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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
-	ry Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@loc.gov</u>
		2/28/2020	\$	For additional information,
General instru	ctions are located	2/20/2020		contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2010/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2019/2			
		Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
	Instructions:			
В	Give the full legal name of the owner		idiary of another corporation, give the full o	corporate
В	title of the subsidiary, not that of the	parent corporation.		
Owner	List any other name or names under v	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	d submit a
	single statement of account and roya	ty fee payment covering the entire accourt	nting period.	
	Check here if this is the system's first	filing. If not, enter the system's ID number	assigned by the Licensing Division.	9049
	LEGAL NAME OF OWNER/MAI	LING ADDRESS OF CABLE SYSTEM		
		· · · · · · · · · · · · · · · · · · ·	-	
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	l)	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or su	ite number)		
	MEDIACOM PARK, NY 10918			
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any b			
	names already appear in space B. In I		he system, if different from the addre	ss given in space E
System	1	1:		
	MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYST	TEM:		
		<u></u>		
	2 (Number, street, rural route, apartment, or su	ite number)		
	BENTON, KY 42025			
	(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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (RED BUD, IL)	9049
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated of	communities within unincorporated areas and including single,
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	RED BUD	IL
Community	HECKER	IL
	MONROE CO.	IL
dd Rows as Necessary	SMITHTON	IL
	COULTERVILLE	IL
	TILDEN	IL

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM II 904
	MEDIACOM SOUTHEAS	ST LLC (REI	D ROL), IL)					00
F	SECONDARY TRANSMISSION								
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Fransmission	last day of the accounting period						HUSE EXIS		
Service: Sub-	Number of Subscribers: Both						ole system	ı, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·		,	,			•	
	Block 1: In the left-hand block			-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			•		0			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	has rate catego	ories fo	r secondary tra	nsmission	service that are	different f	rom those	
	printed in block 1 (for example, t					-	,.		
	with the number of subscribers a sufficient.	and rates, in the	e right-l	hand block. A t	vo- or thre	e-word descript	on of the	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIBE	-R3	RATE	CATE	BORT OF SEP	VICE	SUBSCRIBERS	TVA I
	Service to first set		510	29.95-51.54					
	Service to additional set(s)			20.00-01.04					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.95-51.54					
	Converter		•	23.33-31.34					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
-	In General: Space F calls for ra	te (not subscrib	per) info	ormation with re	spect to a	ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There a								
Services	furnished at cost or (2) services				ers. Rate ir	nformation shou			
Othor Than	amount of the charge and the ur	ait in which it ic	usualiy	hilled It any r	ntas ara ch	arged on a vari	able pel-p	logiani basis,	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the			/ billed. If any ra	ates are ch	narged on a vari			
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate	rate column. te charged by t		le system for ea	ach of the	applicable servi	es listed.		
Secondary	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that	rate column. te charged by t t your cable sys	stem fu	le system for ea rnished or offer	ach of the a ed during	applicable servion	ces listed. period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	stem fu e was	le system for ea rnished or offer made or establ	ach of the a ed during	applicable servion	ces listed. period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that	rate column. te charged by t t your cable sys separate charg	stem fu e was	le system for ea rnished or offer made or establ	ach of the a ed during	applicable servion	ces listed. period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	stem fu le was le the r	le system for ea rnished or offer made or establ	ach of the a ed during	applicable servion	ces listed. period that		
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Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sys separate charg ption and incluc BLOC RATE	stem fu le was le the r CK 1 CATEC	le system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res	ach of the s ed during shed. List VICE	applicable servio the accounting these other ser	ces listed. beriod that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sys separate charg ption and inclue BLOC RATE PP	stem fu le was l le the r CK 1 CATEC Install • Mo	le system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res itel, hotel	ach of the s ed during shed. List VICE	applicable servio the accounting these other ser	ces listed. beriod that vices in the	e form of a BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sys separate charg ption and incluc BLOC RATE	stem fu le was le the r CK 1 CATEC Install • Mo • Co	le system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial	ach of the s ed during shed. List VICE	applicable servio the accounting these other ser	ces listed. beriod that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. te charged by t t your cable sys separate charg ption and inclue BLOC RATE PP	stem fu le was le the r CK 1 CATEC Install • Mo • Co • Pa	le system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable	ach of the ed during shed. List VICE idential	applicable servio the accounting these other ser	ces listed. beriod that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	
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Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sys separate charg ption and includ BLOO RATE PP PP	stem fu le was le the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu	le system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	ach of the ed during shed. List VICE idential	applicable servio the accounting these other ser	ces listed. beriod that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add"l channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sys separate charg ption and incluc BLOC RATE PP PP PP 99.99	stem fu le was le the r CK 1 CATEC Install • Mo • Co • Pa • Fire • Bu Other	le system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	ach of the ed during shed. List VICE idential	applicable servio the accounting these other ser	ces listed. beriod that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sys separate charg ption and incluc BLOC RATE PP PP PP 99.99	stem fu le was l de the r CK 1 CATEC Install • Mo • Co • Pay • Fire • Bui Other	le system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection services:	ach of the ed during shed. List VICE idential	applicable service the accounting p these other service RATE	ces listed. beriod that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sys separate charg ption and includ BLOC RATE PP PP PP 99.99 15.00-29.00	stem fu le was l de the r <u>CK 1</u> <u>CATEC</u> Installa • Mo • Co • Pa • Pa • Fira • Bui Other • Dis	le system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	ach of the ed during shed. List VICE idential	applicable service the accounting p these other service RATE	ces listed. beriod that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM SOUTHEA	AST LLC (RED BUD, IL)		90
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	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 <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	arried by your cable system on a sub- the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub- the Special Statement and Program and both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections titons carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	KDNL/KDNL(HD) ABC	31	N	ST. LOUIS, MO
	KDNL-DT2 TBD	31.2	I-M	ST. LOUIS, MO
dd Rows as Necessary	KDNL-DT3 Charge!	31.3	I-M	ST. LOUIS, MO
	KDNL-DT4 Stadium	31.4	I-M	ST. LOUIS, MO
	KETC/KETC(HD) PBS	39	Е	ST. LOUIS, MO
	KETC-DT2 PBS KIDS	39.2	E-M	ST. LOUIS, MO
	KETC-DT3 PBS WORLD	39.3	E-M	ST. LOUIS, MO
	KETC-DT4 CREATE	39.4	I-M	ST. LOUIS, MO
	KMOV/KMOV(HD) CBS	24	N	ST. LOUIS, MO
	KMOV-DT2 CoziTV	24.2	I-M	ST. LOUIS, MO
	KMOV-DT3 MyNetworkTV	24.3	I-M	ST. LOUIS, MO
	KMOV-DT4 Laff	24.4	I-M	ST. LOUIS, MO
	KNLC/KNLC (HD) MeTV	14	l	ST. LOUIS, MO
	KNLC-DT2 NLEC TV	14.2	I-M	ST. LOUIS, MO
	KNLC-DT3 H&I	14.3	I-M	ST. LOUIS, MO
	1	14.4	I-M	ST. LOUIS, MO
	KNLC-DT4 Movies			
	KNLC-DT4 Movies KNLC-DT5 Decades	14.5	I-M	ST. LOUIS, MO
		14.5 14.6	I-M I-M	ST. LOUIS, MO ST. LOUIS, MO
	KNLC-DT5 Decades			
	KNLC-DT5 Decades KNLC-DT6 Start TV	14.6	I-M	ST. LOUIS, MO
	KNLC-DT5 Decades KNLC-DT6 Start TV KPLR CW/KPLR CW (HD)	14.6 26	I-M	ST. LOUIS, MO ST. LOUIS, MO
	KNLC-DT5 Decades KNLC-DT6 Start TV KPLR CW/KPLR CW (HD) KPLR-DT2 THIS TV	14.6 26 26.2	i-M I I-M	ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO
	KNLC-DT5 Decades KNLC-DT6 Start TV KPLR CW/KPLR CW (HD) KPLR-DT2 THIS TV KPLR-DT3 COMET	14.6 26 26.2 26.2 26.2	I-M I I-M I-M	ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM			
	MEDIACOM SOUTHEAST LLC (RED BUD, IL) 9						
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable syste	entify every television station (including to am during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	(1) stations carried only on a part	-time basis under			
Primary	-	(e)(2) and (4), or 76.63 (referring to 76.61	•	-			
ransmitters:	substitute program basis, a	as explained in the next paragraph.					
Television		s: With respect to any distant stations car ules, regulations, or authorizations:	rried by your cable system on a si	ubstitute program			
		re in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the			
	station was carried only or						
		also in space I, if the station was carried on concerning substitute basis stations, s					
		on's call sign. <i>Do not</i> report origination pr					
		d with a station according to its over-the-	air designation. For example, rep	port 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						
		VRC is channel 4 in Washington, D.C.	loion station for broadcasting over				
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial						
			•				
	educational station, by ente	ering the letter "N" (for network), "N-M" (for	or network multicast), "I" (for inde	pendent), "I-M"			
	educational station, by ente (for independent multicast)		or network multicast), "I" (for inde "E-M" (for noncommercial educa	pendent), "I-M"			
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list t	or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the			
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the			
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list t	or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the			
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list t	or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the			
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for inde "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION	pendent), "I-M" tional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION			
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio	pendent), "I-M" tional multicast). n is licensed by the on is identified.			
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for inde "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION	pendent), "I-M" tional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION			
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSDK-DT4 Quest	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 35.4	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION I-M	pendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION ST. LOUIS, MO			
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KSDK-DT4 Quest KTVI/KTVI(HD) FOX	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 35.4 43	or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION I-M	pendent), "I-M" tional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION ST. LOUIS, MO ST. LOUIS, MO			
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	OWNER OF C		YSTEM: C (RED BUD, IL)					SYSTEM ID 904
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, 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	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC (R	RED BUD, I	L)				9049
	SUBSTITUTE CARRIAG	E: SPECIAI	L STATEME	NT AND PROGRAM LO	G			
l I	In General: In space I, ident							
Out attracts	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general ins			
Special	1. SPECIAL STATEMEN					a a two ristal	ovicion nroc	
Statement and	• During the accounting pe	-	r cable syster	n carry, on a substitute ba	sis, any noni		evision prog	
Program Log	broadcast by a distant sta	ation?					YES	X NO
	Note: If your answer is "No	o", leave the r	rest of this pa	ge blank. If your answer is	s "Yes," you r	must comp	lete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if t	heir meanin	ig is
	clear. If you need more spa			rows to the tables. vision program ("substitute	• program") ti	hat during	the accoun	tina
	period, was broadcast by a	a distant statio	on and that y	our cable system substitut	ed for the pro	ogramming	g of another	station
	under certain FCC rules, re							
	Do not use general catego		vies" or "bask	etball." List specific progra	am titles, for e	example, "l	Love Lucy"	' or
	"NBA Basketball: 76ers vs.		least live ent	er "Yes." Otherwise enter '	"No."			
				asting the substitute progr				
	Column 4: Give the broa	adcast station	n's location (the community to which th	e station is lie		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	ls, with the i	month
			substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	rately
	to the nearest five minutes	. Example: a						
	stated as "6:00–6:30 p.m."		liated program	a waa aubatitutad far arag	romaniaa that	h vour ovet		uire d
	to delete under FCC rules			n was substituted for prog				
								- g. c
	was substituted for program effect on October 19, 1976	mming that yo						
	was substituted for prograr	mming that yo			ler FCC rules	and regul	ations in	1
	was substituted for prograr effect on October 19, 1976	mming that yo	our system w	as permitted to delete und	ler FCC rules	and regul	ations in I	
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w	as permitted to delete und	ler FCC rules WHE CARRI	and regul	ations in ITUTE SURRED	7. REASON FOR DELETION
	was substituted for prograr effect on October 19, 1976	UBSTITUTE	our system w	as permitted to delete und	ler FCC rules	N SUBST AGE OCC	ations in I	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
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	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (RED BUD, IL)	S	*STEM ID# 9049
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	7,056.23 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-mon	
	accounting period is \$52.00 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	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (RED BUD, IL)	SYSTEM ID# 9049
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	65
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip) Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	e B; or e system as identified wner of the cable system
	(Title of official position held in corporation or partnership) 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. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM SOUTHEAST LLC (RED BUD, IL)	90
 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 Statemen Concerning Gros Receipts Exclusio
Name 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 Assessm
Χ	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
x	
x x x days x x x 0.00274 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
x	
x	
x	
x	
x	

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.