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					
08/28/20	\$					
	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					
_	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))			
		2020/1 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 SOUTHEAST LLC (GREENSBORO, AL)			
		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)			
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these			
С	names	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:				
		5973 HWY. 90 W.			
	_	(Number, street, rural route, apartment, or suite number) THEODORE, AL 36582			
		(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.

Accounting Period:	,-	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)	2179
	Instructions: List each separate community served by the cable system. A "c	
D	"a separate and distinct community or municipal entity (including unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future five Note: Entities and properties such as hotels, apartments, condominiums, or	orated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known illings.
Area Served	identified city.	mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GREENSBORO	AL
Community	HALE COUNTY	AL
	LINDEN	AL
Add Rows as Necessary		

Accounting Period: 2020/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2179

MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)

Ε

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	560	40.49-74.49				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	1	40.49-74.49				
Converter						
Residential						
Non-residential						
		1			T	

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			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 Cable	83.99
 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) 	15.00-49.00	Other services:			
• FM radio (if separate rate)		• Reconnect	49.00		
Converter	10.50	Disconnect			
		 Outlet relocation 	15.00-49.00		
		Move to new address			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)

2179

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
WABM-DT (MyNet)	36	<u>l</u>	BIRMINGHAM, AL
WABM-DT2/WABM-DT2 HD (ABC	36.2	N-M	BIRMINGHAM, AL
WABM-DT3 ACCUWEATHER	36.3	I-M	BIRMINGHAM, AL
WAKA/WAKA(HD) CBS	42	N	SELMA, AL
WAKA-DT2 MeTV	42.2	I-M	SELMA, AL
WBIH IND	29	l	SELMA, AL
WBRC/WBRC(HD) FOX	50	l	BIRMINGHAM, AL
WBRC-DT2 Bounce TV	50.2	I-M	BIRMINGHAM, AL
WBRC-DT3 Circle	50.3	I-M	BIRMINGHAM, AL
WBRC-DT4 Laff	50.4	I-M	BIRMINGHAM, AL
WBRC-DT5 Grit	50.5	I-M	BIRMINGHAM, AL
WCOV/WCOV (HD) FOX	20	I	MONTGOMERY, AL
WCOV-DT2 Antenna TV	20.2	I-M	MONTGOMERY, AL
WCOV-DT3 This TV	20.3	I-M	MONTGOMERY, AL
WDBB/WDBB (HD) CW	18	l	BESSEMER, AL
WDBB-DT2 ABC/WBMA-LD	18.2	N-M	BESSEMER, AL
WIAT/WIAT(HD) CBS	30	N	BIRMINGHAM, AL
WIAT-DT2 Escape	30.2	I-M	BIRMINGHAM, AL
WIAT-DT3 Justice Network	30.3	I-M	BIRMINGHAM, AL
WIAT-DT4 Court TV	30.4	I-M	BIRMINGHAM, AL
WIIQ/WIIQ(HD) PBS	19	E	DEMOPOLIS, AL
WIIQ-DT2 PBS Kids	19.2	E-M	DEMOPOLIS, AL
WIIQ-DT3 PBS CREATE	19.3	E-M	DEMOPOLIS, AL
WIIQ-DT4 PBS WORLD	19.4	E-M	DEMOPOLIS, AL

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)

2179

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WNCF/WNCF(HD) ABC	32	N	MONTGOMERY, AL
WSFA/WSFA(HD) NBC	12	N	MONTGOMERY, AL
WSFA-DT2 Bounce TV	12.2	I-W	MONTGOMERY, AL
WSFA-DT3 Circle	12.3	I-W	MONTGOMERY, AL
WSFA-DT4 Grit	12.4	I-M	MONTGOMERY, AL
WNCF-DT2 /WNCF-DT2 (HD) CW	31.2	I-M	SELMA, AL
WVTM/WVTM(HD) NBC	13	N	BIRMINGHAM, AL
WVTM-DT2 MeTV	13.2	I-W	BIRMINGHAM, AL
WVUA/WVUA(HD) IND	7	I	TUSCALOOSA, AL
WVUA-DT2 Light TV	7.2	I-W	TUSCALOOSA, AL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)

2179

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).

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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 				 	
		 					
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accusting David	.d. 2020/1						FOR	4 CA 4 OF DACE 5
ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC (GREENSBO	DRO, AL)				2179
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	ıG			
1	In General: In space I, identi substitute basis during the a	ccounting 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	A 1-2 IOIIII.
Special	and During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and								
Program Log	1				(C) ()		YES	
	Note: If your answer is "No log in block 2.	, leave the	e rest of this pa	ige blank. If your answer is	s Yes, your	nust com	piete the prog	ıram
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs.	ace, please of every no distant sta egulations, or ries like "mo Bulls."	add additional onnetwork tele tion and that y or authorization ovies" or "bask	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge	e program") the ted for the pro neral instruct am titles, for e	nat, durin ogrammir ions for fu	g the account ng of another urther informa	ing station tion.
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Cal Column 5: Give the more	sign of the adcast stati nadian stati nth and day	station broadd on's location (i ons, if any, the	asting the substitute progr the community to which th	ram. e station is lic e station is id	entified).		
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	es when th Example: er "R" if the and regulat	a program car e listed prograr ions in effect d	n was substituted for prog luring the accounting perio	l:15 p.m. to 6 ramming that od; enter the l	:28:30 p.i your sys etter "P" i	m. should be tem was <i>requ</i> if the listed pr	ired
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	ier FCC rules	and regu	ulations in	T
	s	UBSTITUT	E PROGRAM	1		N SUBS ⁻ AGE OC	TITUTE CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION
		103 01 140	OALL GIGIT	4. GIATION GEOGRIFON	AND DAT	TROW	10	
							_	
							_	
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							_	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:			9	YSTEM II
Name	MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)				217
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explar page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ne system's nation of ho	secondary transr	nission service	
	during the accounting period			\$ 14 (Amount of gr	5,209.74 oss 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 \$137,1 Use block 3 if the amount of gross receipts in space K is more than \$263,8 See page (vi) of the general instructions located in the paper SA1-2 form for more	00 but less	than \$527,600	3263,800	
	BLOCK 1: GROSS RECEIPTS OF \$	137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roaccounting period is \$52.00	yalty fee tha	at you must pay fo	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. Ac	ld lines 1 an	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR	LESS (but	more than \$137,	100)	
	Base amount under statutory formula	<u>\$</u>	263,800.00	_	
	2. Enter amount of gross receipts from space K	<u>\$</u>	145,209.74	_	
	3. Subtract line 2 from line 1	\$	118,590.26	_	
	4. Enter the amount of gross receipts from space K		\$	145,209.74	
	5. Enter the amount from line 3		<u>\$</u>	118,590.26	
	6. Subtract line 5 from line 4		\$	26,619.48	
	7. Multiply line 6 by .005 (enter figure here)			\$	133.10
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	es 7 and 8 .		\$	133.10
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$	263,800 (b	out less than \$527	7,600)	
	Enter the amount of gross receipts from space K	<u></u>		_	
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01			_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula	ı)	\$	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 line				
	FILING FEE AND TOTAL REMITTANCE	DUE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) .		\$	133.10	
Due	Filing Fee (See the instructions for more information on filing fee calculation	ns)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	153.10
	Important: Your remittance must be in the form of an electronic See page i of the general instructions in the paper		-		hts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (GREEN:	SBORO, AL)	SYSTEM ID# 2179
M Channels	- · · ·	of channels on which the cable system carried television broadcast stations total number of activated channels during the accounting period.	
Chamers	Enter the total number of channels on whice system carried television broadcast stations	h the cable	46
	Enter the total number of activated channel on which the cable system carried television and nonbroadcast services		74
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTH we can contact about this statement of account	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name Kenneth J. Kohrs	Telephone 84	5-443-2762
	Address One Mediacom Way (Number, street, rural route, aparl Mediacom Park, NY (City, town, state, zip)		
	Email Copyrights@m	ediacomcc.com Fax (optional)	
O Certification	(Owner other than corporation or partial (Check of the corporation or partial (Agent of owner other than corporation in line 1 of space B and that the corporation of partial (Officer or partner) I am an officer in line 1 of space B. I have examined the statement of account and	ust be certified and signed in accordance with Copyright Office regulations) one, but only one, of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of space B; of ation or partnership) I am the duly authorized agent of the owner of the cable system over is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified as owner I hereby declare under penalty of law that all statements of fact contained herein by knowledge, information, and belief, and are made in good faith. X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	em as identified
	Typed or printe	Vice President, Financial Reporting	
	(Title of c	fficial position held in corporation or partnership) 8/12/2020	

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: 20	20/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNE	R OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUT	HEAST LLC (GREENSBORO, AL)	2179
The Satellite Hon lowing sentence: "In determ service of scribers at For more informationated in the page.	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ne Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ining the total number of subscribers and the gross amounts paid to the cable system for the basic providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." tion on when to exclude these amounts, see the note on page (vii) of the general instructions are SA1-2 form. Inting period, did the cable system exclude any amounts of gross receipts for secondary transmissions carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
	ne total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST AS	SESSMENT	
	te this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	_
•	n 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 II	ne 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multiply li	ne 2 by the number of days late and enter the sum here	
	x 0.00274	
	ne 3 by 0.00274** and enter here , (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
iii space i	., (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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.	
•	filing this worksheet covering a statement of account already submitted to the Copyright Office, please ter, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Owner Address		
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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.