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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
7 \	COOKTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional - see instructions)	
A		
Accounting Period		
	Instructions:	
В	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.	2
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Mediacom Southeast LLC	
	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	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle times already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	IDENTIFICATION OF CABLE SYSTEM:	
, system	Mediacom Southeast LLC	
	MAILING ADDRESS OF CABLE SYSTEM:	
	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 suffciency of the fling, a determination that would be made by a court of law.

Name			FORM SA1-2E. PAGE						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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 kno as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Community  Powellsville  NC  Windsor  NC	Naws -	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IC						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Community  Powellsville  NC  Windsor  NC	Name	Mediacom Southeast LLC	2719						
"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.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Community  Powellsville  NC  Windsor  NC									
Area Served identified city.  CITY OR TOWN STATE  First Colerain NC  Community Powellsville NC  Windsor NC	D	"a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	orated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter know illings.						
CITY OR TOWN STATE  First Colerain NC  Community Powellsville NC  Windsor NC	Area								
First Colerain NC  Community Powellsville NC  Windsor NC	Served	identified city.							
Community Powellsville NC Windsor NC									
Windsor									
	Community								
		Windsor	NC						
	d Rows as Necessary								

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Mediacom Southeast LLC** 

SYSTEM ID# 27192

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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	BLOCK 1 BLOCK 2				
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	393	40.49-53.04			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	40.49-53.04			
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	83.99
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# 27192

4. LOCATION OF STATION

### **Mediacom Southeast LLC**

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WCTI/WCTI(HD) ABC 12 Ν New Bern, NC WEPX/WEPX (HD) ION 17 Jacksonville, MS WHRO (PBS) 16 Е Hampton, VA 32.2 I-M WITN (MyNET) Washington, NC WITN/WITN(HD) NBC Washington, NC 32 Ν WITN-DT3 MeTV 32.3 I-M Washington, NC WITN-DT6 Circle 32.6 I-M Washington, NC WNCT/WNCT(HD) CBS 10 Ν Greenville, NC WNCT-DT2 (CW) 10.2 I-M Greenville, NC WNCT-DT3 getTV 10.3 I-M Greenville, NC WSKY (IND) 9 Maneto, VA WUND/WUND(HD) PBS 20 Ε Edenton, NC WUND-DT2 PBS KIDS 20.2 E-M Edenton, NC 20.3 WUND-DT3 Explorer Char E-M Edenton, NC WUND-DT4 NCCHL 20.4 E-M Edenton, NC WYDO/WYDO(HD) FOX 47 Greenville, NC

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2020/2			FORM SA1-2E. PAGE 3.						
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
Name	Mediacom Southeast	LLC		27192						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable syster	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								
Primary			61(e)(2) and (4))]; and (2) certain station							
Transmitters:	substitute program basis, as	s explained in the next paragraph.								
Television			carried by your cable system on a subs	stitute program						
		les, regulations, or authorizations:		\ .***II						
	station was carried <i>only</i> on		the Special Statement and Program Lo	og)—if the						
	•		ed both on a substitute basis and also	on some other						
			s, see page (v) of the general instructio							
			program services such as HBO, ESPN							
		g -	ne-air designation. For example, report	t multistream						
	"WETA-2" as the same on t									
			evision station for broadcasting over th	ne air in its community						
		RC is channel 4 in Washington, D.C.	station, an independent station, or a r	oncommercial						
			(for network multicast), "I" (for indepen							
			or "E-M" (for noncommercial education							
		rms, see page (iv) of the general instr		,						
			st the community to which the station is	•						
	FCC. For Mexican or Canad	dian stations, if any, give the name of	the community with which the station is	s identified.						
				1						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Mediacom Southeast LLC** 

27192

### 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:	A 14	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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Associating Dovin	.d. 2020/2						FOR	M CA4 OF DACE 5		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5.  SYSTEM ID#		
Name	Mediacom Southeast							27192		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	OG					
ı	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation 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	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant sta		,	•			YES	X NO		
	Note: If your answer is "No	" leave the	reet of this no	age blank. If your answer i	is "Ves " vou i	nuet comp				
	log in block 2.	, icave tric	, rest or tills pe	age blank. If your answer	13 1C3, you i	nust comp	nete the prot	gram		
	2. LOG OF SUBSTITUTI	E PROGRA	AMS							
	In General: List each subs				s wherever p	ossible, if t	their meanin	g is		
	clear. If you need more spa			ll rows to the tables. evision program ("substitut	e program") t	hat during	the account	ting		
	period, was broadcast by a									
	under certain FCC rules, re									
	Do not use general categor "NBA Basketball: 76ers vs.		ovies″ or "bask	κετραιι." List specific progr	am titles, for e	example, "l	ı Love Lucy"	or		
	Column 2: If the program	n was broa		ter "Yes." Otherwise enter						
				casting the substitute prog the community to which the		concod by	the ECC or	in		
	the case of Mexican or Car		,	,		,	tile FCC 01,	""		
			when your sy	stem carried the substitut	e program. U	se numera	als, with the r	nonth		
	first. Example: for May 7 gi		e substitute or	rogram was carried by you	ır cable syste	m Listthe	times accur	ately		
	to the nearest five minutes.				•			atory		
	stated as "6:00–6:30 p.m."	"D" :f +b.a	listed program	m was substituted for area	urananaina tha			ivo d		
	to delete under FCC rules			m was substituted for prog during the accounting peri						
	was substituted for prograr	nming that						-9		
	effect on October 19, 1976									
					WHE	N SUBST	ITUTE			
	S	UBSTITUT	E PROGRAM	/	CARRI	AGE OCC		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. FROM	TIMES	DELETION		
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROIVI	<u>— то</u>			
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Accounting Period:	2020/2			FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Mediacom Southeast LLC			S'	*STEM ID 27192
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation 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.	stem's sec	ondary transmi compute this a	ssion service amount, see	5,888.49 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 bu  Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu  See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less thar	s527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for t	his six-mon	
	Line 1. Royalty fee for accounting period			\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	es 1 and 2 .		. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3	_			
	6. Subtract line 5 from line 4	-			
	7. Multiply line 6 by .005 (enter figure here)	<del>-</del> 			
	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 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but le	ess than \$527,	600)	
	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) $\dots$	<u>-</u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · · <u> </u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · <u> -</u>	\$	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · · <u>-</u>	\$	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	67.00
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		-		nts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Mediacom Southeast LLC	SYSTEM ID# 27192
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	22 65
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address One Mediacom Way	one <b>845-443-2762</b>
	(Number, street, rural route, apartment, or suite number)  Mediacom Park, NY 10918  (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained he are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	ace B; or ble system as identified s owner of the cable system
	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 name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting  (Title of official position held in corporation or partnership)	
	Date: 2/23/2021	

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
diacom Southeast LLC	27192
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 su scribers 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 transmission.	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
X NO	
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 underpaymer. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance plea contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ise
** 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, pleal list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served Accounting period	***************************************

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