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

Return completed workbook

| STATEMENT | OF ACCOUNT | FOR COPYRIGH | IT OFFICE USE ONLY | by email to: |
|-----------|--|---------------------------|-----------------------------------|---|
| | ransmissions by (Short Form) s are located | DATE RECEIVED 3/1/2019 | AMOUNT \$ ALLOCATION NUMBER | coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150 |
| A ACC | COUNTING PERIOD COVERED | D BY THIS STATEMENT: (YY | _ YY/(Period)) | 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. | 27497 |
| | | | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | MEDIACOM INDIANA 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 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: | |
| | | MEDIACOM INDIANA LLC | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) | |
| | - | (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 | |
| | | (City, town, state, zip code) | |
| | | | |
| | | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
|---------------------|--|---|
| Name | | |
| | | 274 |
| D | Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated control discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. | ommunities within unincorporated areas and including single |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mobile | home parks should be reported in parentheses below the |
| Served | identified city. | |
| _ | CITY OR TOWN | STATE |
| First | Knox | IN IN |
| Community | | |
| | FRANCESVILLE | IN |
| d Rows as Necessary | LAKEVILLE | IN |
| | MARSHALL | IN |
| | North Judson | IN |
| | San Pierre | IN |
| | Walkerton | IN |
| | Lapaz | IN |
| | St. Joseph | IN |
| | N. Liberty | IN |
| | Grovertown | IN |
| | Koontz Lake | IN |
| | Starke County | IN |
| | Medaryville | IN |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | | | | | | FORM SA1 | TEM ID |
|----------------------------|--|-------------------|-----------|-------------------|------------|-------------------|---------------|----------------|--------|
| Name | LEGAL NAME OF OWNER OF C/ MEDIACOM INDIANA LL | | | | | | | 313 | 2749 |
| | | .0 | | | | | | | |
| Е | SECONDARY TRANSMISSION | | | | | | | | |
| | In General: The information in s system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | (June 30 or D | ecembe | er 31, as the cas | se may be | e). | | - | |
| Service: Sub- | Number of Subscribers: Both | | | | | | | | |
| scribers and Rates | down by categories of secondary each category by counting the n | | | | | | | | |
| Nates | separately for the particular serv | | | | | | | chargeu | |
| | Rate: Give the standard rate c | harged for eac | h categ | ory of service. I | nclude bo | th the amount o | f the charge | | |
| | unit in which it is generally billed | | | | ny standai | rd rate variation | s within a p | articular rate | |
| | category, but do not include disc Block 1: In the left-hand block | | | | es of sec | ondary transmis | sion service | e that cable | |
| | systems most commonly provide | | | | | | | | |
| | that applies to your system. Note | : Where an inc | dividual | or organization | is receivi | ng service that f | alls under o | different | |
| | categories, that person or entity | | | | | | | | |
| | subscriber who pays extra for ca first set" and would be counted of | | | | | i in the count un | der Servic | e to the | |
| | Block 2: If your cable system I | | | | | service that are | different fro | om those | |
| | printed in block 1 (for example, t | | | | | | | | |
| | with the number of subscribers a | nd rates, in the | e right-h | and block. A tw | o- or thre | e-word descripti | on of the se | ervice is | |
| | sufficient. | DCK 1 | | | | | BLOCK | 2 | |
| | | NO. OF | | | | | | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RATI |
| | • Service to first set | | 2,293 | 2 00 76 40 | | | | | |
| | Service to first set Service to additional set(s) | | 2,293 | 2.00-76.49 | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 2 | 2.00-76.49 | | | | | |
| | Converter | | - | 2.00-70.45 | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATES | 6 | | | | |
| F | In General: Space F calls for rat | | | | | | | | |
| • | not covered in space E, that is, the service for a single fee. There are | | | | | , | , | | |
| Services | furnished at cost or (2) services | | | | | | | | |
| Other Than | amount of the charge and the un | it in which it is | | | | | | | |
| Secondary ransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat | | an cabl | o system for oa | ch of tho | applicable sonviv | oc listod | | |
| Rates | Block 2: List any services that | | | | | | | were not | |
| | listed in block 1 and for which a s | | | | | | | | |
| | brief (two- or three-word) descrip | tion and includ | e the ra | ate for each. | | | | | |
| | | BLO | CK 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | CATE | GORY OF SERV | /ICE | RATE | CATEGO | DRY OF SERVICE | RATE |
| | Continuing Services: | | Install | ation: Non-resi | dential | | | | |
| | Pay cable | PP | | tel, hotel | | | Family | Cable | 78.4 |
| | Pay cable—add'l channel | PP | | mmercial | | | | | |
| | Fire protection | | | y cable | | | | | |
| | •Burglar protection | | | y cable-add'l ch | annel | | | | |
| | Installation: Residential | 00.00 | | e protection | | | | | |
| | First set | 99.99 | | rglar protection | | | | | |
| | Additional set(s) | 15.00-29.00 | | services: | | 20.00 | | | |
| | FM radio (if separate rate) | 40.50 | | connect | | 29.00 | | | |
| | Converter | 10.50 | | connect | | 45 00 00 00 | | | |
| | | | | | | | | | |
| | | | | tlet relocation | | 15.00-29.00 | | | |

| unting Period: 2 | 2018/2 | | | FORM SA1-2E. PAGE 3. |
|--|--|---|--|---|
| Name | | | | #SYSTEM ID 27497 |
| | MEDIACOM INDIANA | | | £1751 |
| G Primary ransmitters: Television | In General: In space G, idea 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 • 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 th Column 2: Give the channer of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location | ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.1 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 (a substitute basis. Iso in space I, if the station was carrien in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the 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 instra of each station. For U.S. stations, lis | translator stations and low power tele of (1) stations carried only on a part-tir he carriage of certain network prograr S1(e)(2) and (4))]; and (2) certain static carried by your cable system on a substitute by your cable system on a substitute basis and also the Special Statement and Program Lu- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a n (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is | ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne 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 |
| | WBND/WBND(HD) ABC | 49 | N | SOUTH BEND, IN |
| | WBND-DT2 MeTV | 49.2 | N | SOUTH BEND, IN |
| ws as Necessary | WBND-DT3 Movies | 49.3 | N | SOUTH BEND, IN |
| | WCWW/WCWW (HD) (CW) | 27 | I | SOUTH BEND, IN |
| | WCWW-DT2 ThisTV | 27.2 | 1 | SOUTH BEND, IN |
| | WFLD (FOX) | 31 | I | CHICAGO, IL |
| | WHME (IND 46) | 48 | I | South Bend, IN |
| | WMYS/WMYS (HD)MyNet | 39 | I | SOUTH BEND, IN |
| | WMYS-DT2 Telemundo | 39.2 | I | SOUTH BEND, IN |
| | WMYS-DT3 Decades | 39.3 | I | SOUTH BEND, IN |
| | WNDU/WNDU(HD) NBC | 42 | N | South Bend, IN |
| | WNDU-DT2 Antenna | 42.2 | N | South Bend, IN |
| | WNIT/WNIT(HD) PBS | 35 | E | South Bend, IN |
| | WNIT-DT2 InFocus | 35.2 | E | South Bend, IN |
| | WNIT-DT3 PBS Kids | 35.3 | Е | South Bend, IN |
| | WSBT/WSBT (HD) CBS | 22 | N | South Bend, IN |
| | WSBT-DT2/WSBT-DT2 FOX (I | 22.2 | I | South Bend, IN |
| | WSJV/WSJV(HD) FOX | 28 | I | South Bend, IN |
| | WSJV/WSJV (HD) Heroes&Ice | 28.2 | I | South Bend, IN |
| | WYIN (PBS) | 17 | E | GARY, IN |
| | | | | |
| | | | | |
| | | | | |

| EGAL NAME O | | | I U I LIVI. | | | | | SYSTEM I 274 |
|---|--|---|--|--|---|--|---|----------------------------------|
| | t every radio s | station ca | arried on a separate and disc nerally receivable by your ca | | | | | н |
| eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: Co | it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station | y the sys be recein at the Co I sign of the static tion's sig g a check n's locati | I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces 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 ant this point, see pa sed by the cable he station is licen | eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC | 2) it can ertain st leneral i eparate | be expected, tated 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 | |
| | | 0,0 | | UNLL UIGN | | 5,0 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | + | 1 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Accounting Perio | od: 2018/2 | | | | | FC | RM SA1-2E. PAGE 5. |
|------------------------------|---|-----------------------|---------------------------|------------------------------|---------------------|----------------------------|--------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | SYSTEM ID# |
| Name | MEDIACOM INDIANA I | LC | | | | | 27497 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | NT AND PROGRAM LO | G | | |
| I I | In General: In space I, identi | | - | | - | ion that your cable sys | tem carried on a |
| • | substitute basis during the a | | | | | | |
| Substitute | explanation of the programm | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBST | TITUTE CARRIAGE | | | |
| Special | During the accounting per | iod, did you | r cable system | carry, on a substitute bas | s, any nonne | twork television progra | am |
| Statement and Program Log | broadcast by a distant star | tion? | | | | YES | × NO |
| Program Log | Notes If your energy is "No? | | waat of this was | a blank. Kurun anauran ia | ·// | - | |
| | Note: If your answer is "No' | , leave the | rest of this pag | e blank. If your answer is | rres, you mu | ist complete the progr | am |
| | log in block 2. | | MC | | | | |
| | 2. LOG OF SUBSTITUTE In General: List each subst | | | te line. Use abbreviations | wherever nos | sible if their meaning | is |
| | clear. If you need more spa | | | | | obic, in their meaning | |
| | Column 1: Give the title | of every no | nnetwork televi | sion program ("substitute | | | |
| | period, was broadcast by a | | | | | | |
| | under certain FCC rules, re Do not use general categor | | | | | | |
| | "NBA Basketball: 76ers vs. | | | toall. List speelile program | | | |
| | | | dcast live, ente | "Yes." Otherwise enter "N | lo." | | |
| | | | | sting the substitute progra | | | _ |
| | the case of Mexican or Can | | | e community to which the | | | 1 |
| | | | | tem carried the substitute | | | onth |
| | first. Example: for May 7 giv | | , , | | Ū | | |
| | | | | gram was carried by your | | | tely |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example: a | i program carrie | ed by a system from 6:01: | 15 p.m. to 6:2 | 8:30 p.m. should be | |
| | | er "R" if the | listed program | was substituted for progra | imming that y | our system was requi | red |
| | to delete under FCC rules a | ind regulation | ons in effect du | ring the accounting period | ; enter the let | ter "P" if the listed prog | |
| | was substituted for program | | our system wa | s permitted to delete unde | r FCC rules a | nd regulations in | |
| | effect on October 19, 1976. | | | | | | |
| | | | | | WHE | N SUBSTITUTE | |
| | S | UBSTITUT | E PROGRAM | | | AGE OCCURRED | 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. TIMES FROM — TO | DELETION |
| | | 100 01 110 | ONEE OIGH | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| 1 | | | | | | | |

| Accounting Period: | 2018/2 | | FORM SA1-2E. PAGE 6 |
|-------------------------------|--|--|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID |
| | MEDIACOM INDIANA LLC | | 27497 |
| 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 sys (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 receipts | tem's secondary tra of how to compute | nsmission service |
| L 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 info | t less than \$527,600 | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,10 | 0 OR LESS | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 | e that you must pay t | or this six-month |
| | Line 1. Royalty fee for accounting period | | |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines | 1 and 2 | ···· |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS | ` | 7,100) |
| | 1. Base amount under statutory formula | 263,800.0 | 0 |
| | 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 | · · · · · · · · <u> </u> | |
| | 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 and | d 8 8 d | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80 | 00 (but less than \$5 | 27,600) |
| | 1. Enter the amount of gross receipts from space K | 502,120.8 | 7 |
| | 2. Base amount under statutory formula | 263,800.0 | 0 |
| | 3. Subtract line 2 from line 1 | 238,320.8 | 7 |
| | 4. Multiply line 3 by .01 | \$ | 2,383.21 |
| | 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 | \$ 3,702.21 |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| Filing Fee and | | ۴ | 2 702 24 |
| Total Remittance Due | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | | |
| | 2. Filing Fee (See the instructions for more information on filing fee calculations) | <u></u> | 20.00 |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | | \$ 3,722.21 |
| | Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 for | | |

| Accounting Period: | 2018/2 | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC | SYSTEM ID 27497 |
| 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 broadcast stations on which the cable system carried television broadcast stations . and nonbroadcast services . | 29 63 |
| 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 8 | 45-443-2762 |
| | 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; o (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste 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)] | em as identified |
| | Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership) Date: | |

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 law

| unting Period: 2018/2 | FORM SA1-2E. PAG |
|--|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| DIACOM INDIANA LLC | 274 |
| 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not indescribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmade by satellite carriers to satellite dish owners? NO | basic clude sub- n 119." |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Mailing Address | |
| | |
| INTEREST ASSESSMENT | |
| Very more the example to the example to the set for the set we will be example to the set of the set we are the set of th | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or under | |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- | 2 form. |
| | |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- | 2 form. |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- | 2 form. |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Q Interest Assessment |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Q Interest Assessment - days - |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Q Interest Assessment - days - |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Q Interest Assessment - days - |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Q Interest Assessment - days - 274 - |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Interest Assessment days - 274 - charge) |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Interest Assessment days - 274 - charge) |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Interest Assessment days 274 charge) ce please |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Interest Assessment days - days - 274 - charge) ce please |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Interest Assessment days - days - 274 - charge) ce please |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Interest Assessment days - days - 274 - charge) ce please |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Interest Assessment days - days - 274 - charge) ce please |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Interest Assessment days - days - 274 - charge) ce please |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment | 2 form. Interest Assessment days - days - 274 - charge) ce please |

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.