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))	
		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.	3860
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CADLE STSTEM	
		MCC Georgia, LLC (Bainbridge, 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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	MCC Georgia, LLC (Bainbridge, GA)	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	ONE MEDIACOM WAY	
	2	(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MCC Georgia, LLC (Bainbridge, GA)	386
	Instructions: List each separate community served by the cable system. A "comm	nunity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated	communities within unincorporated areas and including single,
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	u list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mob	le home parks should be reported in parentheses below the
Area Served	identified city.	
Served		
	CITY OR TOWN	STATE
First	Bainbridge	GA
Community	Decatur	GA
	Donalsonville	GA
		GA
dd Rows as Necessary	Seminole	GA

								FORM SA1	-
Name	LEGAL NAME OF OWNER OF C/	ABLE SYSTEM:						SYS	TEM ID 386
	MCC Georgia, LLC (Bainbridge, GA)								
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						lnose exisi	ing on the	
Service: Sub-	Number of Subscribers: Both	·				,	ble system	ı, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n		-	(-	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	· ·		,			o mani a		
	Block 1: In the left-hand block			-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	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						,.		
	with the number of subscribers a sufficient.	and rates, in the	e right-	nand block. A ti	vo- or thre	e-wora descript	ion of the s	service is	
		BLOCK 1					BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,773	55.99-74.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	55.99-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		s				
-	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaanj	,		laigea en a ran	anie hei h	regram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that				•	Ũ	•		
	listed in block 1 and for which a brief (two- or three-word) description				sned. List	these other ser	vices in the	e form of a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	PP		otel, hotel			FAMIL	(CABLE	82.9
	• Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			, y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.99		rglar protection					
	 Additional set(s) 	15.00-49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
	• Converter	10.50	• Dis	sconnect					
				tlet relocation		15.00-49.00			
			-	ve to new addr	ess				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	MCC Georgia, LLC (Ba			3						
	PRIMARY TRANSMITTERS: TELEVISION									
G	carried by your cable system FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	t (1) stations carried only on a part- ne carriage of certain network progra	time basis under ams [sections						
Primary Fransmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC rule)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations:	arried by your cable system on a su	bstitute program						
	 Do not list the station here station was carried only on a List the station here, and al 	in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carried	d both on a substitute basis and als	o on some other						
	basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the ne form.	see page (v) of the general instruct program services such as HBO, ESP e-air designation. For example, repo	tions. PN, etc. Identify each ort multistream						
	of license. For example, WF Column 3: Indicate in each of educational station, by enter	, .	station, an independent station, or a (for network multicast), "I" (for indep	a noncommercial endent), "I-M"						
	For the meaning of these ter Column 4: Give the location	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						
	WABW/WABW(HD) PBS	6	E	Pelham, GA						
	WABW-DT2 PBS Create	6.2	E-M	Pelham, GA						
d Rows as Necessary	WABW-DT3 PBS Knowledge	6.3	E-M	Pelham, GA						
	WABW-DT4 PBS KIDS	6.4	E-M	Pelham, GA						
	WALB/WALB (HD) NBC	10	N	Albany, GA						
	WALB-DT3 Bounce TV	10.3	I-M	Albany, GA						
	WALB-DT3 Bounce TV WCTV/WCTV(HD) CBS	10.3 46	I-M N	Albany, GA Tallahassee, FL						
	WCTV/WCTV(HD) CBS	46	Ν	Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet	46 46.2	N I-M	Tallahassee, FL Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle	46 46.2 46.3	N I-M I-M	Tallahassee, FL Tallahassee, FL Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS	46 46.2 46.3 32	N M M E	Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC	46 46.2 46.3 32 32.2	N I-M I-M E I-M	Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create	46 46.2 46.3 32 32.2 32.3	N I-M I-M E I-M E-M	Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT3 PBS Kids	46 46.2 46.3 32 32.2 32.3 32.3 32.4	N 	Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH-DT/WTLH-DT Heroes & Icc WTLH-DT/WTLH-DT2 (HD) CW	46 46.2 46.3 32 32.2 32.3 32.4 50 50.2	N M M E M E-M M M	Tallahassee, FL Bainbridge, GA Bainbridge, GA						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH-DT/WTLH-DT Heroes & Icc WTLH-DT2/WTLH-DT2 (HD) CW WTLH-DT3 COMET	46 46.2 46.3 32 32.2 32.3 32.4 50 50.2 50.3	N I-M I-M E I-M E-M E-M I I I-M I-M	Tallahassee, FL Bainbridge, GA Bainbridge, GA Bainbridge, GA						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH-DT/WTLH-DT Heroes & Icc WTLH-DT2/WTLH-DT2 (HD) CW WTLH-DT3 COMET WTWC/WTWC (HD) NBC	46 46.2 46.3 32 32.2 32.3 32.4 50 50.2 50.2 50.3 40	N I-M I-M E I-M E-M E-M I I I I I I N	Tallahassee, FL Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH-DT/WTLH-DT Heroes & Icc WTLH-DT/WTLH-DT Heroes & Icc WTLH-DT2/WTLH-DT2 (HD) CW WTLH-DT3 COMET WTWC/WTWC (HD) NBC WTWC-DT2/ WTWC-DT2 (HD) FO	46 46.2 46.3 32 32.3 32.4 50 50.2 50.3 40 40.2	N 	Tallahassee, FL Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH-DT/WTLH-DT Heroes & Icc WTLH-DT2/WTLH-DT2 (HD) CW WTLH-DT3 COMET WTWC/WTWC (HD) NBC WTWC-DT2/ WTWC-DT2 (HD) FO WTWC-DT3 Charge	46 46.2 46.3 32 32.3 32.3 32.4 50 50.2 50.3 40 40.2 40.3	N I-M I-M E E I-M E-M E-M I I I I I-M I-M I-M I-M I-M I-M I-M I	Tallahassee, FL Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH-DT/WTLH-DT Heroes & Icc WTLH-DT/WTLH-DT Heroes & Icc WTLH-DT2/WTLH-DT2 (HD) CW WTLH-DT3 COMET WTWC/WTWC (HD) NBC WTWC-DT2/ WTWC-DT2 (HD) FO	46 46.2 46.3 32 32.3 32.4 50 50.2 50.3 40 40.2	N 	Tallahassee, FL Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL						
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT2 TFC WFSU-DT4 PBS Create WFSU-DT4 PBS Kids WTLH-DT/WTLH-DT Heroes & Icc WTLH-DT2/WTLH-DT2 (HD) CW WTLH-DT3 COMET WTWC/WTWC (HD) NBC WTWC-DT2/ WTWC-DT2 (HD) FO WTWC-DT3 Charge WTXL/WTXL(HD) ABC	46 46.2 46.3 32 32.3 32.4 50 50.2 50.3 40 40.2 40.3 27	N I-M E I-M E-M E-M I I I I I I N N N N N N N	Tallahassee, FL Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL						

Accounting Period:	2020/2			FORM SA1-2E. PAGE 3.			
News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Name	MCC Georgia, LLC (Ba	inbridge, GA)		3860			
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary	carried by your cable system FCC rules and regulations in	during the accounting period, <i>excep</i> effect on June 24, 1981, permitting t	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network program 51(e)(2) and (4))]; and (2) certain statio	ne basis under ns [sections			
Transmitters: Television	substitute program basis, as Substitute Basis Stations:	explained in the next paragraph.	arried by your cable system on a subst				
	• Do not list the station here station was carried only on a	in space G—but do list it in space I (t a substitute basis.	the Special Statement and Program Lo				
	basis. For further information	concerning substitute basis stations	ed both on a substitute basis and also c , see page (v) of the general instructior program services such as HBO, ESPN	ns.			
	multicast stream associated "WETA-2" as the same on th	with a station according to its over-the	e-air designation. For example, report	multistream			
	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.						
	educational station, by enter (for independent multicast), ' For the meaning of these ter	ing the letter "N" (for network), "N-M" 'E" (for noncommercial educational), ms, see page (iv) of the general instru	station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ident), "I-M" al multicast).			
			the community with which the station is				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

EGAL NAME OF								SYSTEM II 380
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. 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). 							Primary Transmitters Radio	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
			·					
			·		·			
				L		 		

Accounting Perio	od: 2020/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	MCC Georgia, LLC (Ba	ainbridge	, GA)				3860
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO)G		
I	In General: In space I, iden substitute basis during the a	tify every no	onnetwork telev period, under sp	<i>ision program,</i> broadcast b becific present and former F	y a <i>distant</i> sta FCC rules, reg	ulations, or author	rizations. For a further
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of	the general ins	structions in the pa	aper SA1-2 form.
Carriage:	1. SPECIAL STATEMEN	-					
Special Statement and	 During the accounting pe 	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network television	
Program Log	broadcast by a distant sta	tion?				Y	ES XNO
	Note: If your answer is "No	o". leave the	e rest of this pa	age blank. If vour answer i	s "Yes." vou r	must complete the	
	log in block 2.	,			- · · · , , - · ·		- F 9
	2. LOG OF SUBSTITUT						
	In General: List each subs				s wherever p	ossible, if their me	eaning is
	clear. If you need more spa Column 1: Give the title			vision program ("substitut	e program") ti	hat during the ac	counting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro	ogramming of and	other station
	under certain FCC rules, re						
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love I	Lucy" or
	Column 2: If the program	m was broa		er "Yes." Otherwise enter			
				casting the substitute prog the community to which th		censed by the EC	°C or in
	the case of Mexican or Cal						,0 0i, ili
			/ when your sy	stem carried the substitut	e program. U	se numérals, with	1 the month
	first. Example: for May 7 gi		a auhatituta ar	earen was servised by you	r aabla avata	na liattha tina a .	a aguratalu.
	to the nearest five minutes			ogram was carried by you ried by a system from 6.0			
	stated as "6:00–6:30 p.m."	//ap.io.	a program car				
				n was substituted for prog			
	to delete under FCC rules was substituted for prograr						
	effect on October 19, 1976		your system w				
					WHE	N SUBSTITUTE	
	S			1		AGE OCCURRE 6. TIMES	D 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	FROM —	то
						_	
						<u>-</u>	
						<u></u>	
						<u> </u>	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2020/2		FORMS	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		:	SYSTEM ID#
	MCC Georgia, LLC (Bainbridge, GA)			3860
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the systemi (as identified in space E) during the accounting period. For a further explanation of h 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.	s secondary transmow to compute this	nission service amount, see \$4	
	COPYRIGHT ROYALTY FEE			
L 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 les Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	s than \$527,600 ation.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00	nat 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 lines 1 a	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu			
	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	· · · · <u> </u>		
	5. Enter the amount from line 3	···· <u> </u>		
	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	474,156.10		
	2. Base amount under statutory formula	263,800.00	-	
	3. Subtract line 2 from line 1	210,356.10	-	
	4. Multiply line 3 by .01	\$	2,103.56	
	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	d 6	\$	3,422.56
	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)	<u>\$</u>	3,422.56	
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		\$	3,442.56
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 forr			ghts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name		VNER OF CABLE SYSTEM: LC (Bainbridge, GA)				SYSTEM ID# 3860
M Channels	to its subscribers, 1. Enter the total n	and (2) the cable system's to number of channels on which	otal number o n the cable	which the cable system carried of activated channels during the	accounting period.	30
	on which the cab	number of activated channels ble system carried television b st services	broadcast sta			43
N Individual to Be Contacted		BE CONTACTED IF FURTHE		ATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephon	e 845-443-2762
		One Mediacom Way (Number, street, rural route, apartm Mediacom Park, NY (City, town, state, zip)		imber)		
	Email	Copyrights@me	ediacomcc.c	com	Fax (optional)	
O Certification	I, the undersigned (Owner (Agent o in lin (Officer in lin I have examined t	d, hereby certify that (Check or other than corporation or part of owner other than corporation the 1 of space B and that the over or or partner) I am an officer (if the 1 of space B. the statement of account and I and correct to the best of my	ne, <i>but only or</i> artnership) I ation or partn wner is not a if a corporatio hereby declar	am the owner of the cable syste	m as identified in line 1 of spac agent of the owner of the cabl of the legal entity identified as o atements of fact contained here	e B; or e system as identified owner of the cable system
			Enter an elec	s/ Kenneth J. Kohrs ctronic signature on the line above ure using an "/s/ signature" (e.g., /		-
		Typed or printed		Kenneth J. Kohrs		
		Title: (Title of off		sident, Financial Repor	ting	
		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 fing, a determination that would be made by a court of law.

 INAME OF OWNER OF CABLE SYSTEM: C Georgia, LLC (Bainbridge, GA) 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:	SYSTEM ID: 3860 P Special Statement Concerning Gross Receipts Exclusion
 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? NO 	P Special Statement Concerning Gross
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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 Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	
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	

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