This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/28/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING 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 (MARCELINE, MO) 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)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	P.O. BOX 249					
	~	(Number, street, rural route, apartment, or suite number)					
		EXCELSIOR SPRINGS, MO 64024 (City, town, state, zip code)					
	1	present the state of the state					

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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	MEDIACOM SOUTHEAST LLC (MARCELINE, MO) 410							
	Instructions: List each separate community served by the cable system. A "con							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area Served	identified city.	obile nome parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	MARCELINE	MO						
Community								
Add Rows as Necessary								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4108

MEDIACOM SOUTHEAST LLC (MARCELINE, MO)

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	87	40.49-49.54	Expanded	69	49.54		
Service to additional set(s)							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	0	40.49-49.54					
Converter							
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel			Family	79.49
 Pay cable—add'l channel 	PP	Commercial				
 Fire protection 		• Pay cable				
 Burglar protection 		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set	99.99	Burglar protection				
 Additional set(s) 	15.00-29.00	Other services:				
• FM radio (if separate rate)		• Reconnect	29.00			
Converter	10.50	Disconnect				
		 Outlet relocation 	15.00-29.00			
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4108

MEDIACOM SOUTHEAST LLC (MARCELINE, MO)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO
KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO
KCPT-DT3 PBS Create	18.3	E-M	KANSAS CITY, MO
KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO
KCTV/KCTV(HD)CBS	24	N	KANSAS CITY, MO
KCWE CW/KCWE CW HD	31	1	KANSAS CITY, MO
KMBC/KMBC(HD) ABC	29	N	KANSAS CITY, MO
KMBC-DT2 MeTV	29.2	N-M	KANSAS CITY, MO
KMCI/KMCI (HD) IND	41	1	LAWRENCE, KS
KMCI-DT2 BOUNCE TV	41.2	I-M	LAWRENCE, KS
KMOS PBS	15	E	SEDALIA, MO
KPXE ION/ KPXE ION HD	51	<u> </u>	KANSAS CITY, MO
KQTV ABC	7	N	ST. JOSEPH, MO
KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO
KSHB-DT2 COZI TV	42.2	I-M	KANSAS CITY, MO
KSHB-DT3 Laff	42.3	I-M	KANSAS CITY, MO
KSMO/KSMO (HD) MyNET	47	l	KANSAS CITY, MO
WDAF/WDAF(HD)FOX	3	l	KANSAS CITY, MO
WDAF-DT2 ANTENNATV	3.2	I-M	KANSAS CITY, MO
KCTV-DT2 COMET	24.2	I-M	KANSAS CITY, MO
KCWE-DT2 Justice Network	31.2	I-M	KANSAS CITY, MO
KMCI-DT3 ESCAPE	41.3	I-M	LAWRENCE, KS
KMCI-DT4 GRIT	41.4	I-M	LAWRENCE, KS
KPXE-DT2 qubo	52.2	I-M	KANSAS CITY, MO

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 4108 MEDIACOM SOUTHEAST LLC (MARCELINE, MO) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KPXE-DT3 ION Plus	51.3	I-M	KANSAS CITY, MO
WDAF-DT3 This TV	3.3	I-M	KANSAS CITY, MO
WDAF-DT4 TBD	3.4	I-M	KANSAS CITY, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (MARCELINE, MO)

410

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
3.3.1	21 1 111			5 5. 5. 5. 1		_,_	
· 							

ccounting Dayle	nd: 2019/2						F00	4 8 A 1 2 E DA CE 5	
ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	MEDIACOM SOUTHEA			E, MO)				4108	
•	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
I	In General: In space I, identi substitute basis during the a	accounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, d	or authorizatio	ns. For a further	
Substitute Carriage:	explanation of the programn				ne generai ins	structions	in the paper S	A1-2 form.	
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and		•	ui cable systei	il carry, on a substitute ba	isis, arry morii	ietwork te			
Program Log	broadcast by a distant station? 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.	o", leave the	e rest of this pa	ige blank. It your answer is	s "Yes," you r	nust com	piete the prog	gram	
	2. LOG OF SUBSTITUTI	E PROGRA	AMS						
	In General: List each subsclear. If you need more space Column 1: Give the title	ace, please	add additional		•		·		
	period, was broadcast by a under certain FCC rules, re Do not use general categor	egulations,	or authorizatio	ns. See page (v) of the ge	neral instructi	ions for fo	urther informa	tion.	
	"NBA Basketball: 76ers vs.		deast live, ont	er "Yes." Otherwise enter '	"No "				
			,	er res. Otherwise enter asting the substitute progr					
				the community to which th			y the FCC or,	in	
	the case of Mexican or Car Column 5: Give the more			e community with which the stem carried the substitute			als with the r	nonth	
	first. Example: for May 7 gi	ve "5/7."	, ,						
	Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:		ogram was carried by you ried by a system from 6:01				ately	
			listed prograr	n was substituted for prog	ramming that	your sys	tem was <i>requ</i>	iired	
	to delete under FCC rules							ogram	
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	ier FCC rules	and regi	liations in		
		•						T	
	6	LIDOTITLIT	E DDOCDAN	•		N SUBS		7. REASON FOR	
		2. LIVE?	E PROGRAM 3. STATION'S	<u> </u>	5. MONTH		CURRED TIMES	DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
							_		
								'	
		 							
									
							_		
							_		
		 							
							_		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (MARCELINE, MO)	S'	YSTEM ID# 4108
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, see	1,751.27 ss 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 but less than or equal to \$ 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. 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	7,600)	
	Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	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 Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
546	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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABL MEDIACOM SOUTHEAST LL)		SYSTEM ID# 4108
M Channels	= ' '		on which the cable system carried te		
Chamers	Enter the total number of chan system carried television broad				36
	Enter the total number of active on which the cable system carriand nonbroadcast services	ried television broadcast	stations		72
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTE we can contact about this statem		RMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name Kenneth J.	. Kohrs		Telephone 845-4	43-2762
		acom Way rural route, apartment, or suite Park, NY 10918 , zip)	e number)		
	Email Co	ppyrights@mediacomc	c.com	Fax (optional)	
O Certification	V (Agent of owner other in line 1 of space B. Officer or partner) I a in line 1 of space B. I have examined the statement o	rporation or partnership r than corporation or pa s and that the owner is no am an officer (if a corpora s). of account and hereby de the best of my knowledg	ified and signed in accordance with C y one, of the boxes.) b) I am the owner of the cable system a intrership) I am the duly authorized ag t a corporation or partnership; or ation) or a partner (if a partnership) of t clare under penalty of law that all state e, information, and belief, and are mad /s/ Kenneth J. Kohrs	as identified in line 1 of space B; or gent of the owner of the cable system as the legal entity identified as owner of the owner of fact contained herein lee in good faith.	
	Typ		Kenneth J. Kohrs resident, Financial Reportir	ng	
	Dat	te:		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.

ounting Period: 2019/2	2			FORM SA1-2E. PAGE 8
AL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM ID
DIACOM SOUTHE	EAST LLC (MARCELINE, MO)			4108
The Satellite Home V lowing sentence: "In determinin service of prov scribers and a For more information located in the paper S During the accounting made by satellite care X NO	g period, did the cable system exclude any riers to satellite dish owners?	on 111(d)(1)(A), of the gross amounts paid to broadcast transmitters ag secondary transmis are note on page (vii) o amounts of gross rec	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- ssions pursuant to section 119." f the general instructions eipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	otal here and list the satellite carrier(s) below	Name Mailing Address		
INTEREST ASSE	ESSMENT	I		
		به فاریمی و مواد فایسان	f a lata waynaant ay uu danaaynaant	
•	his worksheet for those royalty payments su f interest assessment, see page (viii) of the			Q
Line 1 Enter the am	ount of late payment or underpayment			Interest Assessment
			v	
			^	
Line 2 Multiply line 1	1 by the interest rate* and enter the sum he	re	····	
			xdays	
Line 3 Multiply line 2	2 by the number of days late and enter the	sum here	<u>-</u>	
			x 0.00274	
	3 by 0.00274** and enter here			
in space L, (p	age 6) block 1, line 2, or block 2 line 8, or b	block 3 line 6	(interest charge)	
			, , ,	
	rest rate chart click on www.copyright.gov/lensing Division at (202) 707-8150 or licensing	-	.pdf. For further assistance please	
** This is the deci	imal equivalent of 1/365, which is the intere	st assessment for one	e day late.	
•	g this worksheet covering a statement of ac address, first community served, ID numbe	•	.,,	
Owner				
Owner Address				
, (441033				
ID number				
First community serve	ed			
Accounting period				

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 th 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.