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					
08/28/2020	\$ 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	40001	INITIALS DEDUCE COVERED BY THIS STATEMENT. (VVVVVV/David-A))						
	ACCOL	JNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
	In	nstructions:						
В	G	live the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate tle of the subsidiary, not that of the parent corporation.						
Owner	Li	ist 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.							
	C	heck 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						
	N	MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)						
	В	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	N	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		ONE MEDIACOM WAY						
		Number, street, rural route, apartment, or suite number) IEDIACOM PARK, NY 10918						
		City, town, state, zip)						
С		ICTIONS: 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	L	DENTIFICATION OF CABLE SYSTEM:						
- Cyotom	1 1	MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)						
		IAILING ADDRESS OF CABLE SYSTEM:						
	5	43 INYOKERN ROAD						
		Number, street, rural route, apartment, or suite number)						
		RIDGECREST, CA 93555 Dity, town, state, zip code)						
<u> </u>	- (c							

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:	2020/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)	31010						
	Instructions: List each separate community served by the cable system. A "con							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area Served	identified city.	obile nome parks snould be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	RIDGECREST	CA						
Community	CHINA LK NAVL/WEAPONS CTR	CA						
	KERN COUNTY	CA						
Add Rows as Necessary	SAN BERNARDINO COUNTY	CA						
	RIDGENET	CA						

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 31010

MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)

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	1,543	30.70-74.49			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	1	30.70-74.49			
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	80.99
 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

MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)

SYSTEM ID# 31010

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

G

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
KABC/KABC (HD) ABC	7	N	LOS ANGELES, CA
KABC-DT2 LWN	7.2	I-M	LOS ANGELES, CA
KABC-DT3 Laff	7.3	I-M	LOS ANGELES, CA
KCAL/KCAL (HD) (IND)	9	<u>l</u>	LOS ANGELES, CA
KCBS/KCBS (HD) CBS	2	N	LOS ANGELES, CA
KCBS-DT2 Start TV	2.2	I-M	LOS ANGELES, CA
KCBS-DT3 DABL	2.3	I-M	LOS ANGELES, CA
KCET (IND)	28	<u>l</u>	LOS ANGELES, CA
KCOP/KCOP (HD)(MyNet)	13	l	LOS ANGELES, CA
KCOP-DT2 Buzzer	13.1	I-M	LOS ANGELES, CA
KCOP-DT3 Movies	13.2	I-M	LOS ANGELES, CA
KLCS/ KLCS PBS HD	41	E	LOS ANGELES, CA
KLCS-DT2 PBS Kids	41.2	E-M	LOS ANGELES, CA
KLCS-DT3 PBS Create	41.3	E-M	LOS ANGELES, CA
KNBC/KNBC (HD) NBC	4	N	LOS ANGELES, CA
KOCE (PBS) Huntington Beau	15	E	RIDGECREST, CA
KTLA/KTLA (CW) (HD)	5	<u>l</u>	LOS ANGELES, CA
KTTV/KTTV (HD) FOX	11	<u>l</u>	LOS ANGELES, CA
KZGN/KZGN (HD) InfoWars	42	<u>l</u>	RIDGECREST, CA
KZGN-DT2 Tuff TV	42.2	I-M	RIDGECREST, CA
KZGN-DT3 Corner Store TV	42.3	I-M	RIDGECREST, CA

Accounting Period: 2020/1 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 31010 MEDIACOM CALIFORNIA LLC (RIDGECREST, CA) 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 Primary 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. 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 4. LOCATION OF STATION 3. TYPE OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

31010

MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)

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

Primary Transmitters: Radio

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.

- 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
							
							
	 						
							
	 						
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

Accounting Perio	nd: 2020/1						FOR	M SA1-2E. PAGE 5
accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FORI	SYSTEM ID#
Name	MEDIACOM CALIFOR	NIA LLC (RIDGECRES	ST, CA)				31010
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title	E: SPECIA ify every no ccounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no	AL STATEME nnetwork televi. eriod, under sp st be included i RNING SUBS ur cable system rest of this pa AMS am on a separa add additional onnetwork telev	NT AND PROGRAM LOsion program, broadcast by ecific present and former Finithis log, see page (v) of the triple of trip	y a distant star CC rules, reg he general ins asis, any nonr s "Yes," you r s wherever po	ulations, of structions network to must com ossible, if hat, durin	or authorization in the paper Selevision progression p	tem carried on a ns. For a further A1-2 form. ram X NO gram g is
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car 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."	egulations, or its like "mo Bulls." m was broat sign of the adcast statinadian statination and day ve "5/7." es when the Example: er "R" if the and regulationming that	or authorization ovies" or "bask deast live, ente station broadcon's location (tons, if any, the when your system of a program carrollisted program carrollisted program cons in effect d	ns. See page (v) of the general sets and the substitute programer "Yes." Otherwise enter asting the substitute programe community to which the community with which the stem carried the substitute program was carried by you ried by a system from 6:00 in was substituted for programing the accounting period	neral instruct am titles, for e "No." ram. le station is lide program. Us r cable system 1:15 p.m. to 6 ramming that od; enter the lider FCC rules	censed by entified). se numer m. List the ::28:30 p.	urther informa "I Love Lucy" y the FCC or, als, with the r e times accur m. should be tem was requ if the listed pr ulations in	tion. or in nonth ately
	S	UBSTITUT	E PROGRAM				CURRED	7. REASON FOR
	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

Accounting Period:	2020/1		FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)		,	31010
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a 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 he 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.	s secondary transm w to compute this a	ission service amount, see	
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 informa	than \$527,600	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 th 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 ar	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	00)	
	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 (I	out less than \$527	,600)	
	Enter the amount of gross receipts from space K	391,978.24		
	2. Base amount under statutory formula	263,800.00	-	
	3. Subtract line 2 from line 1	128,178.24	-	
	4. Multiply line 3 by .01		1,281.78	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319.00	•
			0.00	
	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	16	\$	2,600.78
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,600.78	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \dots	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,620.78
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7
Name		NER OF CABLE SYSTEM: IFORNIA LLC (RIDGECRE	EST, C	A)	SYSTEM ID# 31010
M Channels	to its subscribers, a	and (2) the cable system's tota umber of channels on which th	al numb	s on which the cable system carried television broadcast stations er of activated channels during the accounting period.	30
	on which the cab	umber of activated channels le system carried television brots st services		stations	76
N Individual to Be Contacted	we can contact abo	out this statement of account.)		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Address	Kenneth J. Kohrs One Mediacom Way			845-443-2762
	(Number, street, rural route, apartmer Mediacom Park, NY 1 City, town, state, zip)		e number)	
	Email	Copyrights@med	liacomo	c.com Fax (optional)	
O Certification	I, the undersigned (Owner of the content of t	, hereby certify that (Check one other than corporation or par	e, <i>but oni</i> rtnershi	tified and signed in accordance with Copyright Office regulations) ly one, of the boxes.) p) I am the owner of the cable system as identified in line 1 of space E artnership) I am the duly authorized agent of the owner of the cable so to a corporation or partnership; or	
	in line I have examined the	e 1 of space B. he statement of account and he and correct to the best of my ki	ereby de	ation) or a partner (if a partnership) of the legal entity identified as own clare under penalty of law that all statements of fact contained herein lee, information, and belief, and are made in good faith.	·
	[10 0.5.5., Section	- E	Enter sigr	/s/ Kenneth J. Kohrs electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) Kenneth J. Kohrs	
				resident, Financial Reporting n held in corporation or partnership)	
		Date:		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: 2020/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM CALIFORNIA LLC (RIDGECREST, CA)	31010
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 www.copyright.gov/licensing/interest-rate.pdf . 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.