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	ACCOUNTING 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								
		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.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		MEDIACOM INDIANA 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 INDIANA LLC						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	1102 N. Fourth Street, P.O. Box 334						
	-	(Number, street, rural route, apartment, or suite number)						
		City, town, state, zip code)						

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

Accounting Period:	2021/1	500000005 5005 0
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name	MEDIACOM INDIANA LLC	24401
	Instructions: List each separate community served by the cable system. A "community"	
Area Served	separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Bluffton	IN
Community	Decatur	IN
	Monroe Poneto	IN IN
Add Rows as Necessary	Tocsin	IN
	Uniondale	in in
	Vera Cruz	in in
	Adams County	in in
	Wells County	IN
	Monroeville Township	IN

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24401

### **MEDIACOM INDIANA 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	1,323	29.95-61.54				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	1	29.95-61.54				
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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel		Family Cable	86.99	
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# 24401

4. LOCATION OF STATION

### MEDIACOM INDIANA LLC

1. CALL SIGN

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

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

I. CALL SIGIS	2. B CAST CHANNEL NOWIDER	3. TIPE OF STATION	4. LOCATION OF STATION
WANE/WANE(HD) CBS	31	N	Fort Wayne, IN
WANE-DT3 Laff	31.3	I-M	Fort Wayne, IN
WANE-DT4 Escape	31.4	I-M	Fort Wayne, IN
WFFT/WFFT(HD)FOX	36	I	Fort Wayne, IN
WFFT-DT2 Bounce TV	36.2	I-M	Fort Wayne, IN
WFWA/WFWA (HD) PBS	40	E	Fort Wayne, IN
WFWA-DT2 PBS KIDS	40.2	E-M	Fort Wayne, IN
WFWA-DT3 Create	40.3	E-M	Fort Wayne, IN
WFWA-DT4 4-YOU	40.4	E-M	Fort Wayne, IN
WFWA-DT5 PBS39WX	40.5	E-M	Fort Wayne, IN
WINM TBN	12	I	Fort Wayne, IN
WIPB PBS	23	E	Muncie, IN
WISE/WISE (HD) CW	18	l	Fort Wayne, IN
WISE-DT2 Justice Network	18.2	I-M	Fort Wayne, IN
WISE-DT3 Grit	18.3	I-M	Fort Wayne, IN
WISE-DT4 Court TV	18.4	I-M	Fort Wayne, IN
WISE-DT5 Start TV	18.5	I-M	Fort Wayne, IN
WISE-DT6 MeTV	18.6	I-M	Fort Wayne, IN
WISE-DT7 DABL	18.7	I-M	Fort Wayne, IN
WPTA/WPTA(HD) ABC	24	N	Fort Wayne, IN
WPTA-DT2/WPTA-DT2 (HD) N	24.2	N-M	Fort Wayne, IN
WPTA-DT3/WPTA-DT3 (HD) M	24.3	I-M	Fort Wayne, IN

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 24401 MEDIACOM INDIANA 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. Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

24401

### **MEDIACOM INDIANA LLC**

# PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

Н

**Primary** Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

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.

- 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
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Accounting Perio	<b>d: 2021/1</b>  LEGAL NAME OF OWNER OF O	NDIE OVOT	EM.						FOR	M SA1-2E. PAGE 5.
Name	MEDIACOM INDIANA L		EIVI:							SYSTEM ID# 24401
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G					
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis	ion program, broadcast by cific present and former F	y a <i>d</i> CC r	rules, regula	ations, or au	uthoriza	ations. F	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special					asis	any nonne	work telev	ision p	rogram	1
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	broadcast by a distant station?  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.	, leave trie	rest or this pag	je blatik. II your aliswer i	5 16	es, you mic	ist comple	ie ilie p	orogran	"
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space	tute progra	m on a separa		ıs wh	erever pos	sible, if the	eir mea	ning is	
	Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg	of every nor distant stati	nnetwork televi on and that yo	sion program ("substitut ur cable system substitu	ted f	or the prog	ramming o	f anoth	ner stat	ion
	Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program	Bulls."					ample, "I L	ove Lu	cy" or	
	Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cana	dcast statio	n's location (th	e community to which the	ne sta	ation is lice		e FCC	or, in	
	Column 5: Give the monifirst. Example: for May 7 giv Column 6: State the time	e "5/7."	, ,			Ü	•			
	to the nearest five minutes. stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lette	Example: a	program carri	ed by a system from 6:0	1:15	p.m. to 6:2	8:30 p.m. :	should	be	
	to delete under FCC rules a was substituted for program	nd regulation	ons in effect du	ring the accounting period	od; e	nter the let	ter "P" if th	e listed		
	effect on October 19, 1976.									
	SUBSTITUTE PROGRAM					0,				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	то	DELETION
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Accounting Period:	2021/1			FORM	SA1-2E. PAGE (				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM INDIANA LLC				SYSTEM ID: 2440				
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's sation of how	secondary transmi to compute this a	ssion service mount, see					
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 \$137,10  Use block 3 if the amount of gross receipts in space K is more than \$263,80  See page (vi) of the general instructions located in the paper SAI-2 form for more	0 but less t	han \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$	137,100 OF	R LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	alty fee that y	ou must pay for th	is six-month					
	Line 1. Royalty fee for accounting period				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	l lines 1 and	2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L								
	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)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	s 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2	263,800 (bu	it less than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	374,643.00						
	2. Base amount under statutory formula	\$	263,800.00	-					
	3. Subtract line 2 from line 1	\$	110,843.00	•					
	4. Multiply line 3 by .01		\$	1,108.43					
	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 line:	s 4, 5, and 6		\$	2,427.43				
	FILING FEE AND TOTAL DEMITTANCE	DUE		•	, -				
	FILING FEE AND TOTAL REMITTANCE I	JUE							
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,427.43	-				
240	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.			\$	2,447.43				
	Important: Your remittance must be in the form of an electronic p See page i of the general instructions in the paper S				ghts!				

Accounting Period: 2	2021/1				FORM SA1-2E. PAGE 7.						
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: DIANA LLC			SYSTEM ID# 24401						
<b>M</b> Channels	to its subscribers	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.									
		Enter the total number of channels on which the cable     system carried television broadcast stations									
	on which the	number of activated channel cable system carried television cast services			60						
N Individual to Be Contacted		BE CONTACTED IF FURTH	ER INFORMATION IS NEEDED (Identify an individual)	idual to whom							
for Further Information	Name	Kenneth J. Kohrs		Telephone	845-443-2762						
	Address	One Mediacom Way (Number, street, rural route, apartm Mediacom Park, NY									
		(City, town, state, zip)									
	Email	Copyrights@me	diacomcc.com I	Fax (optional							
0	CERTIFICATION (	This statement of account mu	st be certified and signed in accordance with Copy	right Office regulations)							
Certification	• I, the undersigned	d, hereby certify that (Check on	e, but only one, of the boxes.)								
	(Owner	other than corporation or pa	artnership) I am the owner of the cable system as ide	entified in line 1 of space B	i; or						
			tion or partnership) I am the duly authorized agent of eowner is not a corporation or partnership; or	of the owner of the cable s	ystem as identified						
		e <b>r or partner)</b> I am an officer (if in line 1 of space B.	a corporation) or a partner (if a partnership) of the le	egal entity identified as own	er of the cable system						
		e, and correct to the best of my	ereby declare under penalty of law that all statements v knowledge, information, and belief, and are made in								
			X /s/ Kenneth J. Kohrs								
			Enter an electronic signature on the line above to certif Enter signature using an "/s/ signature" (e.g., /s/ John	•							
		Typed or printed	name: Kenneth J. Kohrs								
		Title:	Vice President, Financial Reporting e of official position held in corporation or partnership)								
		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 INDIANA LLC	24401
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 Name 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
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	- I
ID HUHIBCI	

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.