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	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	ACCO	ONTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Periody)						
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
		Instructions:						
В		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 INDIANA LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	1 L	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)						
		MEDIACOM PARK, NY 10918						
		(City, town, state, zip)						
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		IDENTIFICATION OF CABLE SYSTEM:						
	1	MEDIACOM INDIANA LLC						
		MAILING ADDRESS OF CABLE SYSTEM:						
		1102 N. Fourth Street, PO Box 334						
	I F	(Number, street, rural route, apartment, or suite number)  Chillicothe, IL 61523						
	1 L	(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 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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
- Nume	MEDIACOM INDIANA LLC	605
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	LaGrange	IN
Community	Howe	IN
	LaGrange Rural	IN
Rows as Necessary	Adam Lake	IN
,	Indian Lake	IN
	Wolcottville	IN
	**OICOLLY IIIG	IIV

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

# MEDIACOM INDIANA LLC

# 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				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	666	29.95-50.54					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	1	29.95-50.54					
Converter							
Residential							
Non-residential							
		T			1		

# 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family	80.49
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
<ul><li>Additional set(s)</li></ul>	15.00-29.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	29.00		
Converter	10.50	Disconnect			
		<ul> <li>Outlet relocation</li> </ul>	15.00-29.00		
		<ul> <li>Move to new address</li> </ul>			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6058

### **MEDIACOM INDIANA LLC**

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
WBND/WBND(HD) ABC	57	N	South Bend, IN
WBND-DT2 METV	57.2	I-M	South Bend, IN
WBND-DT3 MOVIES	57.3	I-M	South Bend, IN
WCWW/WCWW (HD) CW	27		SOUTH BEND, IN
WCWW-DT2 Start TV	27.2	I-M	SOUTH BEND, IN
WFWA/WFWA(HD) PBS KIDS	40	E	Fort Wayne, IN
WFWA-DT2 PBS KIDS	40.2	E-M	Fort Wayne, IN
WFWA-DT3 PBS Create	40.3	E-M	Fort Wayne, IN
WFWA-DT4 39 4-YOU	40.4	E-M	Fort Wayne, IN
WFWA-DT5 PBS39WX	40.5	E-M	Fort Wayne, IN
WHME IND	48	<u> </u>	South Bend, IN
WMYS/WMYS (HD) MyNET	39	<u> </u>	South Bend, IN
WMYS-DT2 TELEMUNDO	39.2	I-M	South Bend, IN
WMYS-DT3 Decades	39.3	I-M	South Bend, IN
WNDU/WNDU(HD) NBC	42	N	South Bend, IN
WNDU-DT2 Antenna TV	42.2	I-M	South Bend, IN
WNIT/WNIT(HD) PBS	35	E	Chicago, IL
WNIT-DT2 InFocus	35.2	E-M	Chicago, IL
WNIT-DT3 PBS Kids HD	35.3	E-M	Chicago, IL
WSBT-DT2/WSBT- DT2(HD) (I	22.2	I-M	South Bend, IN
WSBT/WSBT(HD) CBS	22	N	South Bend, IN
WSJV/WSJV (HD) H&I	28	l l	South Bend, IN
WSJV-DT2 Justice Network	28.2	I-M	South Bend, IN
WSJV-DT3 Escape	28.3	I-M	South Bend, IN

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6058 MEDIACOM INDIANA LLC 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 WSJV-DT4 Court TV 28..4 I-M South Bend, IN WSJV-DT5 Quest 28.5 I-M South Bend, IN WSJV-DT6 Bounce TV 28.6 I-M South Bend, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### MEDIACOM INDIANA LLC

6058

### 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
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Accounting Perio	,u, ∠U13/∠						FUR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
	MEDIACOM INDIANA							6058
	SUBSTITUTE CARRIAG In General: In space I, identisubstitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting pe broadcast by a distant state of the programm of the product	E: SPECIA tify every no. accounting p ning that mu T CONCEF riod, did you ation?  by, leave the E PROGRA stitute progra ace, please e of every no. a distant sta egulations, o ries like "mo . Bulls." m was broa	ernetwork televitoeriod, under spist be included in RNING SUBS are cable system are rest of this paradd additional content on a separadd additional content of authorization ovies" or "baskiddcast live, enteriorion and that yellow and yellow an	ision program, broadcast by pecific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute based by the carry, on a substitute based by the carry of the carry	or a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the ted for the pro neral instruct am titles, for e "No."	ulations, distructions network to nust com ossible, if nat, durin ogrammir ions for fo	relevision progression progres	stem carried on a ons. For a further SA1-2 form.  gram  X NO  gram  gram  ting station ation.
	the case of Mexican or Cal Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	nadian stationth and day ive "5/7." Thes when the Example: atter "R" if the and regulation ming that y	ons, if any, the when your system substitute program carrolle listed program ions in effect d	stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for programming the accounting perio	e station is id e program. Us r cable syster l:15 p.m. to 6 ramming that od; enter the l	entified). se numer m. List the :28:30 p. your sys etter "P"	als, with the e times accur m. should be tem was <i>req</i> if the listed p	month rately uired
					WHE	N SUBS	TITUTE	
	S		E PROGRAM		CARRI		CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
		<b></b>						

Accounting Period:	2019/2			A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC		S	YSTEM ID# 6058
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	secondary transm w to compute this	ission service amount, see	9,165.19 pss receipts)
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at you 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 an	d 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but		-	
	Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	159,165.19	-	
	3. Subtract line 2 from line 1	104,634.81	-	
	4. Enter the amount of gross receipts from space K		159,165.19	
	5. Enter the amount from line 3.		104,634.81	
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)	-		272.65
	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.		\$	272.65
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$527	,600)	
	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		-	
	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, and	0		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and		•	272.05	
Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		272.65	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	292.65
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			hts!

Accounting Period	2019/2				FORM SA1	-2E. PAGE 7
Name	LEGAL NAME OF OWNER (				SY	STEM ID#
M Channels	to its subscribers, and (2)  1. Enter the total number	t) the cable system's total nurser of channels on which the con broadcast stations	umber of	which the cable system carried television broadcast st activated channels during the accounting period.	ations 36	
	on which the cable sys	tem carried television broad		ions	62	
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi		NFORMA	TION IS NEEDED (Identify an individual to whom		
for Further Information		neth J. Kohrs		Tel	ephone <b>845-443-2762</b>	
	(Number	Mediacom Way r, street, rural route, apartment, o acom Park, NY 1092 wn, state, zip)		iber)		
	Email	Copyrights@mediac	omcc.cc	Fax (optional)		
O Certification	I, the undersigned, here  (Owner other)  X (Agent of own	by certify that (Check one, but	ut only on ership) l a or partne	m the owner of the cable system as identified in line 1 c	f space B; or	
	in line 1 of  I have examined the star	space B. tement of account and hereb	y declare	) or a partner (if a partnership) of the legal entity identified to a partner (if a partnership) of the legal entity identified to a partner penalty of law that all statements of fact contains formation, and belief, and are made in good faith.	•	
	[18 U.S.C., Section 1001(	Enter  Typed or printed nam  Title: Vic	X /s/r an electron signature.	Kenneth J. Kohrs  ronic signature on the line above to certify this statement. e using an "/s/ signature" (e.g., /s/ John Smith)  enneth J. Kohrs  ident, Financial Reporting d in corporation or partnership)		

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.

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM INDIANA LLC	6058
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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 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.