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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: 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.	25623
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Iowa, LLC (Oelwein, IA)	
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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.

<u> </u>		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	MCC Iowa, LLC (Oelwein, IA)	256
	Instructions: List each separate community served by the cable system. A "community"	is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list was the "first community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom identified city.	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Oelwein	IA
Community	Hazelton	IA
-	Fayette (UO Oelwein)	iA
I D	Edgewood	IA
Rows as Necessary	Fairbank	
	h	IA
	Maynard	IA
	Strawberry Point	<u>iA</u>
	Delaware City	IA
	Manchester	IA

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25623

MCC Iowa, LLC (Oelwein, IA)

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.

BLG	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,620	29.99-74.49					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter	2	29.99-74.49					
Residential							
Non-residential							
	I	T I		T	1		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1						
CATEGORY OF SERVICE	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# 25623

MCC Iowa, LLC (Oelwein, IA)

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
KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
KCRG/KCRG (HD)-DT2 MyNE	9.2	I-M	Cedar Rapids, IA
KCRG-DT3 Antenna	9.3	I-M	Cedar Rapids, IA
KCRG-DT4 H&I	9.4	I-M	Cedar Rapids, IA
KCRG-DT5 Start TV	9.5	I-M	Cedar Rapids, IA
KCRG-DT6 Circle	9.6	I-M	Cedar Rapids, IA
KFXA/KFXA(HD) FOX	27	I	Cedar Rapids, IA
KFXA-DT2 Charge	27.2	I-M	Cedar Rapids, IA
KFXA-DT3 TBD	27.3	I-M	Cedar Rapids, IA
KFXA-DT4 Stadium	27.4	I-M	Cedar Rapids, IA
KFXB CTN	43	l	DUBUQUE, IA
KGAN/KGAN(HD) CBS	51	N	Cedar Rapids, IA
KGAN-DT2 getTV	51.2	I-M	Cedar Rapids, IA
KGAN-DT3 COMET	51.3	I-M	Cedar Rapids, IA
KGAN-DT4 DABL	51.4	I-M	Cedar Rapids, IA
KIIN/KIIN (HD) PBS	12	E	Iowa City, IA
KIIN-DT2 PBS KIDS (HD)	12.2	E-M	lowa City, IA
KIIN-DT3 PBS WORLD	12.3	E-M	Iowa City, IA
KIIN-DT4 PBS Create	12.4	E-M	lowa City, IA
KPXR/KPXR(HD) ION	47	I	Cedar Rapids, IA
KWKB/KWKB (HD) Escape T\	25	l	lowa City, IA
KWKB-DT2 Laff	25.2	I-M	lowa City, IA
KWKB-DT3 Grit	25.3	I-M	lowa City, IA
KWKB-DT4 Bounce TV	25.4	I-M	lowa City, IA

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

25623

MCC Iowa, LLC (Oelwein, IA)

PRIMARY TRANSMITTERS: TELEVISION

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWKB-DT5 Light TV	25.5	I-M	lowa City, IA
KWKB-DT6 Quest	25.6	I-M	lowa City, IA
KWWL/KWWL(HD) NBC	7	N	Waterloo, IA
KWWL-DT2/KWWL-DT2 (HD)	7.2	I-M	Waterloo, IA
KWWL-DT3 MeTV	7.3	I-M	Waterloo, IA
KWWL-DT4 Court TV	7.4	I-M	Waterloo, IA
KWWL-DT5 Justice Network	7.5	I-M	Waterloo, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Oelwein, IA)

25623

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		0.5	LOCATION OF STATION		L ANA	0/5	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LUCATION OF STATION
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Accounting Perio	LEGAL NAME OF OWNER OF MCC Iowa, LLC (Oelw		STEM:			FOR	M SA1-2E. PAGE 5. SYSTEM ID# 25623
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spa	E: SPECI. tify every not accounting prining that mu T CONCE. riod, did you ation? o", leave the stitute prograce, please of every not a distant sta	connetwork televice period, under spust be included RNING SUBS our cable system e rest of this param on a separam on a separam onnetwork televice ation and that y	ision program, broadcast be pecific present and former I in this log, see page (v) of in this log, see	y a distant stare CC rules, regthe general instances asis, any noning services wherever pure program") to teed for the program.	pulations, or authorizations in the paper structions in the property of the property of the property of the property of the property in the property of the paper structure o	stem carried on a ons. For a further SA1-2 form. gram X NO gram gram gram gram station
	Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976	ries like "m . Bulls." m was broa sign of the adcast stat nadian stat thand day ive "5/7." nes when th . Example: ter "R" if the and regular mming that i.	ovies" or "bask adcast live, ent e station broadd ion's location (ions, if any, the y when your sy he substitute pr a program car e listed program tions in effect of your system w	am titles, for a "No." Iram. The station is like station is ide program. Use the system of the sys	censed by the FCC or, lentified). se numerals, with the m. List the times accurate to see the second of the second	or in month rately uired rogram	
	1. TITLE OF PROGRAM	UBSTITUT	TE PROGRAM 3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
		 	 				

Accounting Period:	2020/2				SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Oelwein, IA)				25623
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (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.	stem's sec	condary 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 buth Use block 3 if the amount of gross receipts in space K is more than \$263,800 buth Use block 3 if the amount of gross receipts in space K is more than \$263,800 buth Use page (vi) of the general instructions located in the paper SA1-2 form for more information.	ut less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	.ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou 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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re 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 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but l	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	427,714.56		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		163,914.56		
	4. Multiply line 3 by .01			1,639.15	
	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, 1	•			2,958.15
	7. TOTAL ROTALITY FEE PATABLE FOR ACCOUNTING PERIOD. Add lilles 4,	o, and o .		Ψ	2,930.13
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,958.15	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,978.15
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				ghts!

Accounting Period:	2020/2								FORM SA1-2E. PAGE 7.
Name	MCC lowa, LLC	OWNER OF CABLE SYSTEM: C (Oelwein, IA)							SYSTEM ID# 25623
M		ou must give (1) the number of s, and (2) the cable system's to			-		t stations		
		number of channels on which television broadcast stations.							40
	on which the ca	number of activated channels able system carried television ast services	broadca					(64
N Individual to		BE CONTACTED IF FURTH about this statement of accoun		RMATION IS NEED	ED (Identify an ir	ndividual to whom			
for Further Information	Name	Kenneth J. Kohrs				1	Telephone [345-443-2762	
	Address	One Mediacom Way (Number, street, rural route, apartm	ment, or su	te number)	***************************************	***************************************		***************************************	
		Mediacom Park, NY (City, town, state, zip)							
	Email	Copyrights@me	ediacom	cc.com		Fax (optional)			
O Certification	• I, the undersign	(This statement of account mu ed, hereby certify that (Check o er other than corporation or p	one, <i>but oi</i>	oly one, of the boxes.)			; or	
	in	t of owner other than corpora line 1 of space B and that the o er or partner) I am an officer (i	wner is n	ot a corporation or pa	artnership; or				
	I have examined	the statement of account and e, and correct to the best of my on 1001(1986)]					ained herein		
			X	/s/ Kenneth J.	Kohrs				
		- 0		electronic signature o nature using an "/s/ si			nt.		
		Typed or printed	d name:	Kenneth J. K	ohrs				
		Title:		President, Final on held in corporation or		ing			
		Date:				2/15/2021			

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
C Iowa, LLC (Oelwein, IA)	25623
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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 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	
* 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	'

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1	1.00
N	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25