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:

coplicsoa@loc.gov

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

ST	ATEMENT	OF ACCOUNT	
£~ "	Cocceder Tre	anomioniana hu	

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
AMOUNT					
\$					
ALLOCATION NUMBER					

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		Barcode Data Filing Period (optional - see instructions)
	1	
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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MCC Georgia, LLC (Eastman, 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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	MCC Georgia, LLC (Eastman, GA) 50					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the				
Served	identified city.					
	CITY OR TOWN	STATE				
First	Eastman	GA				
Community	Dodge	GA				
	MCRAE	GA				
ld Rows as Necessary	HELENA	GA				
	TELFAIR	GA				

								FORM SA1	TEM IC	
Name	LEGAL NAME OF OWNER OF C				507					
	MCC Georgia, LLC (Eastman, GA)									
-	SECONDARY TRANSMISSION	ECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
E	n General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary	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									
Secondary Transmission	ist day of the accounting period (June 30 or December 31, as the case may be).									
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondar	categories of secondary transmission service. In general, you can compute the number of subscribers in								
Rates	each category by counting the n							charged		
	separately for the particular serv									
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•						
	category, but do not include disc						is wiu iir a j			
	Block 1: In the left-hand block					ondary transmi	ssion servio	ce that cable		
	systems most commonly provide	e to their subso	ribers. (Give the numb	er of subse	cribers and rate	for each lis	sted category		
	that applies to your system. Not			0		0				
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted o					a in the count u	nder Servi	ce to the		
	Block 2: If your cable system	0			· · ·	service that are	e different f	rom those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	e-word descrip	tion of the s	service is		
-	sufficient.				T			-		
	BLC	DCK 1 NO. OF	:				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		1,043	27.00-74.49						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		2	27.00-74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra	•	,		-	• •				
•	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services				0					
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		,	2		0		0 /		
ransmissions:	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 concrete charge was made or optically list these other convision in the form of a									
	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				DATE	0.175.00	BLOCK 2		
	CATEGORY OF SERVICE	RATE		SORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATI	
	Continuing Services:			ation: Non-res	sidential		Femily	Cabla	00.0	
	• Pay cable	PP		tel, hotel			Family	Capie	82.9	
	Pay cable—add'l channel	PP		nmercial						
	Fire protection		-	/ cable						
	•Burglar protection		-	/ cable-add'l cl	nannel					
	Installation: Residential			e protection						
	• First set	99.99		glar protection	1					
	 Additional set(s) 	15.00-49.00		services:						
			. De			49.00				
	• FM radio (if separate rate)			connect		49.00				
	 FM radio (if separate rate) Converter 	10.50	• Dis	connect						
	, , , ,	10.50	• Dis			49.00				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MCC Georgia, LLC (Ea	stman, GA)		5				
	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, <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 station, by entering the letter "N" (for network, station, an independent station and unticast). 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 statio							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
		40	N					
	WALB/WALB(HD) NBC	10	N	Albany, GA				
	WALB/WALB(HD) NBC WALB-DT3 Bounce	10 10.3	I-M	Albany, GA Albany, GA				
d Rows as Necessary								
d Rows as Necessary	WALB-DT3 Bounce	10.3		Albany, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN	10.3 45	I-M I	Albany, GA Macon, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX	10.3 45 16	I-M I I	Albany, GA Macon, GA Macon, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD)	10.3 45 16 16.1	I-M I I N-M	Albany, GA Macon, GA Macon, GA Macon, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC)	10.3 45 16 16.1 16.2	I-M I I N-M N-M	Albany, GA Macon, GA Macon, GA Macon, GA Macon, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT3 COMET	10.3 45 16 16.1 16.2 16.3	I-M I I N-M N-M I-M	Albany, GA Macon, GA Macon, GA Macon, GA Macon, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS	10.3 45 16 16.1 16.2 16.3 13	I-M I I N-M N-M I-M N	Albany, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (10.3 45 16 16.1 16.2 16.3 13 13.2	I-M I I N-M N-M I-M N I-M	Albany, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3	I-M I I N-M N-M I-M I-M I-M	Albany, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR WMUM/WMUM-(HD) PBS	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3 29	I-M I I N-M N-M I-M I-M I-M I-M I-M E	Albany, GA Macon, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR WMUM/WMUM-(HD) PBS WPGA/WPGA(HD) IND	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3 29 58	I-M I I N-M N-M I-M I-M I-M I-M I-M I-M I	Albany, GA Macon, GA Perry, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR WMUM/WMUM-(HD) PBS WPGA/WPGA(HD) IND	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3 29 58	I-M I I N-M N-M I-M I-M I-M I-M I-M I-M I	Albany, GA Macon, GA Perry, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR WMUM/WMUM-(HD) PBS WPGA/WPGA(HD) IND	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3 29 58	I-M I I N-M N-M I-M I-M I-M I-M I-M I-M I	Albany, GA Macon, GA Perry, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR WMUM/WMUM-(HD) PBS WPGA/WPGA(HD) IND	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3 29 58	I-M I I N-M N-M I-M I-M I-M I-M I-M I-M I	Albany, GA Macon, GA Perry, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR WMUM/WMUM-(HD) PBS WPGA/WPGA(HD) IND	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3 29 58	I-M I I N-M N-M I-M I-M I-M I-M I-M I-M I	Albany, GA Macon, GA Perry, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR WMUM/WMUM-(HD) PBS WPGA/WPGA(HD) IND	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3 29 58	I-M I I N-M N-M I-M I-M I-M I-M I-M I-M I	Albany, GA Macon, GA Perry, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR WMUM/WMUM-(HD) PBS WPGA/WPGA(HD) IND	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3 29 58	I-M I I N-M N-M I-M I-M I-M I-M I-M I-M I	Albany, GA Macon, GA Perry, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR WMUM/WMUM-(HD) PBS WPGA/WPGA(HD) IND	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3 29 58	I-M I I N-M N-M I-M I-M I-M I-M I-M I-M I	Albany, GA Macon, GA Perry, GA				
d Rows as Necessary	WALB-DT3 Bounce WGNM/WGNM(HD) CTN WGXA/WGXA(HD) FOX WGXA-ABC (HD) WGXA-DT2 (ABC) WGXA-DT2 (ABC) WGXA-DT3 COMET WMAZ/WMAZ(HD) CBS WMAZ-DT2/WMAZ-DT2 (HD) (WMAZ-DT3 Justice NETWOR WMUM/WMUM-(HD) PBS WPGA/WPGA(HD) IND	10.3 45 16 16.1 16.2 16.3 13 13.2 13.3 29 58	I-M I I N-M N-M I-M I-M I-M I-M I-M I-M I	Albany, GA Macon, GA Perry, GA				

LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Eastman, GA)						SYSTEM I 50		
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive 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. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	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 cr ge (v) of the g ystem as a se sed by the FC) it can 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	
-								

Accounting Perio							M SA1-2E. PAGE 5.	
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Georgia, LLC (Ea	astman, C	GA)					5077
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
		General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further						
Substitute	substitute basis during the a explanation of the programn	•••		•				
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any noni	network tele	vision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i		-	
	log in block 2.		-			•		
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it tr	ieir meaning	g is
	Column 1: Give the title	of every n	onnetwork tele	vision program ("substitute				
	period, was broadcast by a		,	,		0 0		
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.	Bulls."			-	inanipie, i		
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by t	he FCC or	in
	the case of Mexican or Car							
			y when your sy	stem carried the substitute	e program. U	se numerals	s, with the n	nonth
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m List the t	imes accur	atelv
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."	er "D" if the	- listed program	n waa aubatitutad far nraa	remains a the	h vour ovoto		ino d
	to delete under FCC rules			n was substituted for prog luring the accounting perio				
	was substituted for program							ogram
	effect on October 19, 1976							
	s	UBSTITUT	E PROGRAM	1		N SUBSTI ⁻ AGE OCCI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	DELETION
		163 01 110	CALL SIGN				_ 10	
						·		
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							_	

Accounting Period:	2020/2		FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
Name	MCC Georgia, LLC (Eastman, GA)			5077
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (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	i's secondary transmow to compute this	ission service amount, see	8,690.53
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 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 inform	ss than \$527,600 ation.	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 accounting period is \$52.00	hat you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period		. <u> </u>	
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bi	ut 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	· · · · · <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	3		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	278,690.53		
	2. Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1	14,890.53		
	4. Multiply line 3 by .01	\$	148.91	
	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	nd 6	\$	1,467.91
	FILING FEE AND TOTAL REMITTANCE DUE			
Filia - Factoria				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	1,467.91	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \ldots .	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,487.91
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			ghts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: L LC (Eastman, GA)				SYSTEM ID# 5077
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's tota number of channels on which th	padcast stations	during the accounting period.	stations	20 67
N Individual to Be Contacted for Further		BE CONTACTED IF FURTHEI bout this statement of account. Kenneth J. Kohrs	R INFORMATION IS NEEDED (I		elephone 845-443-2	762
Information	Address 	One Mediacom Way (Number, street, rural route, apartme Mediacom Park, NY 1 (City, town, state, zip) Copyrights@med	0918	Fax (optional)		
O Certification	I, the undersigned (Owne X (Agenti in I (Offici in I thave examined	ed, hereby certify that (Check one r other than corporation or par c of owner other than corporati ine 1 of space B and that the own er or partner) I am an officer (if a ine 1 of space B. I the statement of account and he e, and correct to the best of my k	be certified and signed in accor <i>but only one</i> , of the boxes.) tnership) I am the owner of the c con or partnership) I am the duly her is not a corporation or partner a corporation) or a partner (if a pa preby declare under penalty of law howledge, information, and belief,	able system as identified in line authorized agent of the owner of ship; or rtnership) of the legal entity iden r that all statements of fact conta	1 of space B; or the cable system as iden tified as owner of the cabl	
		Typed or printed r Title: Title (Title of offic	X /s/ Kenneth J. Kohnter an electronic signature on the nter signature using an "/s/ signature using an ".s/ signature using a	line above to certify this statemen re" (e.g., /s/ John Smith) 5 I Reporting rship)	nt.	
		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 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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Georgia, LLC (Eastman, GA)	507
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 Name Mailing Address Mailing Address	-
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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I	1.00
Ν	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25