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							
3/1/2021	\$						
	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	
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	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
Ь	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.
	24401
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MEDIACOM INDIANA LL C
	MEDIACOM INDIANA LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	ONE MEDIACOM WAY
	(Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E
System	IDENTIFICATION OF CABLE SYSTEM:
	1 MEDIACOM INDIANA LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	1102 N. Fourth Street, P.O. Box 334
	2 (Number, street, rural route, apartment, or suite number)
	Chillicothe, IL 61523
	(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:	2020/2	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM INDIANA LLC	24401
	Instructions: List each separate community served by the cable system. A "c	
D	"a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
Firet	Bluffton	IN
First Community	Decatur	IN
	Monroe	IN
	Poneto	IN
Add Rows as Necessary		
	Tocsin	IN.
	Uniondale	IN
	Vera Cruz	IN
	Adams County	IN.
	Wells County	IN
	Monroeville Township	IN

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24401

MEDIACOM INDIANA LLC

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 	1,455	29.95-61.54				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	1	29.95-61.54				
Converter						
Residential						
Non-residential						
		T		·	l	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	84.99
 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: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24401

4. LOCATION OF STATION

MEDIACOM INDIANA LLC

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WANE/WANE(HD) CBS	31	N	Fort Wayne, IN
WANE-DT3 Laff	31.3	I-M	Fort Wayne, IN
WANE-DT4 Escape	31.4	I-M	Fort Wayne, IN
WFFT/WFFT(HD)FOX	36	<u> </u>	Fort Wayne, IN
WFFT-DT2 Bounce TV	36.2	I-M	Fort Wayne, IN
WFWA/WFWA (HD) PBS	40	E	Fort Wayne, IN
WFWA-DT2 PBS KIDS	40.2	E-M	Fort Wayne, IN
WFWA-DT3 Create	40.3	E-M	Fort Wayne, IN
WFWA-DT4 4-YOU	40.4	E-M	Fort Wayne, IN
WFWA-DT5 PBS39WX	40.5	E-M	Fort Wayne, IN
WINM TBN	12	<u> </u>	Fort Wayne, IN
WIPB PBS	23	E	Muncie, IN
WISE/WISE (HD) CW	18	<u> </u>	Fort Wayne, IN
WISE-DT2 Justice Network	18.2	I-M	Fort Wayne, IN
WISE-DT3 Grit	18.3	I-M	Fort Wayne, IN
WISE-DT4 Court TV	18.4	I-M	Fort Wayne, IN
WISE-DT5 Start TV	18.5	I-M	Fort Wayne, IN
WISE-DT6 MeTV	18.6	I-M	Fort Wayne, IN
WISE-DT7 DABL	18.7	I-M	Fort Wayne, IN
WPTA/WPTA(HD) ABC	24	N	Fort Wayne, IN
WPTA-DT2/WPTA-DT2 (HD) N	24.2	N-M	Fort Wayne, IN
WPTA-DT3/WPTA-DT3 (HD) N	24.3	I-M	Fort Wayne, IN

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2020/2			FORM SA1-2E. PAGE 3.							
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#							
Name	MEDIACOM INDIANA LLC PRIMARY TRANSMITTERS: TELEVISION										
	PRIMARY TRANSMITTERS:	TELEVISION									
G	carried by your cable system	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tir	ne basis under							
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e	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.									
Television		: With respect to any distant stations of	carried by your cable system on a subs	stitute program							
	•	Iles, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis.	the Special Statement and Program L	og)—if the							
	basis. For further information	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination	, see page (v) of the general instruction	ons.							
	"WETA-2" as the same on										
	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										
		ring the letter "N" (for network), "N-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.										
	Too. To Mexican of 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							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM INDIANA LLC

24401

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).

0411 0101	A.A	0.5	LOGATION OF STATIST	0411 01011	L ANA	0.15	LOCATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
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Accounting Borio	.d. 2020/2						FOR	4 SA1 2E DACE 5				
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#				
Name	MEDIACOM INDIANA							24401				
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	OG							
ı	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further											
Substitute	explanation of the programm	٠.		•								
Carriage:	1. Of EDIAL OTATEMENT OUNDERWING CODOTTOTE CARRIAGE											
Special Statement and	During the accounting per	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant station?											
	Note: If your answer is "No	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.											
	2. LOG OF SUBSTITUTE PROGRAMS											
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.											
	Column 1: Give the title period, was broadcast by a			vision program ("substitut								
	under certain FCC rules, re											
	Do not use general categor		ovies" or "bask	cetball." List specific progr	am titles, for e	example, "	I Love Lucy"	or				
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ent	er "Yes." Otherwise enter	"No."							
				casting the substitute prog			H F00	t				
	the case of Mexican or Car		,	the community to which the community with which the		,	the FCC or,	in				
			when your sy	stem carried the substitut	e program. U	se numéra	als, with the r	nonth				
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	ır cable svste	m. List the	times accur	atelv				
	to the nearest five minutes.				•			,				
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	e listed program	m was substituted for prog	ramming that	t vour svst	em was <i>rea</i> u	iired				
	to delete under FCC rules	and regulat	ions in effect of	during the accounting perio	od; enter the	letter "P" if	the listed pr					
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete un	der FCC rules	and regu	lations in					
	Check on Colober 10, 1070	•			T I			1				
	6	LIDOTITLIT		A	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOR							
		ı	E PROGRAM 3. STATION'S		CARRIAGE OCCURRED 7. 5. MONTH 6. TIMES			DELETION				
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то					
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Accounting Period:					SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC				24401
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and t all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation 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.	tem's sec of how to	ondary transmi compute this a	ssion service imount, 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	t less thar	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	ee that yo	u must pay for t	his 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	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mor	e than \$137,1	00)	
	1. Base amount under statutory formula	5	263,800.00		
	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 ar	nd 8	· · · · · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	i	361,583.20		
	2. Base amount under statutory formula	5	263,800.00		
	3. Subtract line 2 from line 1	6	97,783.20		
	4. Multiply line 3 by .01		\$	977.83	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \dots		\$	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		\$	2,296.83
	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)		\$	2,296.83	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · <u>-</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,316.83
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				ghts!

Accounting Period:	2020/2						FORM SA1-2E. PAGE 7
Name	MEDIACOM IN	DWNER OF CABLE SYSTEM: DIANA LLC					SYSTEM ID# 24401
M		= ' '			n which the cable system carried television broa of activated channels during the accounting per		
Oldinois		I number of channels on which television broadcast stations .					29
	on which the ca	I number of activated channels able system carried television cast services	broadcas		ations	[60
N Individual to		BE CONTACTED IF FURTH about this statement of accoun		FORM	IATION IS NEEDED (Identify an individual to wi	hom	
for Further Information	Name	Kenneth J. Kohrs				Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr	ment, or su		umber)		
		Mediacom Park, NY (City, town, state, zip)					
	Email	Copyrights@me	ediacom	mcc.	com Fax (optio	nal)	
O Certification	• I, the undersign	ed, hereby certify that (Check o	one, <i>but oi</i>	only o	ed and signed in accordance with Copyright Officence, of the boxes.) I am the owner of the cable system as identified in		B; or
	in (Office	line 1 of space B and that the o	owner is n	s not a	nership) I am the duly authorized agent of the own corporation or partnership; or on) or a partner (if a partnership) of the legal entit		
	I have examined	e, and correct to the best of my			are under penalty of law that all statements of fact information, and belief, and are made in good fail		
			X	()	s/ Kenneth J. Kohrs		
					ctronic signature on the line above to certify this sta ure using an "/s/ signature" (e.g., /s/ John Smith)	atement.	
		Typed or printed	d name:	e: I	Kenneth J. Kohrs		
		Title: (Title of o			esident, Financial Reporting		
		Date:			2/15/2	2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

counting Period: 2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM INDIANA LLC	24401
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	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment	nt
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	C Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	ays
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	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	se
** 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, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	;e
Owner	
Address	
ID number First community served	
Accounting period	

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N	0.25
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