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						
08/30/21	\$ 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	ACC	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
		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		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		IDENTIFICATION OF CABLE SYSTEM:
	1	Mediacom Southeast LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY
	-	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM
Name	Mediacom Southeast LLC	241
	Instructions: List each separate community served by the cable system. A "community" i	
D	separate and distinct community or municipal entity (including unincorporated communi	nities within unincorporated areas and including single, discre
ט	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	
	community." Please use it as the first community on all future filings.	
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	ie parks should be reported in parentheses below the identif
Area Served	city.	
Jei veu		
	CITY OR TOWN	STATE
First	Conway	NC
Community	Eastern Bertie County	NC
	Jackson	NC
Rows as Necessary	Kelford	NC
	Seaboard	NC
	Severn	NC
	Western	NC NC
	Woodland	NC NC
	Lewiston	NC NC
	Northampton	NC NC
	Rich Square	NC NC
	Rich Square Roxobel	
	ROXODEI	NC
	,	

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24127

Mediacom Southeast LLC

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	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	656	30.95-53.04				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	30.95-53.04				
Converter						
Residential						
Non-residential						
		1				

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 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	85.99
Pay cable—add'l channel	PP	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	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: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 24127

Mediacom Southeast LLC

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, *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

 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAVY/WAVY(HD) NBC	31	N	Portsmouth, VA
WCTI/WCTI(HD) ABC	12	N	New Bern, NC
WGNT CW	50	l	PORTSMOUTH, VA
WHRO (PBS)	16	E	Hampton, VA
WITN MyNET	32.2	I-M	Washington, DC
WITN/WITN(HD) NBC	32	N	Washington, DC
WITN-DT3 MeTV	32.3	I-M	Washington, DC
WITN-DT6 Circle	32.6	I-M	Washington, DC
WNCT/WNCT(HD) CBS	10	N	Greenville, SC
WNCT-DT2 CW	10.2	I-M	Greenville, SC
WNCT-DT3 True Crime	10.3	I-M	Greenville, SC
WEPX/WEPX(HD) ION	12	I	Jacksonville, FL
WPXV/WPXV(HD) ION	46	I	NORFOLK, VA
WSKY/WSKY(HD) IND	9	I	Manteo, NC
WTKR/WTKR(HD) CBS	40	N	Norfolk, VA
WTVZ-DT4 TBD	33.3	I-M	NORFOLK, VA
WTVZ-MyNET	33	<u> </u>	NORFOLK, VA
WUND/WUND(HD) PBS	20	E	Edenton, NC
WUND-DT2 PBS KIDS	20.2	E-M	Edenton, NC
WUND-DT3 Explorer Channel	20.3	E-M	Edenton, NC
WUND-DT4 NCCHL	20.4	E-M	Edenton, NC
WVBT/WVBT(HD) FOX	29	l	VIRGINIA BEACH, VA
WVEC/WVEC(HD) ABC	13	N	Hampton, VA
WYDO/WYDO(HD) FOX	47	ı	Greenville, SC

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 24127 **Mediacom Southeast LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** Transmitters: 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 Television 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. 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

24127

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
3, 122 01014	7 31 1 171	1		5. 122 51514	7 31 1 141		
		1				İ	
		 	 			 	
		 				 	
		ļ				ļ	
		l				l	
		 				 	
	·	 	 			 	
	ļ	 	 			 	
		ļ				ļ	
		T			[I	
						t	
		 	 			 	
		 				ļ	
		ļ					
		1			[1	
		 				t	
		 	 			 -	
	ļ		 			ļ	
		<u> </u>				ļ	
	·	 	 			 	
		 	 			 -	
		 	 			ļ	
		<u> </u>				ļ	
		T			[I	
		 				t	
	·	 	 			 	
						ļ	
		ļ				ļ	
		T				T	
		 				 	
	ļ	 	 			 	
	ļ	ļ				ļ	
		ļ				ļ	
]				T	
		 				 	
		 					
		ļ				ļ	
		<u> </u>					
		1				İ	
		 	 			 	
	·		ļ			 	
							l

Accounting Period: 2021/1 FORM SA1-2E. PAGE 5.										
Name	LEGAL NAME OF OWNER OF		EM:						SYSTEM ID#	
Name	Mediacom Southeast L	.LC							24127	
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute										
Carriage: Special	al									
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?									
Program Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another sunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informated Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" ("NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the magnitude of the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was requited delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed prowas substituted for programming that your system was permitted to delete under FCC rules and regulations in									ng ation on. or onth dely	
					П	WHE	N SUBST	TITUTE		
	S	UBSTITUT	E PROGRAM					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	
		100 01 110	O/ LEE CICIT	4. 61/(1161(6)266/(1161(7 (1 D D) (1	TROM	10		
								_		
								_		
								_		
								_		
								_		

Accounting Period:	2021/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC			S	YSTEM ID# 24127
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (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.	ystem's se on of how to	econdary transmi o compute this a	ssion service mount, see	0,392.08 pss receipts)
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 the sepage (vi) of the general instructions located in the paper SA1-2 form for more in	out less than formation	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for thi	s six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	\$	180,392.08		
	3. Subtract line 2 from line 1	\$	83,407.92		
	Enter the amount of gross receipts from space K		\$ 1	180,392.08	
	5. Enter the amount from line 3		\$	83,407.92	
	6. Subtract line 5 from line 4		\$	96,984.16	
	7. Multiply line 6 by .005 (enter figure here)			\$	484.92
	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		\$	484.92
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K				
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				
	FILING FEE AND TOTAL REMITTANCE DU	IE .			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	484.92	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	504.92
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				nts!

Accounting Period: 2	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF ON Mediacom Sout	WNER OF CABLE SYSTEM:				SYSTEM ID# 24127
M Channels	to its subscribers The total system carried Enter the total	s, and (2) the cable system's number of channels on which	total num		accounting period.	. 36 67
N	INDIVIDUAL TO		HER INFO	ORMATION IS NEEDED (Identify an		
Individual to Be Contacted for Further Information	Name	Kenneth J. Kohrs			Telephor	ne 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)		site number)		
	Email	Copyrights@me	ediacomo	cc.com	Fax (optional	
	CERTIFICATION (This statement of account mu	ust be cer	rtified and signed in accordance with	Copyright Office regulations)
O Certification		d, hereby certify that (Check or other than corporation or p		ip) I am the owner of the cable system	as identified in line 1 of space	B; or
				partnership) I am the duly authorized as s not a corporation or partnership; or	gent of the owner of the cable	system as identified
		e r or partner) I am an officer (in line 1 of space B.	if a corpor	ration) or a partner (if a partnership) of	the legal entity identified as o	wner of the cable system
		e, and correct to the best of m		eclare under penalty of law that all state dge, information, and belief, and are ma		1
				/s/ Kenneth J. Kohrs electronic signature on the line above to gnature using an "/s/ signature" (e.g., /s/		_
		Typed or printed	d name:	Kenneth J. Kohrs		
		Title:		President, Financial Reporti	ng	
		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.

ounting Period: 2021/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
diacom Southeast LLC	24127
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."	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?	
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	<u>-</u>
	<u></u>
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 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
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	""

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.