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:
-		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste					<u>coplicsoa@loc.gov</u>
			2/28/2020	\$	For additional information, contact the U.S. Copyright
General instru	uctions	are located	2/20/2020		Office Licensing Division at:
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACC	OUNTING 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					
_		Instructions: Give the full legal name of the owner of	the cable system. If the owner is a sub	sidiary of another corporation, give the full o	corporate
B		title of the subsidiary, not that of the pa	arent corporation.		
Owner		List any other name or names under wh	ich the owner conducts the business of	the cable system.	
		If there were different owners during th	a accounting period only the owner on	the last day of the accounting period should	d submit a
		single statement of account and royalty			
		Check here if this is the system's first fil	ing. If not, enter the system's ID numbe	r assigned by the Licensing Division.	3860
			NG ADDRESS OF CABLE SYSTEN	1	
				1	
		MCC Georgia, LLC (Bainbridge, G			
		BUSINESS NAME(S) OF OWNER (OF CABLE SYSTEM (IF DIFFEREN	Т)	
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
		ONE MEDIACOM WAY	or make a sh		
		(Number, street, rural route, apartment, or suite MEDIACOM PARK, NY 10918	number)		
		(City, town, state, zip)			
С				entify the business and operation of t	
	name		e 2, give the mailing address of t	he system, if different from the addre	ss given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MCC Georgia, LLC (Bainbridge, G			
		MAILING ADDRESS OF CABLE SYSTE	M:		
	2	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite	number)		
		MEDIACOM PARK, NY 10918			
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Georgia, LLC (Bainbridge, GA)	3860
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	as the "first community." Please use it as the first community on all future filings.	,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Area	identified city.	ione parto should be reported in parentileses below the
Served	identifica city.	
	CITY OR TOWN	STATE
First	Bainbridge	GA
Community	Decatur	GA
	Donalsonville	GA
		GA
d Rows as Necessary	Seminole	GA
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1

	1							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS ⁻	TEM ID
Hamo	MCC Georgia, LLC (Bai	nbridge, GA	A)						386
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCR	BERS AND R	ATES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	<i>,</i> , .					nose exis	ling on the	
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar	y transmission	service	e. In general, yo	ou can con	npute the numbe	er of subso	ribers in	
Rates	each category by counting the n			•••			·	s charged	
	separately for the particular server Rate: Give the standard rate of							ac and the	
	unit in which it is generally billed	-	-					-	
	category, but do not include disc	· · ·		,			3 within a		
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of					u in the count ur			
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, 1	tiers of services	s that in	Iclude one or m	iore secon	dary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-l	hand block. A t	wo- or thre	e-word descript	ion of the	service is	
	sufficient.						BLOC	(2)	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set	-	1,936	29.99-51.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		_						
	Commercial		5	29.99-51.49					
	Converter								
	Residential								
	Non-residential								
			NOM						
	SERVICES OTHER THAN SEC In General: Space F calls for ra				-	III your cable sys	tem's ser	vices that were	
F	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 up		usually	/ billed. If any ra	ates are cl	harged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cab	le svstem for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a	separate charg	je was	made or establ	ished. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	ption and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
			CATE		VICE	RATE	CATEG	ORY OF SERVICE	RATI
	CATEGORY OF SERVICE	RATE	OAIL	GORY OF SER	VICE				
	CATEGORY OF SERVICE Continuing Services:	RATE		ation: Non-res					
		RATE PP	Install				FAMIL	Y CABLE	
	Continuing Services:		Install • Mo	ation: Non-res			FAMIL	Y CABLE	78.4
	Continuing Services: • Pay cable	PP	Install • Mo • Co	ation: Non-res otel, hotel			FAMIL	YCABLE	
	Continuing Services: • Pay cable • Pay cable—add'l channel	PP	Install • Mo • Co • Pa	ation: Non-res otel, hotel mmercial	idential		FAMIL	YCABLE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	PP	Install • Mo • Co • Pa • Pa	ation: Non-res otel, hotel mmercial y cable	idential		FAMIL	YCABLE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	PP	Install • Mo • Co • Pa • Pa • Fire	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch	idential		FAMIL	YCABLE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	PP PP	Install • Mo • Co • Pa • Pa • Fin • Bu	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential		FAMIL	YCABLE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	PP PP 99.99	Install • Mo • Co • Pa • Pa • Fird • Bu • Bu	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential	29.00	FAMIL	YCABLE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	PP PP 99.99 15.00-29.00	Install • Mo • Co • Pa • Pa • Firin • Bu Other • Re	ation: Non-res ttel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential		FAMIL	YCABLE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	PP PP 99.99	Install • Mo • Co • Pa • Fir • Bu Other • Re • Dis	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect sconnect	idential	29.00	FAMIL	YCABLE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	PP PP 99.99 15.00-29.00	Install • Mo • Co • Pa • Fin • Bu Other • Re • Dis • Ou	ation: Non-res ttel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential nannel		FAMIL	YCABLE	

ccounting Period: 2	2019/2			FORM SA1-2E. PAGE 3.	
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#	
	MCC Georgia, LLC (Ba			3860	
G Primary Transmitters: Television	In General: In space G, idel 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	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting f (2) and (4), or 76.63 (referring to 76.13 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 in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the 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 instru- nof each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute the Special Statement and Program Low ed both on a substitute basis and also read both on a substitute basis read both on a subs	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WABW/WABW(HD) PBS	6	E	Pelham, GA	
	WABW-DT2 PBS Create	6.2	E-M	Pelham, GA	
ld Rows as Necessary	WABW-DT3 PBS Knowledge	6.3	E-M	Pelham, GA	
	WALB/WALB (HD) NBC	10	N	Albany, GA	
	WALB-DT3 Bounce TV	10.3	I-M	Albany, GA	
	WCTV/WCTV(HD) CBS	46	N	Tallahassee, FL	
	WCTV-DT2 MyNet	46.2	I-M	Tallahassee, FL	
	WFSU/WFSU(HD) PBS	32	E	Tallahassee, FL	
	WFSU-DT2 TFC	32.2	I-M	Tallahassee, FL	
	WFSU-DT3 PBS Create	32.3	E-M	Tallahassee, FL	
	WFSU-DT4 PBS Kids	32.4	E-M	Tallahassee, FL	
	WTLH-DT/WTLH Heroes & Icons	50	I	Bainbridge, GA	
	WTLH-DT2/WTLH-DT2 (HD) CW	50.2	I-M	Bainbridge, GA	
	WTLH-DT3 COMET	50.3	I-M	Bainbridge, GA	
	WTWC/WTWC (HD) NBC	40	N	Tallahassee, FL	
	WTWC-DT2/ WTWC-DT2 (HD) FO	40.2	I-M	Tallahassee, FL	
	WTWC-DT3 Charge	40.3	I-M	Tallahassee, FL	
	WTXL/WTXL(HD) ABC	27	N	Tallahassee, FL	
	WTXL-DT2 Bounce TV	27.2	I-M 	Tallahassee, FL	
	WABW-DT4 PBS KIDS	6.4	E-M	Pelham, GA	

EGAL NAME OF									SYSTEM 38
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab						н
eceivable if (1) on the basis of i 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 abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	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	at f sy th see	the system's he rstem's FM ante is point, see par d by the cable s station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st jeneral ii eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		╡	UNEL OIGIN		5,0	LOOATION OF STATION	
				$\left \right $					
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Accounting Perio	od: 2019/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Georgia, LLC (Ba	ainbridge	, GA)					3860
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute								
Carriage:					Ŭ			
Special		-			sis anv noni	network telev	ision nroa	ram
Statement and		-		fi carry, on a substitute be	515, any nom			
Program Log	broadcast by a distant sta	uon?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
					s wherever p	ossible, if the	eir meaning	g is
	· ·							
	Do not use general catego	ries like "mo						
	"NBA Basketball: 76ers vs.	Bulls."						
						oonood by th	a FCC ar	in
								In
							, with the n	nonth
			, ,		1 0		, ,	
								ately
		Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	
		er "R" if the	listed program	n was substituted for prog	ramming tha	t vour systen	n was <i>rea</i> u	ired
								-9.4
	effect on October 19, 1976							
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • YES • No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must 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 with which the station is identified). Column 6: State the times when the substitute program was carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." 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."	7. REASON FOR							
	Carriage: Special atterment and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: State	DELETION						
	1. TITLE OF PROGRAM					-		
						_		
							-	
						_		
							-	
						-	-	
						_		
							-	
						_		
							-	
1		1	1	1		1		1

Accounting Period:	2019/2		FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Bainbridge, GA)		Ş	SYSTEM ID# 3860
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transm o compute this a	ission service amount, see \$ 48	
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 but less that • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	rou must pay for	this six-mon	
	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	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula			
	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	482,118.79		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	218,318.79		
	4. Multiply line 3 by .01	\$	2,183.19	
	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.		\$	3,502.19
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	3,502.19	
546	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		\$	3,522.19
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2019/2						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: , LLC (Bainbridge, GA)					SYSTEM ID# 3860
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	You must give (1) the number of 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 cast services	total numb th the cable Is i broadcas	er of activated channels	during the ac	counting period.	29 43
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (ldentify an ind	dividual to whom	
for Further Information	Name	Kenneth J. Kohrs				Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)	tment, or suit				
	Email	Copyrights@m	iediacomo	cc.com		Fax (optional)	
O Certification	 I, the undersign (Own X (Ager in (Officing I have examine 	I (This statement of account m ned, hereby certify that (Check) er other than corporation or p nt of owner other than corpor line 1 of space B and that the cer or partner) I am an officer line 1 of space B. ed the statement of account and te, and correct to the best of m ion 1001(1986)]	one, but on partnershi ration or proviner is no (if a corpor d hereby de y knowledg	ly one, of the boxes.) p) I am the owner of the o artnership) I am the duly ot a corporation or partner ration) or a partner (if a partner) ration or a partner (if a partner)	cable system a authorized ag ship; or rtnership) of t v that all state ; and are mad NTS	as identified in line 1 of space ent of the owner of the cable he legal entity identified as o ments of fact contained here e in good faith.	e B; or system as identified wner of the cable system
		Typed or printe Title:		Kenneth J. Kohrs President, Financia		g	
		(Title of c Date:	official positio	n held in corporation or partne	ership)	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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
C Georgia, LLC (Bainbridge, GA)	386
 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 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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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