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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	08/30/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
	2021/1	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 th the subsidiary, not that of the parent corpo		iary of another corporation, give the full corpo	rate title of
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a statement of account and royalty fee paym		ne last day of the accounting period should sub iod.	mit a single
	Check here if this is the system's first filing	. If not, enter the system's ID number as	ssigned by the Licensing Division.	24028
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	MEDIACOM SOUTHEAST LLC (OSW	/EGO, KS)		
	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 nu	umber)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 2			
System	IDENTIFICATION OF CABLE SYSTEM:			

2

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.

MEDIACOM SOUTHEAST LLC (OSWEGO, KS) MAILING ADDRESS OF CABLE SYSTEM: 115 NORTH INDUSTRIAL PARK ROAD

(Number, street, rural route, apartment, or suite number) EXCELSIOR SPRINGS, MO 64024

(City, town, state, zip code)

Name		SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (OSWEGO, KS)	24028 24028 Sector State and Sector State and Sector State and Sector Sector Sector Sector Sector Sector Sector Sector
D	separate and distinct community or municipal entity (including unincorpor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	"community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first or mobile home parks should be reported in parentheses below the identified
Area Served	city.	
Fired	CITY OR TOWN OSWEGO	STATE KS
First ommunity	USWEGO	K3
-		
s as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MEDIACOM SOUTHEAS	T LLC (OSV	VEGO	, KS)					2402
Е	SECONDARY TRANSMISSION In General: The information in s					a transmission	convice of		
-	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period						hla avatam	halten	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n			0 / 1					
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed	-	-					-	
	category, but do not include disc				iy stanua		s within a		
	Block 1: In the left-hand block	•		Ũ		•			
	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	•			• • •			с и	
	Block 2: If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.		-						
	BLC	DCK 1 NO. OF					BLOC	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		79	40.49-54.04					
	• Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial		0	40.49-54.04					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rain not covered in space E, that is, t		,		•				
-	service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	/ billed. If any rat	es are ch	narged on a var	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cab	e system for eac	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a brief (two- or three-word) descrip				hed. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERV		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATI
	Continuing Services:	TUTE		ation: Non-resid			0/(IEO		
	• Pay cable	PP	• Mo	tel, hotel			Family	TV	85.9
	• Pay cable—add'l channel	PP	• Co	mmercial					
	Fire protection		• Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l cha	annel				
	Installation: Residential			e protection					
	• First set	109.99		rglar protection					
	Additional set(s)	15.00-49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
	Converter	10.50				45.00.45.00			
			• • • • •	that releastion		15.00-49.00			
				tlet relocation ve to new addre		13.00-45.00			

PRIMARY TRANSMITTERS: In General: In space G, iden carried by your cable system 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 rule > Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and all basis. For further information	tify every television station (including t during the accounting period, <i>except</i> effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.67 explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations: in space G—but do list it in space I (the substitute basis.	(1) stations carried only on a part-tin le carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub-	ne basis under ms [sections ions carried on a
PRIMARY TRANSMITTERS: In General: In space G, iden carried by your cable system 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 rule > Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and all basis. For further information	TELEVISION tify every television station (including t during the accounting period, <i>except</i> effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.67 explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations: in space G—but do list it in space I (th substitute basis.	(1) stations carried only on a part-tin le carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub-	ne basis under ms [sections ions carried on a
carried by your cable system 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 rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and all basis. For further information	during the accounting period, <i>except</i> effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6' explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations: in space G—but do list it in space I (th substitute basis.	(1) stations carried only on a part-tin le carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub-	ne basis under ms [sections ions carried on a
multicast stream associated of "WETA-2" as the same on th Column 2: Give the channel of license. For example, WR Column 3: Indicate in each of educational station, by enteri (for independent multicast), " For the meaning of these term Column 4: Give the location	concerning substitute basis stations, s call sign. <i>Do not</i> report origination pr with a station according to its over-the e form. number the FCC assigned to the telev C is channel 4 in Washington, D.C. case whether the station is a network s ing the letter "N" (for network), "N-M" (f E" (for noncommercial educational), o ns, see page (iv) of the general instru- of each station. For U.S. stations, list	I both on a substitute basis and also see page (v) of the general instructi rogram services such as HBO, ESP -air designation. For example, repo vision station for broadcasting over t station, an independent station, or a for network multicast), "I" (for independent r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station i	on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFJX/KFJX (HD) FOX	13	I	PITTSBURG, KS
KFJX-DT2/KFJX-DT2 (HD)	13.2	I-M	PITTSBURG, KS
KGCS (MO SOUTHERN ST	22	I	Joplin, MO
KOAM/KOAM (HD) CBS	7	N	PITTSBURG, KS
KODE/KODE (HD) ABC	43	N	JOPLIN, MO
KODE-DT2 Grit	43.2	I-M	JOPLIN, MO
KODE-DT3 Bounce TV	43.3	I-M	JOPLIN, MO
KOZJ/KOZJ (HD)PBS	25	E	Joplin, MO
KOZJ-DT2 PBS Kids	25.2	E-M	Joplin, MO
KOZJ-DT3 Create	25.3	E-M	Joplin, MO
KOZJ-DT4 PBS WORLD	25.4	E-M	Joplin, MO
KSNF/KSNF (HD)NBC	45	N	JOPLIN, MO
KSNF-DT2 Laff	45.2	I-M	JOPLIN, MO
KSNF-DT3 Escape	45.3	I-M	JOPLIN, MO
KSNF-DT4 Cozi TV	45.4	I-M	JOPLIN, MO
KSNF-DT3 Escape		45.3	45.3 I-M
	Column 2: Give the channel of license. For example, WR Column 3: Indicate in each of educational station, by enteri (for independent multicast), " For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KFJX/KFJX (HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KOZJ-DT4 PBS WORLD KSNF/KSNF (HD)NBC KSNF-DT3 Escape	Column 2: Give the channel number the FCC assigned to the tele of license. 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 instru 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 Station of Canadian stations, if any, give the name of the KFJX/KFJX (HD) FOX1. CALL SIGN2. B'CAST CHANNEL NUMBER (KFJX/KFJX (HD) FOXKFJX/KFJX (HD) FOX13KFJX/KFJX (HD) FOX13KGCS (MO SOUTHERN ST22KOAM/KOAM (HD) CBS7KODE/KODE (HD) ABC43KODE-DT2 Grit43.2KOZJ-KOZJ (HD)PBS25KOZJ-DT3 Create25.3KOZJ-DT4 PBS WORLD25.4KSNF-DT3 Escape45.3	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over to 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 educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial education 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 i FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station i FYJX:KFJX (HD) FOX 13 I. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION KFJX:KFJX (HD) FOX 13 I KFJX:KFJX (HD) FOX 13 I KKGCS (MO SOUTHERN ST 22 I KODE/KODE (HD) ABC 43 N KODE/KODE (HD) ABC 43.3 I-M KOZJ-DT2 Grit 43.2 E-M KOZJ-DT3 Create 25.3 E KOZJ-DT3 Create 25.3 E-M KOZJ-DT3 Escape 45.3 I-M

Accounting P EGAL NAME OF			YSTEM:					SYSTEMI
			(OSWEGO, KS)					240
	t every radio s	tation ca	rried on a separate and discre					Н
ipecial Instruct eceivable if (1) n the basis of if or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	tions Concer it is carried by monitoring, to ormation abour m. lentify the call tate whether t the radio stati this by placing sive the station	rning All y the sys be recei t the Co sign of e he statio on's sign g a checl y's location	-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. n 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	opyright Office re the system's he system's FM ante his point, see pag ed by the cable s e station is licens	egulations, an adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC	FM sign) it can b ertain sta eneral in parate a	al is generally be expected, ated intervals. istructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S, II arry,	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O			S)				SYSTEM ID# 24028
I	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac-	fy every non counting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or a	uthorizations.	For a further
Substitute Carriage: Special Statement and Program Log	 explanation of the programmi I. SPECIAL STATEMENT During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, req Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976. 	CONCER od, did you ion? ', leave the PROGRA itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the si dcast statio dian statio th and day e "5/7." is when the Example: a er "R" if the nd regulatid	NING SUBSTI r cable system rest of this pag MS m on a separa add additional r network televi on and that you r authorizations vies" or "baske lcast live, enter station broadca in's location (th ns, if any, the c when your syst substitute proy program carrie	ITUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "I usting the substitute progra le community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra- ring the accounting period	"Yes," you mu "Yes," you mu wherever pos program") tha d for the prog eral instruction n titles, for ex vo." station is lice station is lice station is lice station is lice cable system. 15 p.m. to 6:2 amming that y ; enter the let	twork telev ust comple ssible, if the at, during the ramming c ns for furth ample, "I L nsed by th tiffied). numerals List the tin 28:30 p.m. our system ter "P" if th	vision program YES te the program eir meaning is ne accounting of another sta er information ove Lucy" or e FCC or, in , with the more mes accurate should be n was <i>require</i> e listed progr	n X NO m tion n. hth ly
	S	UBSTITUT	E PROGRAM		11	EN SUBST		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	6. FROM	TIMES — TO	DELETION
							_	
							_	
							-	
							_	

Accounting Period:	2021/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (OSWEGO, KS)	S	YSTEM ID# 24028
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	7,551.57 ross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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 than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	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 that you must pay for the accounting period is \$52.00	s six-month	
	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 lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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)		
	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		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	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 payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati	er of Copyrig	

Accounting Period:	2021/1						FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: DUTHEAST LLC (OSWEG	0, KS)				SYSTEM ID# 24028
M Channels		You must give (1) the number rs, and (2) the cable system's		-			
		al number of channels on whic ed television broadcast statior					21
	on which the	al number of activated channe cable system carried televisio dcast services	on broadc				59
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accou		DRMATION IS NEEDED (I	dentify an in	dividual to whom	
for Further Information	Name	Kenneth J. Kohrs				Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)		te number)			
	Email	Copyrights@m	ediacomo	c.com		Fax (optional	
	CERTIFICATION	(This statement of account m	ust be cer	tified and signed in accord	lance with C	opyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but on</i>	<i>ly one</i> , of the boxes.)			
	(Owne	er other than corporation or p	oartnershi	p) I am the owner of the cat	ble system a	s identified in line 1 of space B	; or
	X (Agen	t of owner other than corpora in line 1 of space B and that th	-			ent of the owner of the cable sy	rstem as identified
	(Offic	er or partner) I am an officer (in line 1 of space B.	(if a corpor	ation) or a partner (if a partr	nership) of th	ne legal entity identified as own	er of the cable system
		t the statement of account and ete, and correct to the best of m ion 1001(1986)]					
			X	/s/ Kenneth J. Kohr	S		
				electronic signature on the lin nature using an "/s/ signature			
		Typed or printed	d name:	Kenneth J. Kohrs			
		Title: (Ti		President, Financial		g	
		Date:				8/3/2021	

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.

unting Period: 2021/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (OSWEGO, KS)	2402
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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 Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessme

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