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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	(
	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 ILLINOIS 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:								
	MEDIACOM ILLINOIS LLC								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 1102 North Fourth Street (Number street rural route apartment or suite number)								
	(ramber, sees), and reads, aparation, or each name of								
	Chillicothe, IL 61523 (City, town, state, zip code)								
i e									

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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	MEDIACOM ILLINOIS LLC	2710
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated cor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	it will serve as a form of system identification hereafter know
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area	identified city.	onie parks snould be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Elmwood	IL
Community	FARMINGTON	IL
	Yates City	IL
dd Rows as Necessary	ST AUGUSTINE	IL
	ST DAVID	IL
	FAIRVIEW	IL
	ABINGDON	IL
	MAQUON	IL
	LONDON MILLS	IL
	GLASFORD	IL
	HANNA CITY	IL
	SMITHVILLE	IL
	AVON	IL
	Warren County	IL
	Clear Lake	lN

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27103

MEDIACOM ILLINOIS 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.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,241	29.95-94.49				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	1	29.95-94.49				
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.

	BLO	CK 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	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. SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM: Name 27103 MEDIACOM ILLINOIS LLC

G

Primary Transmitters:

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:

Po not list the station here in space — 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 othe 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 noncommercia

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
(LJB (FOX)	49	I	Davenport, IA
VANE/WANE(HD) CBS	31	N	FORT WAYNE, IN
VANE-DT3 Laff	31.3	I-M	FORT WAYNE, IN
VANE-DT4 Escape	31.4	I-M	FORT WAYNE, IN
VAOE (MyNET)	39	1	PEORIA, IL
VEEK/WEEK(HD) NBC	25	N	Peoria, IL
VEEK-DT2/WEEK-DT2(HD) A	25.2	N-M	Peoria, IL
VEEK-DT3/WEEK-DT3(HD) C	25.3	I-M	Peoria, IL
VFFT/WFFT(HD) FOX	36	l	FORT WAYNE, IN
VFFT-DT2 Bounce TV	36.2	I-M	FORT WAYNE, IN
VFWA/WFWA(HD) PBS	40	E	FORT WAYNE, IN
VFWA-DT2 PBS Kids	40.2	E-M	FORT WAYNE, IN
VFWA-DT3 PBS Create	40.3	E-M	FORT WAYNE, IN
VFWA-DT4 39-4YOU	40.4	E-M	FORT WAYNE, IN
VFWA-DT5 PBS39WX	40.5	E-M	FORT WAYNE, IN
VHOI COMET (HD)	19.3		Peoria, IL
VINM (TBN) VISE-CW/WISE-CW (HD)	12 18		ANGOLA, IN FORT WAYNE, IN
	18.2	I-M	
VISE-DT2 Justice Network			FORT WAYNE, IN
VISE-DT3 Grit	18.3	I-M	FORT WAYNE, IN
VISE-DT4 Court TV	18.4	I-M	FORT WAYNE, IN
VISE-DT5 Start TV	18.5	I-M	FORT WAYNE, IN
VISE-DT6 MeTV	18.6	I-M	FORT WAYNE, IN
VISE-DT7 DABL	18.7	I-M	FORT WAYNE, IN
VMBD/WMBD(HD) CBS	30	N	Peoria, IL
VMBD-DT2 Bounce TV	30.2	I-M	Peoria, IL
VMBD-DT3 Laff	30.3	I-M	Peoria, IL
VMBD-DT4 Escape	30.4	I-M	Peoria, IL
VNIT (PBS)	35	Е	SOUTH BEND, IN
VPTA/WPTA(HD) ABC	24	N	FORT WAYNE, IN
VPTA-DT2/WPTA-DT2 (HD) (24.2	I-M	FORT WAYNE, IN
VPTA-DT3 MYNET/WPTA-DT	25.3	I-M	FORT WAYNE, IN
VQAD (ABC)	38	N	MOLINE, IL
VTVP/WTVP(HD) PBS	46	E	Peoria, IL
VTVP-DT2 PBS KIDS	46.2	E-M	Peoria, IL
VTVP-DT3 PBS WORLD	46.3	E-M	Peoria, IL
VTVP-DT4 Create	46.4	E-M	Peoria, IL
	***************************************		†······

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

27103

MEDIACOM ILLINOIS LLC

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 14	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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		l					
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Accounting Perio	nd: 2020/2						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1010	SYSTEM ID#	
Name	MEDIACOM ILLINOIS	LLC						27103	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	ıG				
Cubatituta	In General: In space I, identi substitute basis during the a	ify every no	nnetwork telev period, under sp	ision program, broadcast by pecific present and former F	<i>r a distant</i> sta CC rules, reg	ulations, o	r authorizatio	ns. For a further	
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the second state of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the pa								
Special	During the accounting pe	_			sis. anv nonr	network te	levision prod	ıram	
Statement and Program Log	broadcast by a distant sta	-	,	,,	, ,		YES	X NO	
r rogram Log	Note: If your answer is "No		roct of this no	ago blank. If your answer i	s "Voc " vou r	must com			
	log in block 2.	, leave uli	e rescoruits pa	age blatik. II your answer is	s res, your	nust com	piete trie bro	gram	
	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 of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							ting station ation. or in month rately	
	effect on October 19, 1976			WHEN SUBSTITUTE					
	s	UBSTITUT	E PROGRAM	1		AGE OC		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	
		103 01 110	OALL CICIV	4. GIAHONG EGGAHON	AND DAT	TROW	_		
							,		
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Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			;	SYSTEM ID# 27103
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 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.	system's se on of how	econdary transm 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00			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 I	nes 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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 \$26	3,800 (but	less than \$527,	,600)	
	Enter the amount of gross receipts from space K	\$	331,294.51		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	67,494.51		
	4. Multiply line 3 by .01		. \$	674.95	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	_
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6		\$	1,993.95
	FILING FEE AND TOTAL REMITTANCE DU	JE_			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,993.95	•
Due	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			\$	2,013.95
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!
	I control of the second of the				

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: LINOIS LLC		SYSTEM ID# 27103
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	number of channels on which television broadcast stations number of activated channels able system carried television	s	
N Individual to Be Contacted	INDIVIDUAL TO		IER INFORMATION IS NEEDED (Identify an individual to whom	1
for Further Information	Name	Kenneth J. Kohrs		Telephone 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, aparts Mediacom Park, NY (City, town, state, zip)	ment, or suite number)	
	Email		ediacomcc.com Fax (optional))
O Certification	I, the undersigned (Owne) X (Agent in I) (Office in I) I have examined	ed, hereby certify that (Check or other than corporation or put of owner other than corporine 1 of space B and that the certain of space B. If the statement of account and e, and correct to the best of my	ust be certified and signed in accordance with Copyright Office one, but only one, of the boxes.) partnership) I am the owner of the cable system as identified in lineation or partnership) I am the duly authorized agent of the owner owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified the partnership of the legal entity identified the	ne 1 of space B; or r of the cable system as identified entified as owner of the cable system
			X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement of the signature using an "/s/ signature" (e.g., /s/ John Smith)	nent.
		Typed or printed	d name: Kenneth J. Kohrs	
		Title: (Title of o	Vice President, Financial Reporting fficial position held in corporation or partnership)	
		Date:	2/15/202	1

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.
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM ILLINOIS LLC	27103
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special 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. 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.