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

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:			
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	appliance @les roy			
Cable Syste General instru in the first tab	ictions	are located	2/28/2020	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150			
Α	ACCO	DUNTING PERIOD COVERED	RV THIS STATEMENT: ()	/////Period/)				
Accounting		2019/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31				
Period								
B Owner		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. 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 f	ee payment covering the entire accou	unting period.	20339			
			g. If not, enter the system's in humon	er assigned by the licensing Division.				
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTE	M				
		MEDIACOM SOUTHEAST LLC (HUN						
		BUSINESS NAME(S) OF OWNER OF	-	NT)				
			× •	,				
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM					
			unale and					
		(Number, street, rural route, apartment, or suite n MEDIACOM PARK, NY 10918	umber)					
		(City, town, state, zip)						
С	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:						
	1	MEDIACOM SOUTHEAST LLC						
		MAILING ADDRESS OF CABLE SYSTEM	:					
	2	123 WARE DRIVE (Number, street, rural route, apartment, or suite n	umber)					
		HUNTSVILLE, AL 35811						
		(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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)	20339
	Instructions: List each separate community served by the cable system. A "con	munity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporat	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	HUNTLAND	TN
Community		
Rows as Necessary		
nons as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID	
Name	MEDIACOM SOUTHEAS			ND, TN)					2033	
	SECONDARY TRANSMISSION		IBSCR							
E	In General: The information in s					ry transmission	service of	he cable		
	system, that is, the retransmission	on of television	and ra	dio broadcasts l	by your sy	ystem to subscri	bers. Give	information		
Secondary	about other services (including p	, , ,	,		,		those exist	ing on the		
Transmission	last day of the accounting period	·				,	hla avatam	halten		
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					-			
Rates		•				•				
	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 category, but do not include disc	· ·		,	ny standa	ard rate variation	s within a	particular rate		
	Block 1: In the left-hand block				ies of sec	condary transmis	sion servi	ce that cable		
	systems most commonly provide			•		•				
	that applies to your system. Not	e: Where an ir	idividua	al or organization	n is receiv	ing service that	falls unde	different		
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	nder "Servi	ce to the		
	Block 2: If your cable system					service that are	e different f	rom those		
	printed in block 1 (for example, t	0								
	with the number of subscribers a	and rates, in th	e right-	hand block. A tw	/o- or thre	ee-word descript	ion of the s	service is		
	sufficient.	DCK 1			BLOCK 2					
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		14	29.95-45.54						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel		_							
	Commercial		0	29.95-45.54						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	te (not subscril	oer) info	ormation with re	spect to a	all your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t					,	,			
Services	service for a single fee. There and furnished at cost or (2) services		,		0		0.			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the			,,,,				,		
ransmissions: Rates	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									
	listed in block 1 and for which a separate charge was made or established. List these other se brief (two- or three-word) description and include the rate for each.						rvices in the form of a			
		BLO					BLOCK 2			
	CATEGORY OF SERVICE	RATE	1	GORY OF SER	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Install	ation: Non-resi	dential					
	• Pay cable	PP	• Mo	otel, hotel			Family	тν	76.4	
	• Pay cable—add'l channel	PP	• Co	mmercial						
	Fire protection		•Pa	y cable						
	•Burglar protection		•Pa	y cable-add'l ch	annel					
	Installation: Residential		• Fin	e protection						
	• First set	49.99	• Bu	rglar protection						
	 Additional set(s) 	15.00-29.00	Other	services:						
	• FM radio (if separate rate)		•Re	connect		29.00				
	• Converter		• Dis	sconnect						
		L	1							
			• Ou	tlet relocation		15.00-29.00				
			-	tlet relocation	ess	15.00-29.00				

				FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#			
		AST LLC (HUNTLAND, TN)		20339			
G rimary Ismitters: levision	 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, <i>except</i> (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), 07.6.3 (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 mul						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
		32	N				
		48	N				
as Necessary		14	-				
	WHIQ PBS	24	E				
	WHNT CBS	19	N	HUNTSVILLE, AL			
	WHNT CBS WKRN ABC	27	N N	HUNTSVILLE, AL NASHVILLE, TN			
	WHNT CBS		N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC	27	N N	HUNTSVILLE, AL NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			
	WHNT CBS WKRN ABC WSMV NBC	27 10	N N N	HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN			

EGAL NAME O			YSTEM: C (HUNTLAND, TN)					SYSTEM I 203
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein to the Co sign of o the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright 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 licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·	·	
						·	·	
							·	
							·	
						·		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#	
Name	MEDIACOM SOUTHEA	AST LLC (H	HUNTLAND), TN)				20339	
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
I	In General: In space I, ident								
	substitute basis during the a explanation of the programm								
Substitute Carriage:					ne general in:	Structions II	n the paper of	5A 1-2 101111.	
Special	1. SPECIAL STATEMEN					4 1 - 4 - 1			
Statement and	During the accounting per		ir cable syster	n carry, on a substitute ba	asis, any noni	network tei	evision prog		
Program Log	broadcast by a distant sta	ition?				l	YES	× NO	
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you i	must comp	lete the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTI	E PROGRA	MS						
	In General: List each subs				s wherever p	ossible, if t	their meanir	ig is	
	clear. If you need more spa					la a 4 al	41	4:	
	period, was broadcast by a			vision program ("substitute our cable system substitut					
	under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.								
				er "Yes." Otherwise enter					
				asting the substitute progr the community to which th		censed by	the ECC or	in	
	the case of Mexican or Car							,	
				stem carried the substitute			lls, with the	month	
	first. Example: for May 7 gi								
				ogram was carried by you					
	to the nearest five minutes, stated as "6:00–6:30 p.m."	. Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.n	n. snouid be		
							om was roa	uirod	
	Column 7: Enter the lett	ter "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	enn was ieu	uneu	
	Column 7: Enter the lett to delete under FCC rules			n was substituted for prog luring the accounting peric					
	to delete under FCC rules a was substituted for program	and regulation mming that y	ons in effect d	uring the accounting perio	od; enter the	letter "P" if	the listed p		
	to delete under FCC rules	and regulation mming that y	ons in effect d	uring the accounting perio	od; enter the	letter "P" if	the listed p		
	to delete under FCC rules a was substituted for program	and regulation mming that y	ons in effect d	uring the accounting perio	od; enter the l der FCC rules	letter "P" if and regul	the listed plations in		
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation mming that y	ons in effect d our system w	luring the accounting period as permitted to delete unc	bd; enter the der FCC rules	letter "P" if s and regul	the listed plations in		
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation mming that y	ons in effect d	luring the accounting period as permitted to delete unc	bd; enter the der FCC rules	letter "P" if s and regul N SUBST AGE OCC	the listed plations in	rogram	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation ming that y	ons in effect d our system w	luring the accounting period as permitted to delete unc	bd; enter the der FCC rules WHE CARRI	N SUBST	the listed particulations in	7. REASON FOR	
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)	S	YSTEM ID# 20339
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	3,449.75 Iss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		02.00
	1. Base amount under statutory formula \$ 263,800.00	,	
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount of gross receipts from space K	-	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1	-	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foo and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC (HUNTLAND, TN)	SYSTEM ID# 20339
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the carried 	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	8 57
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telephone 84	5-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip) Copyrights@mediacomcc.com Fax (optional)	
	Email		
O Certification	I, the undersign (Own (Ager in (Offi in I have examine	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) hed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of ht of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste I line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner I line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein the, and correct to the best of my knowledge, information, and belief, and are made in good faith. iton 1001(1986)] $\underbrace{X /s/ Kenneth J. Kohrs}_{Inter an electronic signature on the line above to certify this statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)$	tem as identified
		Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
		Date: 2/20/2020	

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.

EDIACOM SOUTHEAST LLC (HUNTLAND, TN) 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 sub-	SYSTEN 20
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 dish owners? No YES. Enter the total here and list the satellite carrier(s) below. Name Malling 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 rate* and enter the sum here	
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following serience: In determining the total number of subscribers and the gross amounts paid to the cable system of 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." Special Si Sconcernit, 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. Summe During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. S Name Maling Address Maling Address Name Maling Address Maling Address Line 1 Enter the total here and list the satellite carrier(s) below. x	_
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. Interest As Line 1 Enter the amount of late payment or underpayment	al Stateme erning Gro
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. Line 1 Enter the amount of late payment or underpayment	
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Line 1 Enter the amount of late payment or underpayment	Q
x	t Assessm
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	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
** 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	

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