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	IT OFFICE USE ONLY	Return completed workbool 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	3/1/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Barcode Data Filing Period (optional - see instructions)	
Accounting Period	
Instructions:	
B 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.	
28446	
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 MINNESOTA 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)	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the names 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:	
MEDIACOM MINNESOTA LLC	
MAILING ADDRESS OF CABLE SYSTEM:	
2 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)	
Waseca, MN 56093	
(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.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name		28446
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 ho identified city.	ry" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Served		
	CITY OR TOWN	STATE
First	Grand Marais	MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID	
Name								313	2844	
Е	SECONDARY TRANSMISSION			-	-					
E	In General: The information in s									
Secondary		ansmission of television and radio broadcasts by your system to subscribers. Give information cluding pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	last day of the accounting period							ig on the		
Service: Sub-	Number of Subscribers: Both	•								
scribers and Rates	down by categories of secondar each category by counting the n									
Rales	separately for the particular serv							chargeu		
	Rate: Give the standard rate c	harged for eac	h categ	ory of service.	Include bo	th the amount o	f the charge			
	unit in which it is generally billed				iny standai	rd rate variation	s within a p	articular rate		
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmis	sion service	e that cable		
	systems most commonly provide									
	that applies to your system. Note	e: Where an inc	dividual	or organization	n 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					service that are	different fro	om those		
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in the	e right-h	nand block. A tv	vo- or thre	e-word descripti	on of the se	ervice is		
		DCK 1					BLOCK	2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:			20.05 45 54						
	 Service to first set Service to additional set(s) 		44	29.95-45.54						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	29.95-45.54						
	Converter		Ŭ	20100 1010 1						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
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									
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	arged on a varia	able per-pro	ogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ha cahl	e system for ea	ch of the	applicable servir	oe lietod			
Rates	Block 2: List any services that							were not		
	listed in block 1 and for which a	separate charg	e was i	made or establi						
	brief (two- or three-word) descrip	otion and includ	le the r	ate for each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE	
			Install	ation: Non-res	sidential		F	0.11		
	Continuing Services:								70.0	
	• Pay cable	PP		otel, hotel			Ганну	Cable	73.9	
	Pay cable Pay cable—add'l channel	PP PP	۰Co	mmercial			Failing		73.9	
	 Pay cable Pay cable—add'l channel Fire protection 		•Co •Pa	mmercial y cable	annal		Failing		73.9	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		•Co •Pa •Pa	mmercial y cable y cable-add'l ch	nannel				73.9	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	PP	• Co • Pa • Pa • Fir	mmercial y cable y cable-add'l ch e protection					73.9	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	PP 99.99	•Co •Pa •Pa •Fir •Bu	mmercial y cable y cable-add'l ch e protection rglar protection					73.9	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP	• Co • Pa • Pa • Fir • Bu Other	mmercial y cable y cable-add'l ch e protection rglar protection services:		20.00			73.9	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.99 15.00-29.00	• Co • Pa • Pa • Fir • Bu Other • Re	mmercial y cable y cable-add'l ch e protection rglar protection services: connect		29.00			73.9	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP 99.99	• Co • Pa • Fir • Bu Other • Re • Dis	mmercial y cable y cable-add'l ch e protection rglar protection services:		29.00			73.5	

unting Period: 2	-			FORM SA1-2E. PAGE
Name				SYSTEM ID 2844
	MEDIACOM MINNESC			2017
G Primary ransmitters: Television	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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the 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 te Column 4: Give the location	n during the accounting period, except n effect on June 24, 1981, permitting 1)(2) and (4), or 76.63 (referring to 76. sexplained 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. Ilso 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-the he form. I number the FCC assigned to the tel 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	g translator stations and low power tel of (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also c, see page (v) of the general instruction program services such as HBO, ESP te-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent stations in the paper SA1-2 form. the community to which the station in the community with which the station	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial andent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBJR/KBJR HD (NBC)	19	N	Duluth, MN
	KBJR-DT2/KBJR-DT2 HD (CB		Ν	Duluth, MN
vs as Necessary	KBJR-DT3 (MyNet)	19.3	Ν	Duluth, MN
	KDLH (CW)	33	I	Duluth, MN
	KQSD/KQSD HD (FOX)	17	I	Duluth, MN
	KQSD-DT2 Antenna TV	17.2	I	Duluth, MN
	WDIO/WDIO HD (ABC)	43	Ν	Duluth, MN
	WDIO-DT2 MeTV HD	43.2	N	Duluth, MN
	WDSE/WDSE HD (PBS)	38	E	Duluth, MN
	WDSE-DT2 Explore (PBS)	38.2	E	Duluth, MN
	WDSE-DT3 Create	38.3	E	Duluth, MN
	WDSE-DT4 The MN Channel	38.4	E	Duluth, MN

EGAL NAME OF								SYSTEM I 284
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of a or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio state this by placing Sive 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 (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 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 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 eneral i eparate	be expected, ated 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	
CALL SIGN		5/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
		+						

	od: 2018/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM MINNESO	TA LLC						28446
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	3			
	In General: In space I, ident	ify every no	nnetwork televis	sion program, broadcast by	a <i>distant</i> stati	on, that your c	able syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or autho	prizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the p	aper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 		r cable system	carry, on a substitute basi	s, any nonnet	work televisio	n 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	st complete th	ne prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their m	ieaning is	
				ision program ("substitute p	program") tha	t, during the a	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	s. See page (v) of the gene thall " List specific program	eral instruction	ns for further in ample "I I ove	itormatior	1.
	"NBA Basketball: 76ers vs.						Lucy of	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the F(CC or in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	tified).		
			when your sys	tem carried the substitute p	orogram. Use	numerals, with	h the mor	nth
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	able system	List the times	accurate	lv.
	to the nearest five minutes.							'y
	stated as "6:00-6:30 p.m."	"D" :645	Refer dama survey				· · · ·	.1
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
					WHF	N SUBSTITU	JTF	
	S	UBSTITUT		1		N SUBSTITU AGE OCCUR		7. REASON FOR
	S	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCCUR	RRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	S	YSTEM ID# 28446
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 2,457.62
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 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	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 that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 and 2	.\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more 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 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		
	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)	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		50.00	
Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM ID# 28446
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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	. 17
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
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 Telephor	e 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)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations	5)
Certification	I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 on 	
	 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 herei 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)] 	
	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: 2/21/2019	

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 lav

scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	SYSTEM I 2844 P pecial Statement oncerning Gross eccipts Exclusion
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- towing 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." St For more information on when to exclude these amounts, see the note on page (vii) of the general instructions tocated in the paper SA1-2 form. St 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? St X NO YES. Enter the total here and list the satellite carrier(s) below. St Name Wailing Address Name Mailing Address Name Mailing Address Nume Wailing Address Name Mailing Address Name Mailing Address You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Yein underpayment.	P pecial Statement oncerning Gross
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 shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Si For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO Y ES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address Name Mailing Address Y PO must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	pecial Statement
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
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.	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
	Q
Line 1 Enter the amount of late payment or underpayment	erest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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 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.	
OwnerAddress	
ID number	
First community served	
Accounting period	

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