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))								
	2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	Barcode Data Filing Period (optional - see instructions)								
Accounting									
Period									
	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								
В	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 the country different any and divine the appropriate anxion and the country as the last day of the appropriate anxion about a charite								
	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.								
	27464								
	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 MINNESOTA 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	<b>INSTRUCTIONS:</b> 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 MINNESOTA LLC								
	MAILING ADDRESS OF CABLE SYSTEM:								
	1504 2nd Street SE, P.O. Box 110								
	(Number, street, rural route, apartment, or suite number)								
	Waseca, MN 56093 (City, town, state, zip code)								
1	[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [								

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

Accounting Period:		FORM SA1-2E. PAGE 1b							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	MEDIACOM MINNESOTA LLC 27464								
	Instructions: List each separate community served by the cable system. A "								
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.	r mobile nome parks snould be reported in parentneses below the							
	CITY OR TOWN	STATE							
First Community	PAYNESVILLE	MN							
	PAYNESVILLE TOWNSHIP	MN							
	ATWATER	MN							
Add Rows as Necessary	GROVE CITY	MN							
	CLARA CITY	MN							
	MAYNARD	MN							
	COSMOS	MN							
	GRANITE FALLS	MN							

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27464

#### MEDIACOM MINNESOTA 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 RATI	E			
Residential:							
Service to first set	1,229	29.99-74.49					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	2	29.99-74.49					
Converter							
Residential							
Non-residential							
		<b>†</b>					

# 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	83.99
<ul> <li>Pay cable—add'l channel</li> </ul>	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			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27464

### MEDIACOM MINNESOTA LLC 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KARE/KARE(HD) NBC	11	N	Minneapolis, MN
KARE-DT2 Court TV	11.2	I-M	Minneapolis, MN
KARE-DT3 Justice Network	11.3	I-M	Minneapolis, MN
KMSP/KMSP(HD) FOX	9	<u>l</u>	Minneapolis, MN
KMSP-DT4 BUZZR	9.2	I-M	Minneapolis, MN
KPXM/KPXM (ION) HD	40	<u> </u>	ST CLOUD, MN
KPXM-DT2 qubo	40.2	I-M	ST CLOUD, MN
KPXM-DT3 ION Plus	40.3	I-M	ST CLOUD, MN
KSTC/KSTC(HD) IND	45	<u> </u>	MINNEAPOLIS,MN
KSTC-DT2 MeTV	45.2	I-M	MINNEAPOLIS,MN
KSTC-DT3 Antenna	45.3	I-M	MINNEAPOLIS,MN
KSTC-DT4 ThisTV	45.4	I-M	MINNEAPOLIS,MN
KSTP/KSTP(HD) ABC	35	N	St. Paul, MN
KSTP-DT2 Heroes&Icons	35.2	I-M	St. Paul, MN
KTCA PBS TPT 2 (HD)	34	E	St. Paul, MN
KTCA-DT PBS TPT 2	34.1	E-M	St. Paul, MN
KTCA-DT2 PBS Kids (HD)	34.2	E-M	St. Paul, MN
KTCI PBS TPT Life	23	E	St. Paul, MN
KWCM/KWCM(HD) PBS	10	E	APPLETON, MN
KWCM-DT2 PBS Create	10.2	E-M	APPLETON, MN
KWCM-DT3 PBS MN Channe	10.3	E-M	APPLETON, MN
KWCM-DT4 PBS World	10.4	E-M	APPLETON, MN
WCCO/WCCO(HD) CBS	32	N	Minneapolis, MN
WCCO-DT2 Start TV	32.2	I-M	Minneapolis, MN
WCCO-DT3 DABL	32.3	I-M	MINNEAPOLIS, MN
WFTC/WFTC (HD) (MyNET)	29	I	Minneapolis, MN
WFTC-DT4 Movies	29.4	I-M	Minneapolis, MN
WUCW/WUCW(HD) CW	22		MINNEAPOLIS, MN

Accounting Period:	2020/2			FORM SA1-2E. PAGE 3.							
Name	LEGAL NAME OF OWNER OF	SYSTEM ID#									
Name	MEDIACOM MINNESO	27464									
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channer of license. For example, W. Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-tir he carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat arried by your cable system on a subthe Special Statement and Program Lead both on a substitute basis and also a, see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, reposition station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form. It the community to which the station in	me basis under ms [sections ions carried on a stitute program							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	WUCW-DT2 Comet	22.2	I-M	MINNEAPOLIS, MN							
	WUCW-DT3 Charge	22.3	I-M	MINNEAPOLIS, MN							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **MEDIACOM MINNESOTA LLC**

27464

#### 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
		†					
		<del> </del>					
	<del> </del>	<del> </del>			l		
		<del> </del>				l	
	<del></del>	<del> </del>			l		
	<del> </del>	<del> </del>			l		
	<del> </del>	<del> </del>			<b></b>		
	<del> </del>	<del> </del>			l		
		<del> </del>					
		<del> </del>				 	
		<del> </del>			ļ	 	
		<del> </del>					
		<del> </del>					
		<b></b>					
		<b></b>					
		<b> </b>					
		ļ					
		ļ					
		ļ					
		ļ					
		<u> </u>					
		1					
		1					
		t					
		†					
		<del> </del>					
		<del> </del>					
		<del> </del>					
		<del> </del>				l	
		<del> </del>					
		<del> </del>					
		<del> </del>					
		<del> </del>					
		<b></b>					
	I	l		1	1	l	1

Accounting Perio	nd: 2020/2					FO	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESC		STEM:			10	SYSTEM ID# 27464
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the more first. Example: for May 7 gi 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 program	tify every no accounting pring that multiple pring that multiple principle. Took Errod, did you tition?  E PROGRA titute prograce, please of every not a distant state gulations, ories like "more bulls." m was broasign of the adcast stating that and day you "5/7." es when the Example:  ter "R" if the land regulate mming that	eriod, under systemeriod, under systemeriod, under systemeriod.  RNING SUBS  ur cable systemeriod erest of this paramon a separamon additional additional content of the systemeriod erest erest of this paramon additional erest erest of this paramon as separamon additional erest erest erest of this paramon and that yor authorizatio povies" or "bask deast live, entration broaddon's location (oons, if any, they when your systemeriod erest	ision program, broadcast by precific present and former Fin this log, see page (v) of the program of the progra	y a distant stare CC rules, reg the general instant is "Yes," you res wherever per e program") the form the program. The station is lide to the program. Using the program. Using the control of the program. Using the station is lide to the program. Using the program. Using the program in the	ulations, or authorizat structions in the paper network television provides a provide the provides a provide the provides a provide the provides a provide	ons. For a further SA1-2 form.  ogram  X NO  ogram  ing is  nting or station nation. y" or  r, in  e month  urately e  quired
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO  — — — — — — — — — — — — — — — — — —	

Accounting Period:	2020/2			FORM:	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			,	**************************************
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for 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	
L 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	ty fee that y	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 li	nes 1 and 2	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	\$	382,183.95		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	118,383.95		
	4. Multiply line 3 by .01		\$	1,183.84	•
	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	1, 5, and 6		\$	2,502.84
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,502.84	
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			\$	2,522.84
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2020/2						FORM SA1-2E. PAGE 7	
Name	LEGAL NAME OF OWNER OF CAR MEDIACOM MINNESOTA L						SYSTEM ID# 27464	
M Channels	CHANNELS Instructions: You must give (1 to its subscribers, and (2) the control of the system carried television broad to make the total number of action which the cable system cannon and nonbroadcast services.	cable system's to nannels on which nadcast stations. ctivated channels arried television	otal number  the cable   s broadcast s	er of activated channels du	ring the accounting period.	st stations	39 75	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this state	CTED IF FURTH	ER INFOR					
for Further Information	Name Kenneth					Telephone 84	45-443-2762	
	(Number, street	liacom Way et, rural route, apartn m Park, NY 1		number)				
	, ,,	Copyrights@me	ediacomco	c.com	Fax (optional)			
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]							
			Enter an el	/s/ Kenneth J. Kohrs lectronic signature on the lir ature using an "/s/ signature	e above to certify this stateme	ent.		
	Т	Typed or printed	d name:	Kenneth J. Kohrs				
	Т	Title: (Title of of		resident, Financial I				
	D	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.

counting Period:	2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OV	/NER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM MIN	INESOTA LLC	27464
The Satellite I lowing senten "In dete service scriber  For more infol located in the During the acc	STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folce:  ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include subsand amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  Transition on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.  Counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
For an explan	applete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line i Enter	the amount of late payment or underpayment	
Line 2 Multip	ly line 1 by the interest rate* and enter the sum here	
Line 3 Multip	ly line 2 by the number of days late and enter the sum here	
	ly line 3 by 0.00274** and enter here ce L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	he interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please he Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is t	ne decimal equivalent of 1/365, which is the interest assessment for one day late.	
	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number		
First commun		

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.