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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

DATE RECEIVED AMOUNT \$							
\$	FOR COPYRIGHT OFFICE USE ONLY						
	DATE RECEIVED	AMOUNT					
3/1/2019 ALLOCATION NUMBER	3/1/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting Period		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)
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
		MEDIACOM SOUTHEAST 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	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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 SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM:
	_	501 WARD AVENUE
	2	(Number, street, rural route, apartment, or suite number)
		Caruthersville, MO 63830 (City, town, state, zip code)

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 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 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.

MEDIACOM SOUTHEAST LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community" as defined in FCC of "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including singuistic discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter last 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 home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE CARUTHERSVILLE MO HAYTI MO HAYTI HEIGHTS MO		T	FORM SA1-2E. PAG						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC is a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sind discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter last 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 home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE CARUTHERSVILLE MO HAYTI MO HAYTI HEIGHTS MO	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sind discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter last 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 home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE CARUTHERSVILLE MO HAYTI HAYTI MO HAYTI HEIGHTS MO			33						
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter 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 home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE CARUTHERSVILLE MO HAYTI MO HAYTI HEIGHTS MO									
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE COMMUNITY COMMUNITY HAYTI MO HAYTI HEIGHTS MO	D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known							
Served identified city. CITY OR TOWN STATE First CARUTHERSVILLE MO Community HAYTI MO HAYTI HEIGHTS MO									
CITY OR TOWN STATE	Area		le home parks should be reported in parentheses below the						
First CARUTHERSVILLE MO Community HAYTI MO HAYTI HEIGHTS MO	Served	identified city.							
First CARUTHERSVILLE MO Community HAYTI MO HAYTI HEIGHTS MO									
Community HAYTI MO HAYTI HEIGHTS MO									
HAYTI HEIGHTS MO									
	Community								
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	Rows as Necessary								

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3306

MEDIACOM SOUTHEAST LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	737	40.49-47.54			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	1	40.49-47.54			
Converter					
Residential					
Non-residential					
		T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RAT
Continuing Services:		Installation: Non-residential		
 Pay cable 	PP	Motel, hotel		Family Cable 77.4
 Pay cable—add'l channel 	PP	Commercial		
 Fire protection 		Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	99.99	Burglar protection		
 Additional set(s) 	15.00-29.00	Other services:		
 FM radio (if separate rate) 		Reconnect	29.00	
Converter	10.50	Disconnect		
		Outlet relocation	15.00-29.00	
		Move to new address		

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAIT ABC	8	N	JONESBORO, AR
KBSI/KBSI (HD) FOX	22	<u>l</u>	CAPE GIRARDEAU, MO
KBSI-DT3 COMET	22.3	<u>l</u>	CAPE GIRARDEAU, MO
KFVS/KFVS (HD) CBS	12	N	CAPE GIRARDEAU, MO
KFVS-DT2/KFVS DT2 (HD) CW	12.2	l	CAPE GIRARDEAU, MO
KFVS-DT3 Grit	12.3	l	CAPE GIRARDEAU, MO
WDKA/WDKA (HD) MyNet	49	l	Paducah, KY
WDKA-DT2 Charge	49.2	l	Paducah, KY
WDKA-DT3 TBD	49.3	l	Paducah, KY
WDKA-DT4 Stadium	49.4	<u>l</u>	Paducah, KY
WKNO/WKNO(HD) PBS	29	E	MEMPHIS, TN
WMC NBC	5	N	MEMPHIS, TN
WPSD/WPSD (HD) NBC	6	N	Paducah, KY
WPSD-DT2 This TV	6.2	N	Paducah, KY
WPSD-DT3 Antenna TV	6.3	N	Paducah, KY
WSIL/WSIL (HD) ABC	3	N	Harrisburg, IL
WTCT TBN	27	<u>l</u>	Marion, IL
WKNO-DT2 PBS Encore	29.2	E	MEMPHIS, TN
WKNO-DT3 PBS KIDS	29.3	E	MEMPHIS, TN
WSIL-DT2 H&I	3.2	N	Harrisburg, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC

3306

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

			<u>, </u>				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
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Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC						3306
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				sis. anv nonne	twork televis	sion progran	า
Statement and	broadcast by a distant sta	-		,,	, ,		YES	X NO
Program Log					"» / "		_	
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	s "Yes," you mi	ust complete	the progran	n
	log in block 2.	- DDOCDA	Me					
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call: Column 4: Give the broa the case of Mexican or Can the case of Mexican or Can Golumn 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast static adian statio th and day we "5/7." es when the Example: a er "R" if the and regulation	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broadea on's location (the one, if any, the owhen your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "sting the substitute program to community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting perio	e program") that ed for the program titles, for ex "No." am. e station is lice a program. Use a cable system 15 p.m. to 6:2 ramming that y d; enter the left	ent, during the gramming of ns for furthe ample, "I Lo ensed by the ntified). e numerals, v. List the time 28:30 p.m. slevour system tter "P" if the	e accounting another star r information ve Lucy" or FCC or, in with the mores accurate hould be was require listed progr	tion n. nth ly
	effect on October 19, 1976.		,	•		J		
					1000	TNI OLIDOTI		1
		LIDOTITLIT	E PROGRAM	1		EN SUBSTI IAGE OCC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM	— то	
							_	
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Accounting Period:	2018/2			FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC			S	YSTEM ID 330
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's tion of ho	secondary tra w to compute t	nsmission servio	6,762.47
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less informat	than \$527,600 ion.		
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is \$52.00	ty fee that	you must pay f	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				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and	2	<u>.</u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but n	nore than \$13	7,100)	
	Base amount under statutory formula	\$	263,800.00	<u>)</u>	
	Enter amount of gross receipts from space K	\$	206,762.47	<u>, </u>	
	3. Subtract line 2 from line 1	\$	57,037.53	<u>3</u>	
	Enter the amount of gross receipts from space K		\$	206,762.47	
	5. Enter the amount from line 3		. \$	57,037.53	
	6. Subtract line 5 from line 4		\$	149,724.94	
	7. Multiply line 6 by .005 (enter figure here)			\$	748.62
	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		\$	748.62
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (bu	it less than \$5	27,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			_)	
	3. Subtract line 2 from line 1		·	<u>-</u>	
	4. Multiply line 3 by .01			_	
	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		-		
				-	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	748.62	
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			\$	768.62
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		jhts!

Accounting Period:	2018/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: DUTHEAST LLC		SYSTEM ID# 3306
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's tot number of channels on which t television broadcast stations number of activated channels able system carried television by		27 65
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Kenneth J. Kohrs	Telephone 8	345-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartme	ant or suite number	
		Mediacom Park, NY 1		
	Email	(City, town, state, zip) Copyrights@med	ligeomec com Fax (ontional)	
	Email		- CA (Optional)	
0	CERTIFICATION (This statement of account mus	t be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigne	d, hereby certify that (Check one	, but only one, of the boxes.)	
	(Owner	r other than corporation or par	tnership) I am the owner of the cable system as identified in line 1 of space B; o	or .
			on or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or	em as identified
	(Office	er or partner) I am an officer (if a	corporation) or a partner (if a partnership) of the legal entity identified as owner	of the cable system
		the statement of account and he	reby declare under penalty of law that all statements of fact contained herein	
		e, and correct to the best of my kr	nowledge, information, and belief, and are made in good faith.	
			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 n	mame: Kenneth J. Kohrs	
			Vice President, Financial Reporting	
		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 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

counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM SOUTHEAST LLC	3306
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? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 (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.	
Owner Address	
ID number First community served Accounting period	

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.