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							
Accounting	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.	03						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Mediacom California LLC (Sun City, CA)							
	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	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unleaded appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.							
System	IDENTIFICATION OF CABLE SYSTEM:							
	MEDIACOM CALFORINIA LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	27192-A SUN CITY BLVD [Number street rural route apartment or suite number)							
	(Hamber, Street, Island, Grant Hamber)							
	SUN CITY, CA 92586 (City, town, state, zip code)							
	$\mathbf{p} \in \mathcal{P}$, $\mathbf{r} = \mathbf{r}$							

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.

	T	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	Mediacom California LLC (Sun City, CA)	3340
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing.	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowngs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Riverside County	CA
Community		
d Rows as Necessary		
		Ψ

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mediacom California LLC (Sun City, CA)

33403

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and

Rates

Ε

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,225	74.49			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	1	74.49			
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.

	BLOCK 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	80.99
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# 33403

Mediacom California LLC (Sun City, CA)

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
KABC/KABC (HD) ABC	7	N	LOS ANGELES, CA
KABC-DT2 LWN HD	7.2	I-M	LOS ANGELES, CA
KABC-DT3 Laff	7.3	I-M	LOS ANGELES, CA
KCAL/KCAL (HD) IND	9	<u> </u>	LOS ANGELES, CA
KCBS/KCBS (HD) CBS	43	N	LOS ANGELES, CA
KCBS-DT2 Start TV	43.2	I-M	LOS ANGELES, CA
KCBS-DT3 DABL	43.3	I-M	LOS ANGELES, CA
KCET (IND)	28	<u> </u>	LOS ANGELES, CA
KCOP/KCOP (HD) (MYNET)	13	<u> </u>	LOS ANGELES, CA
KCOP-DT2 Buzzer	13.2	I-M	LOS ANGELES, CA
KCOP-DT3 Movies	13.3	I-M	LOS ANGELES, CA
KDOC IND	32	<u> </u>	ANAHEIM, CA
KILM (ION Plus)	44	<u> </u>	Barstow, CA
KJLA/ KJLA HD (IND)	49	<u> </u>	Los Angeles, CA
KLCS/KLCS (HD) PBS	41	E	LOS ANGELES, CA
KLCS-DT2 PBS KIDS	41.2	E-M	LOS ANGELES, CA
KLCS-DT3 Create	41.3	E-M	LOS ANGELES, CA
KMEX/KMEX (HD) UNIVISION	34	<u>l</u>	LOS ANGELES, CA
KMEX-DT2 Unimas	34.2	I-M	LOS ANGELES, CA
KMEX-DT3 Bounce	34.3	I-M	LOS ANGELES, CA
KMEX-DT4 Justice Network	34.4	I-M	LOS ANGELES, CA
KNBC/KNBC(HD) NBC	36	N	LOS ANGELES, CA
KPXN/KPXN(HD) ION	38	<u> </u>	SAN BERNARDINO, CA
KRCA (IND)	35	I	RIVERSIDE, CA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33403

Mediacom California LLC (Sun City, CA)

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSCI (IND)	18	I	LOS ANGELES, CA
KTLA/KTLA(HD) CW	31	I	LOS ANGELES, CA
KTLA-DT2 Antenna	31.2	I-M	LOS ANGELES, CA
KTLA-DT3 ThisTV	31.3	I-M	LOS ANGELES, CA
KTTV/KTTV (HD) FOX	11	I	LOS ANGELES, CA
KVCR (PBS)	26	E	SAN BERNARDINO, CA
KVEA/ KVEA HD (TELEMUND	39	I	LOS ANGELES, CA
KVEA-DT2 Exitos	39.2	I-M	LOS ANGELES, CA
KVMD (IND)	31	I	TWENTYNINE PALMS, CA
KWHY (IND)	42	I	LOS ANGELES, CA
KXLA-DT2 (IND)	51.2	I-M	Rancho Palos Verdes, CA
KZSW (IND)	27	l	HEMET, CA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

33403

Mediacom California LLC (Sun City, CA)

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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A	4. 2020/2					FOR	MOALOE BLOEF	
Accounting Perio	LEGAL NAME OF OWNER OF					FOR	M SA1-2E. PAGE 5. SYSTEM ID# 33403	
Substitute Carriage: Special Statement and SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorize explanation of the programming that must be included in this log, see page (v) of the general instructions in the page 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television					ulations, or authorizations in the paper structions in the paper structions the paper struction programmer than the paper struction programmer than the paper structure in the paper st	stem carried on a ons. For a further SA1-2 form.		
					hat, during the accoun ogramming of another cions for further informations for further informations for further informations for further informations and the following sentified). The sent of the times accurately accurate the first sentified in the following sentification in th	ting station ation. or in month rately		
	S	LIBSTITUI	ΓE PROGRAM	1	1 1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO		
	TITLE OF PROGRAM	2. LIVE? Yes or No			5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	

	2020/2				SA1-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom California LLC (Sun City, CA)			į	SYSTEM II 3340		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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				60,242.65 pross 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 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	0 but less	than \$527,600	\$263,800			
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	alty fee tha	at you must pay fo	or 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	lines 1 an	nd 2	· · · <u> </u>			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	ESS (but	more than \$137	,100)			
	Base amount under statutory formula	\$	263,800.00	<u>) </u>			
	2. Enter amount of gross receipts from space K	\$	260,242.65	<u>5</u>			
	3. Subtract line 2 from line 1	\$	3,557.35	<u>5</u>			
	4. Enter the amount of gross receipts from space K		\$	260,242.65	<u>-</u>		
	5. Enter the amount from line 3		\$	3,557.35	<u>-</u>		
	6. Subtract line 5 from line 4		\$	256,685.30	-		
	7. Multiply line 6 by .005 (enter figure here)			\$	1,283.43		
	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 .		. \$	1,283.43		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$20	63,800 (b	out less than \$52	7,600)			
	Enter the amount of gross receipts from space K						
	Base amount under statutory formula			_)			
	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)				-		
	6. Interest charge. Enter the amount from line 4, space Q, page 8				-		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				-		
	FILING FEE AND TOTAL REMITTANCE D	JL					
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u>\$</u>	1,283.43	_		
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.			\$	1,303.43		
	Important: Your remittance must be in the form of an electronic pa 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 CABLE SYSTEM: Mediacom California LLC (Sun City, CA)		SYSTEM ID# 33403
M Channels	 to its subscribers, and (2) the cable system's tot Enter the total number of channels on which to system carried television broadcast stations. Enter the total number of activated channels on which the cable system carried television be 		81
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHE we can contact about this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name Kenneth J. Kohrs Address One Mediacom Way	Telephone	845-443-2762
	(Number, street, rural route, apartme Mediacom Park, NY 1 (City, town, state, zip)		
	Email Copyrights@med	diacomcc.com Fax (optional)	
O Certification	Variable (Check on Comparison of Paragraph (Check on Comparison of Paragraph (Agent of owner other than corporation in line 1 of space B and that the ow (Officer or partner) I am an officer (if in line 1 of space B. I have examined the statement of account and here.	et be certified and signed in accordance with Copyright Office regulations) e, but only one, of the boxes.) rtnership) I am the owner of the cable system as identified in line 1 of space ion or partnership) I am the duly authorized agent of the owner of the cable oner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as overeby declare under penalty of law that all statements of fact contained hereiconvolledge, information, and belief, and are made in good faith.	e B; or system as identified wner of the cable system
		X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	-
	Typed or printed i	name: Kenneth J. Kohrs	
		Vice President, Financial Reporting cial position held in corporation or partnership)	
	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 OWNER OF CABLE SYSTEM:	SYSTEM ID:
diacom California LLC (Sun City, CA)	33403
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 a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmission on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.	for the basic not include subsection 119." Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO	y transmissions
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or	Lindornovment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	
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	
	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 \$	-
	rest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further as contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ssistance please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the	•
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.