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	T 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	8/29/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	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 (THOMASVILLE, AL)
		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	<b>RUCTIONS:</b> 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
		MAILING ADDRESS OF CABLE SYSTEM:
	2	5973 HWY. 90 W. (Number, street, rural route, apartment, or suite number)
		THEODORE, AL 36582
		(City, town, state, zip code)
<u>L</u>		

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 filing, a determination that would be made by a court of law.

Name		SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (THOMASVILLE, AL) Instructions: List each separate community served by the cable system. A "com	3942
<b>D</b>	"a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	
<b>A</b> ====	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area Served	identified city.	· · · · · · · · · · · · · · · · · · ·
ocived		
	CITY OR TOWN	STATE
First	THOMASVILLE	AL
Community	JACKSON	AL
	CLARKE	СО
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								-2E. PAGE
Name	MEDIACOM SOUTHEAS		MAS					515	394
				<b>VILLL</b> , ALJ					
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecembe	er 31, as the cas	se may be	e).		0	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
nuco	separately for the particular servi							largea	
	Rate: Give the standard rate c								
	unit in which it is generally billed.				ny standa	rd rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					i in the count un	der Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	and block. A tw	o- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORT OF SEI	RVICE	SUBSCRIBERS	RAI
	Service to first set		799	40.49-51.54					
	Service to additional set(s)		100	-03-31.3-					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	40.49-51.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-							
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	tes 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 cabl	e system for ea	ch of the	applicable servic	oc listod		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.			•		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE	CATEGO	ORY OF SERVICE	RATI
	Continuing Services:			ation: Non-res	dential			<b>.</b>	
	Pay cable	PP		otel, hotel			Family	Cable	79.4
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential	00.00		e protection					
	First set	99.99		rglar protection					
	Additional set(s)     EM radio (if soparate rate)	15-29.00		services:		20.00			
	FM radio (if separate rate)     Converter	10.50		connect sconnect		29.00			
		10.50		tlet relocation		15.00-29.00			
			• • • • • • • • • • • • • • • • • • • •			10.00-79.00			
				ve to new addre	299	.0100 20100			

nting Period: 2	-	CARLE OVOTEM.		FORM SA1-2E. PAGE : SYSTEM ID:
Name	LEGAL NAME OF OWNER OF	AST LLC (THOMASVILLE, AL)		3942
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a postitute program log)—if the p on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WALA/WALA(HD) FOX	9	I	MOBILE, AL
	WALA-DT2 Cozi TV	9.2	I-M	MOBILE, AL
ows as Necessary	WBIH IND	29	<u>l</u>	SELMA, AL
	WEAR/WEAR(HD) ABC	17	N	PENSACOLA, FL
	WEAR-DT2 TBD	17.2	I-M	PENSACOLA, FL
	WEAR-DT3 Charge	17.3	I-M	PENSACOLA, FL
	WFGX/WFGX(HD) My Net	50	<u>I</u>	FORT WALTON BEACH, FL
	WFGX-DT2 get TV	50.2	I-M	FORT WALTON BEACH, FL
	WFNA/WFNA(HD) CW	25		
				MOBILE, AL
	WFNA-DT2 Bounce	25.2	I-M	MOBILE, AL MOBILE, AL
	WFNA-DT2 Bounce WIIQ/WIIQ(HD) PBS	25.2 19	I-M E	
		•		MOBILE, AL
	WIIQ/WIIQ(HD) PBS	19	E	MOBILE, AL DEMOPOLIS, AL
	WIIQ/WIIQ(HD) PBS WIIQ-DT2 PBS KIDS	19 19.2	E	MOBILE, AL DEMOPOLIS, AL DEMOPOLIS, AL
	WIIQ/WIIQ(HD) PBS WIIQ-DT2 PBS KIDS WIIQ-DT3 PBS Create	19 19.2 19.3	E E-M E-M	MOBILE, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL
	WIIQ/WIIQ(HD) PBS WIIQ-DT2 PBS KIDS WIIQ-DT3 PBS Create WIIQ-DT4 PBS World	19 19.2 19.3 19.4	E E-M E-M E-M	MOBILE, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL
	WIIQ/WIIQ(HD) PBS WIIQ-DT2 PBS KIDS WIIQ-DT3 PBS Create WIIQ-DT4 PBS World WJTC/WJTC (HD) IND	19 19.2 19.3 19.4 45	E E-M E-M E-M I	MOBILE, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL PENSACOLA, FL
	WIIQ/WIIQ(HD) PBS WIIQ-DT2 PBS KIDS WIIQ-DT3 PBS Create WIIQ-DT4 PBS World WJTC/WJTC (HD) IND WJTC-DT2 Grit	19 19.2 19.3 19.4 45 45.2	E E-M E-M E-M I I	MOBILE, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL PENSACOLA, FL PENSACOLA, FL
	WIIQ/WIIQ(HD) PBS WIIQ-DT2 PBS KIDS WIIQ-DT3 PBS Create WIIQ-DT4 PBS World WJTC/WJTC (HD) IND WJTC-DT2 Grit WKRG/WKRG CBS(HD)	19 19.2 19.3 19.4 45 45.2 27	E E-M E-M I I I-M N	MOBILE, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL PENSACOLA, FL PENSACOLA, FL MOBILE, AL
	WIIQ/WIIQ(HD) PBS WIIQ-DT2 PBS KIDS WIIQ-DT3 PBS Create WIIQ-DT4 PBS World WJTC/WJTC (HD) IND WJTC-DT2 Grit WKRG/WKRG CBS(HD) WKRG-DT3 Me TV (HD)	19 19.2 19.3 19.4 45 45 45.2 27 27.3	E E-M E-M I I I I I N N I N	MOBILE, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL PENSACOLA, FL PENSACOLA, FL MOBILE, AL MOBILE, AL
	WIIQ/WIIQ(HD) PBS WIIQ-DT2 PBS KIDS WIIQ-DT3 PBS Create WIIQ-DT4 PBS World WJTC/WJTC (HD) IND WJTC-DT2 Grit WKRG/WKRG CBS(HD) WKRG-DT3 Me TV (HD) WPMI/WPMI(HD) NBC	19 19.2 19.3 19.4 45 45.2 27 27.3 15	E E-M E-M I I I I I I I N N N N	MOBILE, AL         DEMOPOLIS, AL         DEMOPOLIS, AL         DEMOPOLIS, AL         DEMOPOLIS, AL         PENSACOLA, FL         PENSACOLA, FL         MOBILE, AL         MOBILE, AL         MOBILE, AL
	WIIQ/WIIQ(HD) PBS WIIQ-DT2 PBS KIDS WIIQ-DT3 PBS Create WIIQ-DT4 PBS World WJTC/WJTC (HD) IND WJTC-DT2 Grit WKRG/WKRG CBS(HD) WKRG-DT3 Me TV (HD) WPMI/WPMI(HD) NBC	19 19.2 19.3 19.4 45 45.2 27 27.3 15	E E-M E-M I I I I I I I N N N N	MOBILE, AL         DEMOPOLIS, AL         DEMOPOLIS, AL         DEMOPOLIS, AL         DEMOPOLIS, AL         PENSACOLA, FL         PENSACOLA, FL         MOBILE, AL         MOBILE, AL         MOBILE, AL

Accounting F	Period: 2019	/1					FOR	M SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
MEDIACOM	SOUTHEA	ST LLC	C (THOMASVILLE, AL)					3942
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Ic Column 2: S Column 3: If signal, indicate	t every radio s whose signals ctions Conce it is carried b monitoring, to prmation about rm. dentify the call tate whether the radio stat this by placing	station ca were ge rning Al y the sys be recei- tit the Co sign of of the static ion's sig g a check	arried on a separate and disc nerally receivable by your cal <b>I-Band FM Carriage:</b> 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 t	ble system du Copyright Offi at the system's system's FM a this point, see sed by the cat	ring the accour ce regulations, s headend, and antenna, during e page (v) of the ple system as a	ating perio an FM sig I (2) it can g certain s e general se general	d. gnal is generally be expected, tated intervals. nstructions in the. and discrete	H Primary Transmitters: Radio
			the community with which the	e station is ide	ntified).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIG	N AM or FN	1 S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (	THOMASVIL	LE, AL)			3942
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	3		
	In General: In space I, identi					ion, that your cable syste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations	. For a further
Substitute	explanation of the programm				e general instru	uctions in the paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	<ul> <li>During the accounting period</li> </ul>	-	r cable system	carry, on a substitute basi	s, any nonnet		
Program Log	broadcast by a distant stat	tion?				YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE			to line. Lice abbroviations i	whorovor pos	sible, if their meaning is	
	In General: List each subst clear. If you need more space				wherever pos	Sible, il their meaning is	5
	Column 1: Give the title	of every no	nnetwork telev	sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori						
	"NBA Basketball: 76ers vs.	Bulls."					
				"Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	itified).	
	<b>Column 5:</b> Give the mon first. Example: for May 7 giv		when your sys	tem carried the substitute p	program. Use	numerals, with the mo	nth
			e substitute pro	gram was carried by your o	able system.	List the times accurate	elv
	to the nearest five minutes.						<b>,</b>
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	our system was requir	ad
	to delete under FCC rules a						
	was substituted for program	iming that y					
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCURRED	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. TIMES FROM — TO	DELETION
		100 01 110	O/ LE OIOIT		THE BITT		
						<u> </u>	
						_	
						_	
						_	
						_	
			1				-1

Accounting Period:	2019/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (THOMASVILLE, AL)			S	YSTEM ID# 3942
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the system the dentified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts	stem's son of how	econdary trans to compute this	mission servio s amount, see	e 8,032.78
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 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	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	1	ore than \$137,	100)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		198,032.78		
	3. Subtract line 2 from line 1		65,767.22		
	4. Enter the amount of gross receipts from space K	<u>.</u>	\$ 1	98,032.78	
	5. Enter the amount from line 3	<u>.</u>	\$	65,767.22	
	6. Subtract line 5 from line 4	_	\$ 1	32,265.56	
	7. Multiply line 6 by .005 (enter figure here)			\$	661.33
	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 an	nd 8		\$	661.33
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	ess than \$527	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				
	<ol> <li>Royalty due on the first \$263,800 of gross receipts (under statutory formula)</li> </ol>	-		1 319 00	
	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,	-			
	· ·				
	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)		\$	661.33	
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			\$	681.33
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 f		-		jhts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: SOUTHEAST LLC (THOMA				SYSTEM ID# 3942
M Channels	to its subscribe 1. Enter the to system carrie	ers, and (2) the cable system's tal number of channels on whic ed television broadcast stations	s total number o ich the cable s	n which the cable system carried television broa of activated channels during the accounting per	riod.	28
	on which the	tal number of activated channe cable system carried television dcast services	on broadcast st	ations		71
N Individual to Be Contacted		TO BE CONTACTED IF FURT t about this statement of accou		ATION IS NEEDED (Identify an individual to whether the second sec	hom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 845-44	43-2762
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	artment, or suite n	imber)		
	Email	Copyrights@n	mediacomcc.c	om Fax (optio	nal)	
O Certification		N (This statement of account n		d and signed in accordance with Copyright Offine, of the boxes.)	ice regulations)	
	(Ow	ner other than corporation or p	partnership) I a	am the owner of the cable system as identified in	line 1 of space B; or	
	I have examin are true, compl	in line 1 of space B and that the finance of partner) I am an officer of in line 1 of space B.	e owner is not a o (if a corporation d hereby declare	ership) I am the duly authorized agent of the own corporation or partnership; or n) or a partner (if a partnership) of the legal entity i e under penalty of law that all statements of fact c formation, and belief, and are made in good faith.	identified as owner of the o	
			Enter an elec	5/ Kenneth J. Kohrs ctronic signature on the line above to certify this sta ire using an "/s/ signature" (e.g., /s/ John Smith)	atement.	
		Typed or printe	ed name: K	enneth J. Kohrs		
		Title: (Title of		sident, Financial Reporting eld 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 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 lave

unting Period: 2019/1	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM SOUTHEAST LLC (THOMASVILLE, AL)	39
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119</li> </ul> </li> <li>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.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	C Special Statemer Sub- Special Statemer D." Concerning Gros Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     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 underpaym For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	m. <b>Q</b>
	m. <b>Q</b>
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	m. <b>Q</b>
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	m. <b>Q</b>
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	m. <b>L</b>
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	m. Q Interest Assessm
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	m. Q Interest Assessm
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