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 COPYRIGH	IT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
	ems (Short Form)			<u>coplicsoa@loc.gov</u>
-	ictions are located of this workbook	2/28/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		· · · · ·		
	2019/2	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 t title of the subsidiary, not that of the par		sidiary of another corporation, give the full (corporate
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period shoul nting period.	d submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	28438
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	I	
			r)	
	BUSINESS NAME(S) OF OWNER O	r CABLE STSTEM (IF DIFFEREN	, <u>,</u>	
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	ONE MEDIACOM WAY			
	(Number, street, rural route, apartment, or suite r	number)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
_	INSTRUCTIONS: In line 1, give any busi	ness or trade names used to ide	ntify the husiness and operation of t	he system unless these
C	names already appear in space B. In line			
System	1			
	MEDIACOM MINNESOTA LLC			
	MAILING ADDRESS OF CABLE SYSTEM	1:		
	2 1504 Second Street S.E. (Number, street, rural route, apartment, or suite r	number)		
	Waseca, MN 56093			
	(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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name		SYSTEM
	MEDIACOM MINNESOTA LLC Instructions: List each separate community served by the cable system. A "con	284
D	"a separate and distinct community or municipal entity (including unincorporat 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	ted communities within unincorporated areas and including singl you list will serve as a form of system identification hereafter knows.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Fulda	MN
Community	Ivanhoe	MN
	Lake Benton (Town)	MN
Rows as Necessary	Tyler	MN
	Slayton	MN
	Pipestone	MN
	Hadley	MN
	Trosky	MN

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM IC 2843
	MEDIACOM MINNESOT	ALLC							2040
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	RIBERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Bot	•					2		
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular service		0	•••		•		charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed				ny standa	ard rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	•		0					
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a	and rates, in th	e right-	hand block. A tv	vo- or thre	ee-word descrip	ion of the s	service is	
	sufficient.						BLOCK	()	
		NO. OF					BLOOM	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		626	40 40 40 54					
	Service to first set		626	40.49-49.54					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		1	40.49-49.54					
	Converter		•						
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		•				
•	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		the eet	la avatara far as	ab af tha	annliachta ann i	ann lintad		
ransmissions: Rates	Block 2: List any services that	• •				••		were not	
	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	ption and inclue	de the i	rate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	79.4
	 Pay cable—add'l channel 	PP	_	ommercial					
	Fire protection			y cable					
	 Burglar protection 			iy cable-add'l ch	annel				
	In stall stars. Desidential			e protection					
	Installation: Residential		I ∙Bu	rglar protection					
	• First set	99.99							
	First setAdditional set(s)	99.99 15.00-29.00	Other	services:					
	 First set Additional set(s) FM radio (if separate rate) 	15.00-29.00	Other • Re	services: econnect		29.00			
	First setAdditional set(s)		Other • Re • Dis	services: econnect sconnect					
	 First set Additional set(s) FM radio (if separate rate) 	15.00-29.00	Other • Re • Dis • Ou	services: econnect		29.00 15.00-29.00			

			OVOTEM I
			SYSTEM I 284
			207
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 rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting)(2) and (4), or 76.63 (referring to 76. explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the ne form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instra of each station. For U.S. stations, lis	<i>bt</i> (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub- the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instructi program services such as HBO, ESF re-air designation. For example, repo- evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. at the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in 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
KARE (NBC)	11	N	Minneapolis, MN
	47	N	Mitchell, SD
			Mitchell, SD
			Sioux Falls, SD
	11.2	I-M	Sioux Falls, SD
			Brookings, SD
			Brookings, SD
			Brookings, SD
			Brookings, SD
			Sioux Falls, SD
			Sioux Falls, SD
			Sioux Falls, SD
			St. Paul, MN
			SIOUX FALLS, SD
			Minneapolis, MN
			Sioux Falls, SD
			Sioux Falls, SD
	1.3	1-W	Sioux Falls, SD
	PRIMARY TRANSMITTERS: In General: In space G, ider 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on ti Column 2: Give the channer of license. For example, Wf Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76. Substitute Basis Stations: With respect to any distant stations of 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 (station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis stations Column 1: List each station's call sign. <i>Do not</i> report origination multicast stream associated with a station according to its over-th "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the tell of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), For the meaning of these terms, see page (iv) of the general instr Column 4: Give the location of each station. For U.S. stations, lis FCC. For Mexican or Canadian stations, if any, give the name of 1. CALL SIGN 2. B'CAST CHANNEL NUMBER KARE (NBC) 11 KDLT/KDLT (HD) NBC 47 KDLT-DT2 AntennaTV 47.2 KELO/KELO (HD) CBS 11 KELO-DT2 MyNet 11.2 KESD-DT3 PBS World 8.2 KESD-DT4 PBS World 8.2 KESD-DT4 PBS World 8.2 KESD-DT4 PBS Kids 8.4 KSFY-DT3 MeTV 13.3 KFCA-DT (PBS) TPT 2 34 KWCM (PBS) 36 WCC0 (CBS) 32 KTTW/KTTW (HD) FOX 7 KTTW-DT2 This TV 7.2	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power te carried by your cable system during the accounting period, except (1) stations carried only on a part-TCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progra76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain statubutue to gragma basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a sutbasis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—Dut do list it in space 1 (the Special Statement and Program I station was carried both on a substitute basis. - List the station here in space G—Dut do list in space 1 (the Special Statement and Program I station was carried both on a substitute basis. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESF multicast stream associated with a station according to its over-the-air designation. For example, report of license. For example, WRC is channel 4 in Washington, D.C. Column 2: Indicate in each case whether the station is a network station, an independent station, or a educational station, by entering the letter 'N' (for network), 'N-M' (for network multicast), 'T' (for independent multicast), 'E'' (for noncommercial educational), or 'E-M'' (for network multicast), 'T' (for independent multicast), 'E'' (for noncommercial educational),

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3
Nama	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTEM ID
Name	MEDIACOM MINNESO	TA LLC		2843
	PRIMARY TRANSMITTERS:	FELEVISION		
G	carried by your cable system	during the accounting period, except	translator stations and low power tele t (1) stations carried only on a part-tin he carriage of certain network program	ne basis under
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain static	ons carried on a
Television	basis under specific FCC rule • Do <i>not</i> list the station here	es, regulations, or authorizations: in space G—but do list it in space I (1	arried by your cable system on a subs he Special Statement and Program Lo	
	basis. For further information Column 1: List each station's multicast stream associated "WETA-2" as the same on th	so in space I, if the station was carrie concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-th e form.	ed both on a substitute basis and also on , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over th	ns. I, etc. Identify each multistream
	of license. For example, WR Column 3: Indicate in each of educational station, by enteri (for independent multicast), " For the meaning of these terr	C is channel 4 in Washington, D.C. case whether the station is a network ng the letter "N" (for network), "N-M" E" (for noncommercial educational), ns, see page (iv) of the general instr	station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial educatior	oncommercial ident), "I-M" nal multicast).
	FCC. For Mexican or Canadi	an stations, if any, give the name of the	the community with which the station is 3. TYPE OF STATION	s identified. 4. LOCATION OF STATION

EGAL NAME OF								SYSTEM 284
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at wed 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 th	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 anna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the		·			
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 SYS	TEM:					SYSTEM ID#
Name	MEDIACOM MINNESO	TA LLC						28438
					•			
	SUBSTITUTE CARRIAG	-	-					
I	In General: In space I, ident							
	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in		i tile paper 3	A 1-2 101111.
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	". leave the	rest of this pa	age blank. If vour answer is	s "Yes." vou i	must comp	lete the proc	bram
	log in block 2.	,		.ge ziaina n year anener i	,	indet eenip	iere ine preg	<u>.</u>
	2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if t	heir meanin	a is
	clear. If you need more spa							9.0
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pr	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	am lules, for e	example, i	Love Lucy	or
			dcast live. ent	er "Yes." Otherwise enter '	"No."			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	s, with the r	nonth
			e substitute pr	ogram was carried by you	r cable syste	m List the	times accur	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete und		s and regul		
					1			T
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
								"
							_	
								"
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1							_	

Accounting Period:	2019/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			S	YSTEM ID# 28438
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 sy (as identified 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	rstem's se n of how to	condary transm o compute this a	ission service amount, see	3,214.34 oss receipts)
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$137,	ut less tha formation	an \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty	-		this six man	
	accounting period is \$52.00	iee tilat y	ou must pay loi		
	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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	163,214.34		
	3. Subtract line 2 from line 1	\$	100,585.66		
	Enter the amount of gross receipts from space K		.\$1	163,214.34	
	5. Enter the amount from line 3		.\$ 1	100,585.66	
	6. Subtract line 5 from line 4		\$	62,628.68	
	7. Multiply line 6 by .005 (enter figure here)			\$	313.14
	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 a	and 8		\$	313.14
	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		263,800.00		
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, anu 0 .			
	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)		\$	313.14	
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			\$	333.14
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		-		hts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 28438
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the or 	rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television	total number th the cable the cable the cable the cable the cable the cable the cable the cable the cable	n which the cable system carried of activated channels during the a	accounting period.	24 67
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou		IATION IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	rtment, or suite n	umber)		
	Email	Copyrights@m	nediacomcc.	com	Fax (optional)	
O Certification	(Own X (Age in (Offi in • I have examine are true, comple	nt of owner other than corpor h line 1 of space B and that the hicer or partner) I am an officer h line 1 of space B. ed the statement of account and	partnership) ration or part owner is not a (if a corporation d hereby decla	I am the owner of the cable system nership) I am the duly authorized a	agent of the owner of the cable f the legal entity identified as ow tements of fact contained herein	system as identified /ner of the cable system
			Enter an ele	s/ Kenneth J. Kohrs ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s,		
		Typed or printe Title:	Vice Pre	Kenneth J. Kohrs esident, Financial Reporti	ing	
		Date:			2/18/2020	

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.

unting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM MINNESOTA LLC	2843
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
	·····
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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