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

Return completed workbook by email to:

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

,

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING 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			
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.	32992
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Georgia, LLC (Cuthbert, GA)	
		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)	
	INGTO	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s 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 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.

Name	MCC Georgia, LLC (Cuthbert, GA)	
		32992
П		A "community" is the same as a "community unit" as defined in FCC rules:
	"a separate and distinct community or municipal entity (including uninco	prporated communities within unincorporated areas and including single,
U		ry that you list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all futu	
	Note: Entities and properties such as hotels, apartments, condominiums	
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Cuthbert	GA
Community	Randolph	GA
	Shellman	GA
dd Rows as Necessary	Richland	GA
au nows as necessary		

		DI E 01/2						FORM SA1		
Name	LEGAL NAME OF OWNER OF C/	ABLE SYSTEM:						515	TEM ID 3299	
	MCC Georgia, LLC (Cuthbert, GA)									
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND R	ATES					
E	In General: The information in s			-		•				
. .	system, that is, the retransmission									
Secondary Transmission	about other services (including plast day of the accounting period						those exis	ting on the		
Service: Sub-	,	`		,	,	,	ble system	n, broken		
scribers and	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									
Rates	each category by counting the n							s charged		
	separately for the particular serv Rate: Give the standard rate of							ne and the		
	unit in which it is generally billed									
	category, but do not include disc	ounts allowed	for adv	ance payment.						
	Block 1: In the left-hand block			-						
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			•		0				
	subscriber who pays extra for ca						•			
	first set" and would be counted of									
	Block 2: If your cable system printed in block 1 (for example, t	0								
	with the number of subscribers a					,		, 0		
	sufficient.									
	BLC	DCK 1	-				BLOCK		I	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI	
	Residential:									
	Service to first set		426	40.49-74.49						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		1	40.49-74.49						
	Converter									
	Residential									
	Non-residential									
								L		
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					ll vour cable sv	stem's serv	vices that were		
F	not covered in space E, that is, t	•	,		-	• •				
	service for a single fee. There an	e two exception	ons: you	u do not need to	o give rate	information cor	cerning (1) services		
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the ur		usually	y billed. If any ra	ates are cr	harged on a var	able per-p	rogram basis,		
ransmissions:	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.									
Rates	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						BLOCK 2	r	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res	idential			Cabla	00.0	
	• Pay cable	PP		otel, hotel			Family	Cable	82.9	
	Pay cable—add'l channel	PP		mmercial						
	Fire protection			y cable v cable add'l ch	oppol					
	•Burglar protection Installation: Residential			y cable-add'l ch e protection	anner					
		00.00		e protection						
	First set Additional set(s)	99.99 15 00-49 00		rglar protection services:						
	 Additional set(s) FM radio (if separate rate) 	15.00-49.00		connect		49.00				
	• Converter	10.50		sconnect		43.00				
	Converter	10.50		Itlet relocation		15.00-49.00				
	1		1 - Ou	nior reiocation		10.00-40.00				
			• Mc	ove to new addr	229					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MCC Georgia, LLC (Cu			329					
	PRIMARY TRANSMITTERS:								
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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 by entering the letter "N" (for network multicast), "I' (for independent), "I-M" (for independent), "I-M" (for independent multicast), "E" (for noncommercial entwork), "N-M" (for network multicast), "I' (for independent), "I-M" (for in								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WABW/WABW(HD) PBS	6	E	PELHAM, GA					
	WABW-DT2 Create	6.2	E-M	PELHAM, GA					
	WABW-DT4 PBS KIDS	6.4	E-M	PELHAM, GA					
	WABW-DT3 PBS Knowledge	6.3	E-M	PELHAM, GA					
	WALB/WALB(HD) NBC	10	N	Albany, GA					
Rows as Necessary	WALB-DT3 BounceTV	10.3	I-M	Albany, GA					
	WLTZ/WLTZ(HD) NBC	35	Ν	Columbus, GA					
		35.2	I M						
	WLTZ-DT2/WLTZ-DT2(HD) CV	00.2	I-M	Columbus, GA					
	WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV	35.3	I-M	Columbus, GA Columbus, GA					
	WLTZ-DT3 Antenna TV	35.3	I-M	Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS	35.3 15	I-M N	Columbus, GA Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV	35.3 15 15.2	I-M N I-M	Columbus, GA Columbus, GA Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet)	35.3 15 15.2 51	I-M N I-M	Columbus, GA Columbus, GA Columbus, GA CORDELE, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC	35.3 15 15.2 51 11	I-M N I-M I N	Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce	35.3 15 15.2 51 11 11.2	I-M N I-M I N I-M	Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle	35.3 15 15.2 51 11 11.2 11.3	I-M N I-M I I N I-M I-M	Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle WTVM-DT4 Grit	35.3 15 15.2 51 11 11.2 11.3 11.4	I-M N I-M I N I-M I-M I-M	Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle WTVM-DT4 Grit WXTX/WXTX(HD) FOX	35.3 15 15.2 51 11 11.2 11.3 11.4 49	I-M N I-M I N I-M I-M I-M I-M I-M	Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle WTVM-DT4 Grit WXTX/WXTX(HD) FOX	35.3 15 15.2 51 11 11.2 11.3 11.4 49	I-M N I-M I N I-M I-M I-M I-M I-M	Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle WTVM-DT4 Grit WXTX/WXTX(HD) FOX	35.3 15 15.2 51 11 11.2 11.3 11.4 49	I-M N I-M I N I-M I-M I-M I-M I-M	Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle WTVM-DT4 Grit WXTX/WXTX(HD) FOX	35.3 15 15.2 51 11 11.2 11.3 11.4 49	I-M N I-M I N I-M I-M I-M I-M I-M	Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA					
	WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle WTVM-DT4 Grit WXTX/WXTX(HD) FOX	35.3 15 15.2 51 11 11.2 11.3 11.4 49	I-M N I-M I N I-M I-M I-M I-M I-M	Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA					

ounting i chiou.	: 2020/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID				
Name	MCC Georgia, LLC (Cuthbert, GA)		3299				
	PRIMARY TRANSMITTERS	TELEVISION						
G	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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace	 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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. 						
	(for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), terms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is	al multicast).				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

EGAL NAME OI								SYSTEM I 329
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	/ the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2				2.2		

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Georgia, LLC (C	uthbert, C	SA)					32992
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ify every no	nnetwork telev	<i>ision program,</i> broadcast by	, a <i>distant</i> sta	tion, that yo	our cable sys	tem carried on a
	substitute basis during the a	•••		•				
Substitute	explanation of the programn	-			he general ins	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting pe 		ur cable syste	m carry, on a substitute ba	isis, any nonr	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever p	ossible ift	heir meaning	nis
	clear. If you need more spa					0001010, 11 1		910
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.	Bulls."			-	1 /	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Car							
			/ when your sy	stem carried the substitute	e program. U	se numeral	ls, with the n	nonth
	first. Example: for May 7 gi		o oubstituto pr	ogram was corriad by you	r ochlo ovotov	m lietthe	timos oscur	atalı
	to the nearest five minutes			ogram was carried by you ried by a system from 6:01				atery
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules was substituted for program							ogram
	effect on October 19, 1976	•	your system w			and regul		
					WHE	N SUBSTI	ITUTE	
			E PROGRAM	1	5. MONTH	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							_	
							_	
								,
							_	
							_	
							_	
							_	
							_	
1								

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Cuthbert, GA)	SI	STEM ID# 32992
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	5,887.51 ss receipts)
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 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name		/NER OF CABLE SYSTEM: LC (Cuthbert, GA)			SYSTEM ID# 32992
M Channels	 to its subscribers, a 1. Enter the total n system carried te 2. Enter the total n on which the cab 	and (2) the cable system's tot umber of channels on which t	roadcast stations		25 69
N Individual to Be Contacted for Further	we can contact abo	SE CONTACTED IF FURTHE out this statement of account. Kenneth J. Kohrs	R INFORMATION IS NEEDED (Identify an individual)	to whom Telephone 845-4 4	43-2762
Information	(One Mediacom Way Number, street, rural route, apartme Mediacom Park, NY 1 City, town, state, zip) Copyrights@mea	0918	optional)	
O Certification	I, the undersigned (Owner of X (Agent c in lin (Officer in lin · I have examined ti	, hereby certify that (Check on other than corporation or pa of owner other than corporat e 1 of space B and that the ow r or partner) I am an officer (if e 1 of space B. he statement of account and h and correct to the best of my k	rtnership) I am the owner of the cable system as identif on or partnership) I am the duly authorized agent of th ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal ereby declare under penalty of law that all statements o nowledge, information, and belief, and are made in goo	fied in line 1 of space B; or ne owner of the cable system a entity identified as owner of th f fact contained herein	
		Typed or printed	Vice President, Financial Reporting		

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 it may affect the legal sufficiency of the fing, 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 Georgia, LLC (Cuthbert, GA)	32992
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
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	_
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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.