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 workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	3/1/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)
Barcode Data Filing Period (optional - see instructions) Accounting
Accounting
Accounting
B Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner List any other name or names under which the owner conducts the business of the cable system.
If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
MCC Georgia, LLC (Hazlehurst, GA)
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
MAILING ADDRESS OF OWNER OF CABLE SYSTEM
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 these 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:
MAILING ADDRESS OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)
 Invarious, susset, rutai route, apartment, or suite number)
(City, town, state, zip code)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D	MCC Georgia, LLC (Hazlehurst, GA) Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	communities within unincorporated areas and including single,
Area Served	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 mobilidentified city.	e home parks should be reported in parentheses below the
First	CITY OR TOWN Hazlehurst	GA
Community	Jeff Davis County	GA
	Lumber City	GA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MCC Georgia, LLC (Haz	lehurst, GA)						507
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						lo evetom	brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				iy standal	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				es of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted or					I in the count un	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fr	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	e right-h	nand block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.							(0	
	BLU	DCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		823	29.95-51.54					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		2	29.95-51.54					
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC		NEMIS					•	
_	In General: Space F calls for rat					l vour cable svs	tem's serv	ices that were	
F	not covered in space E, that is, the								
a .	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usuany	billed. If any fa		arged on a vana	able per-pr	ograffi basis,	
Fransmissions:	Block 1: Give the standard rat		ne cabl	e system for eac	ch of the a	applicable servio	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which as				hed. List	these other serv	vices in the	e form of a	
	brief (two- or three-word) descrip						1		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	NATE		ation: Non-resi		NATE	CAILG	ORT OF SERVICE	NATE
	• Pay cable	PP		otel, hotel			Family	Cable	76.4
	• Pay cable—add'l channel	PP		mmercial					
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.99		rglar protection					
	Additional set(s)	15.00-29.00		services:					
	• FM radio (if separate rate)	10.00-23.00		connect		29.00			
	• Converter	10.50		sconnect		23.00			
	Converter	10.50		itlet relocation		15.00-29.00			
			• • • • • • •						
				ove to new addre	200	13.00-23.00			

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 5078
	MCC Georgia, LLC (Ha			
G Primary nsmitters: elevision	In General: In space G, ide 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 not list the station here station was carried only 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 th Column 2: Give the channe 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	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. : With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations s's call sign. <i>Do not</i> report origination I with a station according to its over-th	et (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (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	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he 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
	WABW PBS	14	E	Pelham, GA
	WALB NBC	10	N	Albany, GA
ows as Necessary	WALB-DT3 Bounce TV	10.3	N	Albany, GA
	WGNM/WGNM(HD) CTN	45	I	MACON, GA
	WJCL/WJCL(HD) ABC	22	N	
				Savannah, GA
	WSAV DT2 CW	39.2	<u>I</u>	Savannah, GA Savannah, GA
	WSAV DT2 CW	39.2	I	Savannah, GA
	WSAV DT2 CW WSAV DT3 MyNet	39.2 39.3	1	Savannah, GA Savannah, GA
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC	39.2 39.3 39	1	Savannah, GA Savannah, GA Savannah, GA
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX	39.2 39.3 39 28	I I N I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET	39.2 39.3 39 28 28.2	I I N I I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV	39.2 39.3 39 28 28.2 28.2 28.3	I I N I I I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD	39.2 39.3 39 28 28.2 28.3 28.4	I I N I I I I I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS	39.2 39.3 39 28 28.2 28.2 28.3 28.4 11	I I N I I I I N	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC Savannah, GA
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV	39.2 39.3 39 28 28.2 28.2 28.3 28.4 11 11.3	I I I I I I I I I I I I I I I I I I I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC savannah, GA
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV	39.2 39.3 39 28 28.2 28.2 28.3 28.4 11 11.3	I I I I I I I I I I I I I I I I I I I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC savannah, GA
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV	39.2 39.3 39 28 28.2 28.2 28.3 28.4 11 11.3	I I I I I I I I I I I I I I I I I I I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC savannah, GA
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV	39.2 39.3 39 28 28.2 28.2 28.3 28.4 11 11.3	I I I I I I I I I I I I I I I I I I I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC savannah, GA
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV	39.2 39.3 39 28 28.2 28.2 28.3 28.4 11 11.3	I I I I I I I I I I I I I I I I I I I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC savannah, GA
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV	39.2 39.3 39 28 28.2 28.3 28.4 11 11.3	I I I I I I I I I I I I I I I I I I I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC savannah, GA
	WSAV DT2 CW WSAV DT3 MyNet WSAV/WSAV(HD) NBC WTGS/WTGS(HD) FOX WTGS-DT2 COMET WTGS-DT3 Antenna TV WTGS-DT4 TBD WTOC/WTOC(HD) CBS WTOC-DT3 Bounce TV	39.2 39.3 39 28 28.2 28.3 28.4 11 11.3	I I I I I I I I I I I I I I I I I I I	Savannah, GA Savannah, GA Savannah, GA hardeeville, SC hardeeville, SC hardeeville, SC savannah, GA

Accounting F	Period: 2018	/2					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
MCC Georgi	ia, LLC (Ha	zlehurs	st, GA)					5078
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fol Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under (item whenever it is received a wed at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ertain st ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2018/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MCC Georgia, LLC (Ha	zlehurst,	GA)					5078
	SUBSTITUTE CARRIAGI				6			
	In General: In space I, identi					ion that wave -	able avete	m corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0	•		
Special	During the accounting per				is any nonne	work televisio	n nroaram	1
Statement and	broadcast by a distant star	•		ourly, on a substitute bus			- · ·	
Program Log	bioaucast by a distant sta						YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mι	ist complete th	ne progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa			rows to the tables.	program") tha	t during the a	ccounting	
	period, was broadcast by a							ion
	under certain FCC rules, re							
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.			"Wee" Otherwise enter "N	l			
				r "Yes." Otherwise enter "N Isting the substitute progra				
				ne community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv		cubstituto pro	gram was carried by your	cable system	List the times	accuratel	N .
	to the nearest five minutes.							у
	stated as "6:00-6:30 p.m."		p 3					
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	inning that y	our system wa	s permitted to delete unde	i FCC fules a	nu regulations	5 11 1	
						N SUBSTITU		
	S	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	ES TO	DELETION
			CHEE CHOIL					
						_		
						_		
						_		
					-			
						_		
						_		
					-			
					-			
						_		
						_		

Accounting Period:	2018/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	MCC Georgia, LLC (Hazlehurst, GA)			5078
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of I 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	i's secondary trans now to compute thi	mission servic s amount, see	3,252.73
	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 le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform 	ss than \$527,600	\$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 th accounting period is \$52.00	at you must pay for	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 lines 1 a	nd 2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu	t more than \$137,	100)	
	1. Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K	193,252.73	-	
	3. Subtract line 2 from line 1	70,547.27	-	
	4. Enter the amount of gross receipts from space K	\$ 1	93,252.73	
	5. Enter the amount from line 3	\$	70,547.27	
	6. Subtract line 5 from line 4	\$	22,705.46	
	7. Multiply line 6 by .005 (enter figure here)		\$	613.53
	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		\$	613.53
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	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)			
	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	10		
	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)	\$	613.53	
Due	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		\$	633.53
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form			jhts!

-	: 2018/2					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: LLC (Hazlehurst, GA)				SYSTEM ID# 5078
M Channels	to its subscribers, 1. Enter the total	u must give (1) the number o , and (2) the cable system's number of channels on whic television broadcast stations	otal number of activated	channels during the a	ccounting period.	20
	on which the ca	number of activated channel ble system carried television ast services	broadcast stations			67
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou		IEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 84	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apar	ment, or suite number)			
		Mediacom Park, NY (City, town, state, zip)	10918			
	Email	Copyrights@m	ediacomcc.com		Fax (optional)	
		This statement of appount m	ust be portified and signa	d in apportance with	Copyright Office regulations)	
O Certification	X (Agent in li Office in li • I have examined	of owner other than corpora ine 1 of space B and that the o er or partner) I am an officer (ine 1 of space B. the statement of account and a and correct to the best of my	artnership) I am the owne tion or partnership) I am wner is not a corporation o f a corporation) or a partne nereby declare under pena	er of the cable system a the duly authorized ag or partnership; or er (if a partnership) of th alty of law that all stater nd belief, and are made	e in good faith.	em as identified
		Typed or printed Title: (Title of d	Enter signature using an '	'/s/ signature" (e.g., /s/ J. Kohrs inancial Reporti	' John Smith)	

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. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Georgia, LLC (Hazlehurst, GA)	507
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
	m
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 normant or undernormant	
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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