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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
08/29/2019	\$				
	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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)
		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)
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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 (BURLINGTON, KS)
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite number)
		EXCELSIOR SPRINGS, MO 64024 (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.

Accounting Period:	2019/1							
	L	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)	30530						
	Instructions: List each separate community served by the cable system. A "							
D	"a separate and distinct community or municipal entity (including unincorp							
	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							
	as the "first community." Please use it as the first community on all future							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	r mobile home parks should be reported in parentheses below the						
Served	identified city.							
	2							
	CITY OR TOWN	STATE						
First	BURLINGTON	KS						
Community	BALDWIN CITY	KS						
	BURLINGAME	KS						
Add Rows as Necessary	CARBONDALE	KS						
	EDGERTON	KS						
	GRIDLEY	KS						
	LEBO	KS						
	LEROY	KS						
	LYNDON	KS						
	NEW STRAWN	KS						
	OSAGE CITY	KS						
	SCRANTON	KS						
	WELLSVILLE	KS						
	0.0000							

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30530

## MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)

# 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.

BLOCK 1			BLOCK	<b>&lt;</b> 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	1,556	40.49-51.99			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	1	40.49-51.99			
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	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	79.49
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	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: 2019/1 FORM SA1-2E. PAGE 3

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

\*\*SYSTEM ID#

### MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)

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.

1 CALL SIGN 2 B'CAST CHANNEL NUMBER 3 TYPE OF STATION

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCPT/KCPT (HD) PBS	18	E	KANSAS CITY, MO
KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO
KCPT-DT3 Create	18.3	E-M	KANSAS CITY, MO
KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO
KCTV/KCTV (HD) CBS	24	N	KANSAS CITY, MO
KCTV-DT2 COMET	24.2	I-M	KANSAS CITY, MO
KCWE (CW)/ KCWE HD	31	<u>l</u>	KANSAS CITY, MO
KCWE-DT2 Justice Network	31.2	I-M	KANSAS CITY, MO
KMBC/KMBC (HD) ABC	29	N	KANSAS CITY, MO
KMBC-DT2 MeTV	29.2	I-M	KANSAS CITY, MO
KMCI/ KMCI HD (IND)	41	<u> </u>	LAWRENCE, KS
KMCI-DT2 Bounce	41.2	I-M	LAWRENCE, KS
KMCI-DT3 Escape	41.3	I-M	LAWRENCE, KS
KMCI-DT4 Grit	41.4	I-M	LAWRENCE, KS
KPXE (ION)/ KPXE ION HD	51	<u> </u>	KANSAS CITY, MO
KPXE-DT2 qubo	51.2	I-M	KANSAS CITY, MO
KPWE-DT3 ION Life	51.3	I-M	KANSAS CITY, MO
KSHB/KSHB (HD) NBC	42	N	KANSAS CITY, MO
KSHB-DT2 Cozi	42.2	I-M	KANSAS CITY, MO
KSHB-DT3 Laff	42.3	I-M	KANSAS CITY, MO
KSMO/KSMO (MyNET) (HD)	47	<u> </u>	KANSAS CITY, MO
KSNT/KSNT (HD) NBC	27	N	TOPEKA, KS
KSNT-DT4 Bounce TV	27.4	I-M	TOPEKA, KS
KTKA/KTKA (HD) ABC	49	N	TOPEKA, KS
KTKA-DT2 getTV	49.2	I-M	TOPEKA, KS

Add Rows as Necessary

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30530

### MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTKA-DT3 CW	49.3	I-M	TOPEKA, KS
KTKA-DT4 Justice Network	49.4	I-M	TOPEKA, KS
KTMJ/KTMJ (HD) FOX	43	<u> </u>	TOPEKA, KS
KTMJ-DT2 Escape	43.2	I-M	TOPEKA, KS
KTMJ-DT3 Grit	43.3	I-M	TOPEKA, KS
KTMJ-DT4 Laff	43.4	I-M	TOPEKA, KS
KTWU/KTWU (HD) PBS	11	E	TOPEKA, KS
KTWU-DT2 PBS KIDS/MHz W	11.2	E-M	TOPEKA, KS
KTWU-DT3 Create/PBS Enco	11.3	E-M	TOPEKA, KS
WDAF/WDAF (HD) FOX	32	1	KANSAS CITY, MO
WDAF-DT2 Antenna	32.2	I-M	KANSAS CITY, MO
WDAF-DT3 ThisTV	32.3	I-M	KANSAS CITY, MO
WDAF-DT4 TBD	32.4	I-M	KANSAS CITY, MO
WIBW/WIBW (HD) CBS	13	N	TOPEKA KS
WIBW-DT2 MyNet MeTV	13.2	I-M	TOPEKA KS
			dannan

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)

30530

### 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (	BURLINGTO	ON, KS)				30530
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							For a further
Carriage:	1. SPECIAL STATEMENT						- 1 1	-
Special	During the accounting period				sis, any nonne	twork televis	sion program	า
Statement and Program Log	broadcast by a distant stat	-	·	•	•		YES	X NO
	Note: If your answer is "No"	' leave the	rest of this nad	e blank. If your answer is	s "Yes " vou mi	ust complete	_	
	-	, icave tric	rest or triis pag	ge blank. If your answer is	, ico, you iii	ust complete	, the program	
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program							tion n. nth ly
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	is permitted to delete und	er FCC rules a	and regulation	ons in	
					TT			ı
	0	LIDOTITLIT		4		EN SUBSTI		7. REASON FOR
		2. LIVE?	E PROGRAM  3. STATION'S	1	5. MONTH	IAGE OCC	IMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM	— то	
							_	
							_	
					1 1			

Accounting Period:	2019/1 FOR	RM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)	SYSTEM ID# 30530
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the t all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	ervice
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 \$263,800  • 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.	
	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 this six-maccounting period is \$52.00	onth
	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 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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)	<del></del>
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	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)	
	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	71
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	00_
	6. Interest charge. Enter the amount from line 4, space Q, page 8	00_
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	2,695.71
	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)	71_
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	00_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	2,715.71
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Col See page i of the general instructions in the paper SA1-2 form for more information.	oyrights!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC (BURLING	TON, KS)	SYSTEM ID# 30530
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	number of channels on which television broadcast stations. number of activated channels able system carried television b		54 68
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 84	15-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm	ent or suite number)	
		Mediacom Park, NY 1 (City, town, state, zip)		
	Email	Copyrights@med	diacomcc.com Fax (optional)	
	CERTIFICATION	(This statement of account must		
O Certification	• I, the undersigne	d, hereby certify that (Check one	et be certified and signed in accordance with Copyright Office regulations) e, but only one, of the boxes.)  Thership) I am the owner of the cable system as identified in line 1 of space B; or	
			on or partnership) I am the duly authorized agent of the owner of the cable systemer is not a corporation or partnership; or	m as identified
		er or partner) I am an officer (if a ine 1 of space B.	a corporation) or a partner (if a partnership) of the legal entity identified as owner or	of the cable system
		e, and correct to the best of my k	ereby declare under penalty of law that all statements of fact contained herein 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 i	name: Kenneth J. Kohrs	
			Vice President, Financial Reporting icial position held in corporation or partnership)	
		Date:	08/13/2019	

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

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentioners: "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 selfillic carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below.  S  Name  Mailing Address  Name  Mailing Address  INTEREST ASSESSMENT  You must complete this worksheet for those royally 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.  Line 1 Enter the amount of late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 2 Multiply line 1 by the interest rate* and enter the sum here  X days  Line 3 Multiply line 2 by the number of days late and enter the sum here  X 0.00274  Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6.  S (interest charge)  *To view the interest rate chart click on www.copyright.gov/licensing/gitocns/resi-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing/gitocns/resi-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing/gitocns/resi-rate.pdf. For further assistan	Accounting Period: 2019/1	FORM SA1-2E. PAGE 8.
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Name Mailing Address    Name   Mailing Address		
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