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.

3/1/2021

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
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	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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MCC Georgia, LLC (Hazlehurst, 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 unless these s 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)
-		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 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.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	MCC Georgia, LLC (Hazlehurst, GA)	5078
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat 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	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowr gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Hazlehurst	GA
Community	Jeff Davis County	GA
	Lumber City	GA
dd Rows as Necessary		

								FORM SA1	-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
	MCC Georgia, LLC (Haz	lehurst, GA	.)						507		
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND R	ATES						
E		n General: The information in space E should cover all categories of secondary transmission service of the cable									
	system, that is, the retransmission										
Secondary	about other services (including p						those exis	ting on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`		,	,	,	hle system	n broken			
scribers and	down by categories of secondary	•									
Rates	each category by counting the n	•				•					
	separately for the particular serv										
	Rate: Give the standard rate of	-						-			
	unit in which it is generally billed category, but do not include disc	• •		,		ro rate variation	is within a	particular rate			
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable			
	systems most commonly provide	•		•		•					
	that applies to your system. Not			-		-					
	categories, that person or entity										
	subscriber who pays extra for ca					a in the count u	nder Serv	ice 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										
		and rates, in th	e right-	hand block. A t	A two- or three-word description of the service is						
	sufficient.				r	DL OOK 0					
	BLC	DCK 1 NO. OF	:	1		BLOCK 2					
·	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		710	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										
	SERVICES OTHER THAN SEC										
F	In General: Space F calls for rat	•	,		-	• •					
•	not covered in space E, that is, t service for a single fee. There ar										
Services	furnished at cost or (2) services	•			•		0 (,			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the										
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 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			
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		-	ation: Non-res	-		0/1120				
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	82.9		
	• Pay cable—add'l channel	PP	• Co	mmercial							
	Fire protection		-	y cable							
	•Burglar protection			y cable-add'l ch	nannel						
	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		sconnect		-0.00					
	Converter	10.30									
			• • • •	Itlet relocation		15 00-49 00					
				itlet relocation	.066	15.00-49.00					

LEGAL NAME OF OWNER OF MCC Georgia, LLC (Ha PRIMARY TRANSMITTERS:	azlehurst, GA)		SYSTE						
PRIMARY TRANSMITTERS:									
-		-							
	General: In space G, identify every television station (including translator stations and low power television stations) ried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under C 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	s . s	•						
		rried by vour cable system on a su	ubstitute program						
basis under specific FCC rul	les, regulations, or authorizations:								
		e Special Statement and Program	Log)—if the						
 List the station here, and a 	llso in space I, if the station was carried								
		+	-						
		vision station for broadcasting avo	- the circle its community						
	•	/ISION STATION FOR DROAUCASUNG OVER	r the air in its community						
Column 3: Indicate in each	case whether the station is a network s	•							
	č								
For the meaning of these ter	rms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,						
FUC. FUL MEXICALL OF CALLAGE	Ian stations, it any, give the name of th	e community with which the station	n is identified.						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
WALB NBC	10	N	Albany, GA						
WALB-DT3 Bounce TV	10.3	I-M	Albany, GA						
WGNM/WGNM(HD) CTN	45	I	MACON, GA						
WJCL/WJCL(HD) ABC	22	N	Savannah, GA						
WJCL-DT2 MeTV	22.2	I-M	Savannah, GA						
WSAV/WSAV(HD) NBC	39	N	Savannah, GA						
WSAV/WSAV DT2 CW (HD)	39.2	I-M	Savannah, GA						
WSAV DT3 Court TV	39.3	I-M	Savannah, GA						
WSAV-DT4 Laff	39.4	I-M	Savannah, GA						
WTGS/WTGS(HD) FOX	28	I	hardeeville, SC						
WTGS-DT2 COMET	28.2	I-M	hardeeville, SC						
WTGS-DT3 Antenna TV	28.3	I-M	hardeeville, SC						
WTGS-DT4 TBD	28.4	I-M	hardeeville, SC						
WTOC/WTOC(HD) CBS	11	Ν	Savannah, GA						
WTOC-DT3 Bounce TV	11.3	I-M	Savannah, GA						
WXGA/WXGA (HD) PBS	8	E	Waycross, GA						
	FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations : basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1 : List each station' multicast stream associated "WETA-2" as the same on th Column 2 : Give the channel of license. For example, WF Column 3 : Indicate in each educational station, by enter (for independent multicast), f For the meaning of these ter Column 4 : Give the location FCC. For Mexican or Canad 1. CALL SIGN WALB NBC WALB-DT3 Bounce TV WGNM/WGNM(HD) CTN WJCL/WJCL(HD) ABC WJCL-DT2 MeTV WSAV/WSAV DT2 CW (HD) WSAV/WSAV DT2 CW (HD) WSAV/WSAV DT2 CW (HD) WSAV/DT4 Laff WTGS-DT3 COMET WTGS-DT3 Antenna TV WTGS-DT3 Antenna TV WTGS-DT3 Bounce TV WTGC/WTOC (HD) CBS WTOC-DT3 Bounce TV	FCC rules and regulations in effect on June 24, 1981, permitting th76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.67 substitute Basis Stations: With respect to any distant stations cat basis under specific FCC rules, regulations, or authorizations:* Do not list the station here in space G—but do list it in space 1 (th station was carried only on a substitute basis.* List the station here, and also in space I, if the station was carried only on a substitute basis.* List the station here, and also in space I, if the station was carried only on a substitute basis.* List the station here, and also in space I, if the station was carried only on a substitute basis.* Column 1: List each station's call sign. Do not report origination pr multicast stream associated with a station according to its over-the- "WETA-2" as the same on the form.Column 2: Give the channel number the FCC assigned to the televolicense. For example, WRC is channel 4 in Washington, D.C.Column 3: Indicate in each case whether the station is a network seducational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), or For the meaning of these terms, see page (iv) of the general instruct Column 4: Give the location of each station. For U.S. stations, list 'FCC. For Mexican or Canadian stations, if any, give the name of the WALB NBC1. CALL SIGN2. B'CAST CHANNEL NUMBERWJCL-DT2 MeTV22.2WJCL-DT2 MeTV22.2WSAV/WSAV(HD) NBC39WSAV/WSAV DT3 Court TV39.3WSAV DT3 Court TV39.3WSAV-DT4 Laff39.4WTGS-DT3 Antenna TV28.3WTGS-DT3 Bounce TV	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progr 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 st substitute pasis stations: With respect to any distant stations carried by your cable system on a subasis under specific FCC rules, regulations, or authorizations: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a subasis under specific FCC rules, regulations, or authorizations: 10 not list the station here in space G—but do list it in space I (the Special Statement and Program station was carried only on a substitute basis. 0- is it the station here in space G—but do list it in space I (the Special Statement and Program station was carried only on a substitute basis. 0- is it the station here in space G—but do list it in space I (the Special Statement and Program station was carried only on a substitute basis. 0- is it the station here in space G—but do list it in space I (the Special Statement and Program station was carried both on a substitute basis and als basis. For further information concerning substitute basis stations, see page (v) of the general instructor or distingtion program services such as HBO, ES multicast stream associated with a station according to lis over-the-air designation. For example, regriveFXETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or educational, or "E-M" (for network multicast). "F" (for independent station. For U.S. stations, list the community which the station FCC. For Mexican or Canadian stations, if any, give the name of the community which the station FCC. For Mexican or						

Accounting Period:	2020/2			FORM SA1-2E. PAGE 3				
N 2	LEGAL NAME OF OWNER OF CAB	BLE SYSTEM:		SYSTEM ID#				
Name	MCC Georgia, LLC (Hazle	ehurst, GA <u>)</u>		5078				
	PRIMARY TRANSMITTERS: TELE	EVISION						
G Primary	carried by your cable system du FCC rules and regulations in effe	uring the accounting period, <i>except</i> fect on June 24, 1981, permitting th	translator stations and low power telev (1) stations carried only on a part-tim ne carriage of certain network program 1(e)(2) and (4))]; and (2) certain statio	ne basis under ns [sections				
Transmitters: Television	substitute program basis, as exp	plained in the next paragraph. th respect to any distant stations ca	arried by your cable system on a subst					
	• Do <i>not</i> list the station here in s station was carried <i>only</i> on a su	space G—but do list it in space I (th ubstitute basis.	ne Special Statement and Program Lo					
	 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 "WETA-2" as the same on the fo	h a station according to its over-the orm.	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. 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				

LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Hazlehurst, GA) 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.								
Column 4: G	ive the station	n's locatio	< mark in the "S/D" column. on (the community to which the the community with which the			C or, in †	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						1		

Accounting Perio							FORM	M SA1-2E. PAGE 5.		
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	MCC Georgia, LLC (Ha	azlehurst	, GA)					5078		
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G					
	In General: In space I, ident	tify every no	onnetwork telev	<i>ision program</i> , broadcast b	v a distant sta	tion, that yo	ur cable sys	tem carried on a		
	substitute basis during the a	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, or	authorization	ns. For a further		
Substitute	explanation of the programn	stitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further anation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special	1. SPECIAL STATEMEN	-								
Statement and	 During the accounting pe 	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network tele	evision prog			
Program Log	broadcast by a distant sta	ition?					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 ı	must compl	ete the prog	gram		
	log in block 2.									
	2. LOG OF SUBSTITUT			ata lina. Llaa ahbraviatian		aaaibla ifth		a ia		
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, ii tr	ien meaning	y is		
				vision program ("substitut	e program") t	hat, during	the account	ing		
	period, was broadcast by a				•					
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs.			List specific progra		sxumpio, i	Love Luby	01		
				er "Yes." Otherwise enter						
				casting the substitute prog the community to which th		concod by t	he ECC or	in		
	the case of Mexican or Cal									
	Column 5: Give the mo	nth and day		stem carried the substitut			s, with the n	nonth		
	first. Example: for May 7 gi		o oubotituto pr	ogram was corried by you	r achla aveta	m lict the t	imoo ooour	ataly		
	to the nearest five minutes			ogram was carried by you ried by a system from 6:0				atery		
	stated as "6:00–6:30 p.m."									
				m was substituted for prog						
	to delete under FCC rules was substituted for prograr							ogram		
	effect on October 19, 1976	•	, ,			0				
					WHE	N SUBSTI	TUTE			
	S		TE PROGRAM	1	CARRIAGE OCCURRED 7. R			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		IMES — TO	DELETION		
							_			
						·		·		
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		J								

Accounting Period:	2020/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Hazlehurst, GA)		S	YSTEM ID# 5078
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 system's (as identified in space E) during the accounting period. For a further explanation of ho 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	secondary transm w to compute this a	ission service amount, see	3,749.10
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at 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		. <u></u>	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 ar	ıd 2	· · <u> </u>	
	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	183,749.10		
	3. Subtract line 2 from line 1	80,050.90		
	4. Enter the amount of gross receipts from space K	\$	183,749.10	
	5. Enter the amount from line 3	\$	80,050.90	
	6. Subtract line 5 from line 4	\$	103,698.20	
	7. Multiply line 6 by .005 (enter figure here)		\$	518.49
	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.		\$	518.49
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out 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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	518.49	
	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		\$	538.49
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			hts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: LLC (Hazlehurst, GA)				SYSTEM ID# 5078
M Channels	 to its subscribers, Enter the total is system carried to a system carried to a system the total is on which the call on which the	u must give (1) the number of c , and (2) the cable system's tota number of channels on which th television broadcast stations number of activated channels ble system carried television br ast services	al number of activat he cable 	ed channels during the a	accounting period.	67
N Individual to Be Contacted for Further	we can contact at	BE CONTACTED IF FURTHEF bout this statement of account.) Kenneth J. Kohrs		S NEEDED (Identify an i		845-443-2762
Information	Address	One Mediacom Way (Number, street, rural route, apartmen Mediacom Park, NY 11 (City, town, state, zip) Copyrights@med	0918		Fax (optional)	
O Certification	I, the undersigner (Owner (Agent in lin (Office in lin Ihave examined	This statement of account must ad, hereby certify that (Check one r other than corporation or par 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. the statement of account and he e, and correct to the best of my ku in 1001(1986)]	e, <i>but only one</i> , of the rtnership) I am the o on or partnership) ner is not a corporat a corporation) or a p ereby declare under nowledge, informatio	e boxes.) owner of the cable system I am the duly authorized a ion or partnership; or artner (if a partnership) o penalty of law that all sta	n as identified in line 1 of space agent of the owner of the cable f the legal entity identified as ov tements of fact contained herei	system as identified wner of the cable system
		E Typed or printed n Title:	Enter signature using name: Kennet	nature on the line above t an "/s/ signature" (e.g., /s h J. Kohrs , Financial Report pration or partnership)	/ John Smith)	

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.

ounting Period: 2020	/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER	DF CABLE SYSTEM:	SYSTEM ID
C Georgia, LLC (Hazlehurst, GA)	507
The Satellite Home lowing sentence: "In determini service of pro scribers and	EMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ng the total number of subscribers and the gross amounts paid to the cable system for the basic oviding secondary transmissions of primary broadcast transmitters, the system shall not include sub- amounts collected from subscribers receiving secondary transmissions pursuant to section 119." n on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
-	SA1-2 form. ng period, did the cable system exclude any amounts of gross receipts for secondary transmissions rriers to satellite dish owners?	
	total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	-
	ESSMENT this worksheet for those royalty payments submitted as a result of a late payment or underpayment. of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the ar	nount 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	
	3 by 0.00274** and enter here page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ (interest charge)	
	erest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please ensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the dee	cimal equivalent of 1/365, which is the interest assessment for one day late.	
•	ng this worksheet covering a statement of account already submitted to the Copyright Office, please , address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community ser Accounting period	ved	

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.