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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	
		727	74
		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	
		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)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles	ss these
С		es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System		IDENTIFICATION OF CABLE SYSTEM:	
-	1	MEDIACOM CALFORNIA LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
		8 TOBIAS ROAD BIN C	
	2	(Number, street, rural route, apartment, or suite number)	
		KERNVILLE, CA 93238	
		(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 fing, a determination that would be made by a court of law.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM CALIFORNIA LLC	7274
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future for Note: Entities and properties such as hotels, apartments, condominiums, or	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	KERN COUNTY	CA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	-2E. PAGE
Name								515	727
	MEDIACOM CALIFORNI	A LLC							121
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	IBERS AND R	ATES				
E	In General: The information in s								
<b>.</b> .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existir	ig on the	
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ole system,	broken	
scribers and	down by categories of secondary	y transmission	service	. In general, yo	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		,			o			
	BLO	DCK 1		1			BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		1,238	29.95-45.49					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		3	29.95-45.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		9				
-	In General: Space F calls for rat					ll your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, t								
Comisso	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		.g.a 200.0,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	77.4
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Co	mmercial					
	<ul> <li>Fire protection</li> </ul>		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l ch	nannel				
	Installation: Residential			e protection					
	First set	99.99		rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00		services:					
	<ul> <li>FM radio (if separate rate)</li> </ul>			connect		29.00			
	Converter	10.50		sconnect					
	• Converter	10.50		sconnect tlet relocation		15.00-29.00			

	LEON NAME OF OWNER OF			EVETEM ID
Name	LEGAL NAME OF OWNER OF MEDIACOM CALIFOR			SYSTEM ID: 7274
G Primary Issmitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	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	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepu- pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBAK/KBAK (HD) CBS	33	N	BAKERSFIELD, CA
	KBAK-DT3 Grit	33.3	N	BAKERSFIELD, CA
Rows as Necessary		29	I	
	KBFX/KBFX (HD) FOX		-	BAKERSFIELD, LA
ws as Necessary	KBFX-DT2 TBD	29.2	1	BAKERSFIELD, LA BAKERSFIELD, LA
vs as Necessary			I	
vs as Necessary	KBFX-DT2 TBD	29.2	i i N	BAKERSFIELD, LA
vs as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND	29.2 9	           	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC	29.2 9 10		BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv	29.2 9 10 10.2 10.3	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv	29.2 9 10 10.2 10.3	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
ws as Necessary	KBFX-DT2 TBD KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Axteca America KERO-DT3 MeTv KGET NBC	29.2 9 10 10.2 10.3 25	N N	BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA

EGAL NAME OF								SYSTEM II 72
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Identify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under d tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s he 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 general i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		S. LE OION		5.5		
		+						

Accounting Perio	od: 2018/1					FOF	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM CALIFORI	NIA LLC					7274
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, identi	fy every not	nnetwork televis	ion program, broadcast by	a distant stat	ion, that your cable syst	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television program	
Program Log	broadcast by a distant sta	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 progra	ım
	log in block 2.						
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their meaning i	S
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	orogram") tha	t during the accounting	a
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another sta	ation
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further informatio	n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	tball. List specific program	1 titles, for exa	ample, "I Love Lucy or	
			lcast live, ente	r "Yes." Otherwise enter "N	<b>l</b> o."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			
				tem carried the substitute			nth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your of a system from 6:01:			ely
	stated as "6:00–6:30 p.m."		program carri		10 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.		our system wa	s permitted to delete unde			
							-
	9	IIRSTITII	E PROGRAM	1		IN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
					·		
						_	
						_	
1	1		I		1		

Accounting Period:	2018/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM CALIFORNIA LLC			5	8YSTEM ID# 7274
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipting the second service of the second second service of the second second service of the second service of the second second service of the second service of the second second second service of the second second second service of the second secon	rstem's se n of how f	econdary trans to compute this	mission servi s amount, see \$ 25	of
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period				
					<u> </u>
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS 1. Base amount under statutory formula		re than \$137," 263,800.00	100)	
	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			54,832.46	
	5. Enter the amount from line 3	-			
	6. Subtract line 5 from line 4	-			
	7. Multiply line 6 by .005 (enter figure here)	_			1,229.32
	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 an	nd 8		\$	1,229.32
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	ess than \$527	,600)	
	1. 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	<u>.</u>			
	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, 5,	, and 6			
	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)	· · · · · · · - <u>-</u>	\$	1,229.32	
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			\$	1,249.32
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 f		-		ghts!

Accounting Period	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM CALIFORNIA LLC	SYSTEM ID# 7274
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	14
	on which the cable system carried television broadcast stations and nonbroadcast services	61
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (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 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)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
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; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system	
	<ul> <li>(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.</li> </ul>	
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	X       /s/ Kenneth J. Kohrs         Enter an electronic signature on the line above to certify this statement.         Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 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 fing, a determination that would be made by a court of lave

	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
IACOM CALIFORNIA LLC	727
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.	P Special Statement Concerning Gross 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 Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 3 Multiply line 2 by the number of days late and enter the sum here x days 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 \$	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         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       \$         -       (interest charge)         * 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.	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -       -       -       -       x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       -       x 0.00274       -       -       x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       - <td></td>	

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