THIS TV	28 28.2 28.3 28.4 11 11.3 8 35 35.2 35.3	I I I I I I I I I I I I I I I I I I I	Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC hardeeville, SC Savannah, GA Savannah, GA Waycross, GA Baxley, GA Baxley, GA

								SYSTEM I
MCC Georgi	a, LLC (Ha	zienurs	st, GA)					50
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under (item whenever it is received a ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-	-	1		S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MCC Georgia, LLC (Ha	zlehurst,	GA)					5078
	SUBSTITUTE CARRIAGI				3			
1	In General: In space I, identi				-	ion that your or	able eveter	m corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN					<u></u>		
Special	During the accounting per					twork tolovision	a program	
Statement and	•	•	r cable system	carry, on a substitute basi	s, any nonne		· · ·	
Program Log	broadcast by a distant star	tion?					YES	X NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete th	e progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their m	eaning is	
	clear. If you need more spa							
				sion program ("substitute				ion
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori	ies like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Love	Lucv" or	
	"NBA Basketball: 76ers vs.				,		,	
				"Yes." Otherwise enter "N				
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			C or, in	
				tem carried the substitute			n the mon	th
	first. Example: for May 7 giv		inion your eye		orogram. eee	numerale, ma		
			substitute pro	gram was carried by your o	cable system.	List the times	accuratel	у
	to the nearest five minutes.	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shou	ld be	
	stated as "6:00–6:30 p.m."							al
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.		,	•		0		
						N SUBSTITU		
	S		E PROGRAN			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 —	±S TO	5222.000
						_		
						_		
1								

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	SYSTEM ID#
	MCC Georgia, LLC (Hazlehurst, GA)			5078
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 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 receipting	em's secondary f f how to comput	transmission servi e this amount, see \$ 18	се
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more infor 	less than \$527,6		
	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 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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b 1. Base amount under statutory formula \$			
	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	<u>\$</u>	186,014.33	
	5. Enter the amount from line 3	<u>\$</u>	77,785.67	
	6. Subtract line 5 from line 4	\$	108,228.66	
	7. Multiply line 6 by .005 (enter figure here)		\$	541.14
	8. Interest charge. Enter the amount from line 4, space Q, page 8		· · · · · <u> </u>	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and	8	\$	541.14
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than	\$527,600)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula			
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			
	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, a	nd 6	····· <u> </u>	
	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)	\$	541.14	
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		\$	561.14
	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			ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Hazlehurst, GA)	SYSTEM ID# 5078
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	24
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	67
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	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)	
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 B; X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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 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 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)] X /s/ Kenneth J. Kohrs 	stem as identified
	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: 8/21/2018	

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ounting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Georgia, LLC (Hazlehurst, 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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 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? 	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 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	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 in 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 	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
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