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

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  |
|  |                          | 2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31   |
|  |                          | Barcode Data Filing Period (optional - see instructions)  |
| Accounting<br>Period                       |                          |   |
|  |                          |   |
| В  |                          | Instructions:<br>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<br>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<br>s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.   |
| System                                     | 1                        | IDENTIFICATION OF CABLE SYSTEM:   |
|  |                          | MEDIACOM SOUTHEAST LLC  |
|  |                          | MAILING ADDRESS OF CABLE SYSTEM:  |
|  | 2                        | 501 WARD AVENUE   |
|  | 1 -                      | (Number, street, rural route, apartment, or suite number)   |
|  | 1                        | CARUTHERSVILLE, MO 63830<br>(City, town, state, zip code)   |
|  | <u> </u>                 | [[oiy, iom, state, zp code]   |
|  |                          |   |
| form in order to pro<br>numbers. By provid | ocess you<br>ding PII, y | 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this<br>r statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone<br>ou 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 pre                         | pared 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.

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/30/21

| Name                | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---------------------|--|---|
| Name                | MEDIACOM SOUTHEAST LLC   | 3306  |
| D                   | Instructions: List each separate community served by the cable system. A "community<br>separate and distinct community or municipal entity (including unincorporated community<br>unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv<br>community." Please use it as the first community on all future filings.<br>Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho | unities within unincorporated areas and including single, discrete<br>we as a form of system identification hereafter known as the "first |
| Area<br>Served      | city.  |   |
| <b>F</b> 1 (        | CITY OR TOWN CARUTHERSVILLE  | STATE MO  |
| First<br>Community  | HAYTI  | MO  |
|                     | HAYTI HEIGHTS  | MO  |
| d Rows as Necessary |  |   |
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|                               | LEGAL NAME OF OWNER OF CA   | BIE SVSTEM          |          |                              |           |                   |             | -                     | -2E. PAGE |
|-------------------------------|---|---------------------|----------|------------------------------|-----------|-------------------|-------------|-----------------------|-----------|
| Name                          | MEDIACOM SOUTHEAS   |                     |          |                              |           |                   |             | 515                   | 330       |
|                               |   |                     |          |                              |           |                   |             |                       |           |
| E                             | SECONDARY TRANSMISSION<br>In General: The information in s              |                     |          |                              |           | v transmission    | service of  | the cable             |           |
| —                             | system, that is, the retransmission                                     |                     |          | -                            |           | •                 |             |                       |           |
| Secondary                     | about other services (including p                                       | , , ,               | ,        |                              | ,         |                   | those exis  | ting on the           |           |
| Transmission<br>Service: Sub- | last day of the accounting period<br>Number of Subscribers: Both        |                     |          |                              |           |                   | hla avatam  | brokon                |           |
| scribers and                  | down by categories of secondary   | •                   |          |                              |           |                   |             |                       |           |
| Rates                         | each category by counting the n   |                     |          | •                            |           | •                 |             |                       |           |
|                               | separately for the particular serv                                      |                     |          |                              |           |                   |             |                       |           |
|                               | Rate: Give the standard rate c<br>unit in which it is generally billed  | •                   |          |                              |           |                   |             | -                     |           |
|                               | category, but do not include disc                                       |                     |          |                              | y standa  |                   | o within a  |                       |           |
|                               | Block 1: In the left-hand block   | •                   |          | •                            |           | -                 |             |                       |           |
|                               | systems most commonly provide   |                     |          |                              |           |                   |             |                       |           |
|                               | that applies to your system. Not<br>categories, that person or entity   |                     |          | -                            |           | -                 |             |                       |           |
|                               | subscriber who pays extra for ca  |                     |          |                              |           |                   | •           |                       |           |
|                               | first set" and would be counted o                                       |                     |          |                              |           |                   |             |                       |           |
|                               | <b>Block 2:</b> If your cable system printed in block 1 (for example, t | -                   |          | •                            |           |                   |             |                       |           |
|                               | with the number of subscribers a  |                     |          |                              |           |                   |             |                       |           |
|                               | sufficient.   | ,                   | 5        |                              |           |                   |             |                       |           |
|                               | BLC   | DCK 1               |          |                              |           |                   | BLOC        |                       |           |
|                               | CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIBE |          | RATE                         | CATI      | EGORY OF SEI      | RVICE       | NO. OF<br>SUBSCRIBERS | RAT       |
|                               | Residential:  |                     |          |                              |           |                   | -           |                       |           |
|                               | Service to first set  |                     | 487      | 29.95-76.49                  |           |                   |             |                       |           |
|                               | <ul> <li>Service to additional set(s)</li> </ul>                        |                     |          |                              |           |                   |             |                       |           |
|                               | <ul> <li>FM radio (if separate rate)</li> </ul>                         |                     |          |                              |           |                   |             |                       |           |
|                               | Motel, hotel  |                     |          |                              |           |                   |             |                       |           |
|                               | Commercial  |                     | 1        | 29.95-76.49                  |           |                   |             |                       |           |
|                               | Converter   |                     |          |                              |           |                   |             |                       |           |
|                               | • Residential   |                     |          |                              |           |                   |             |                       |           |
|                               | Non-residential   |                     |          |                              |           |                   |             |                       |           |
|                               | SERVICES OTHER THAN SEC   | ONDARY TRA          | NSMIS    | SIONS: RATES                 |           |                   |             |                       |           |
| F                             | In General: Space F calls for rate                                      |                     |          |                              | pect to a | Il your cable sys | stem's serv | vices that were       |           |
| F                             | not covered in space E, that is, t                                      |                     |          |                              |           | •                 |             |                       |           |
| Services                      | service for a single fee. There an<br>furnished at cost or (2) services | •                   |          |                              | 5         |                   | 0 (         | ,                     |           |
| Other Than                    | amount of the charge and the ur   |                     |          |                              |           |                   |             |                       |           |
| Secondary                     | enter only the letters "PP" in the                                      |                     |          |                              |           |                   |             |                       |           |
| Fransmissions:<br>Rates       | Block 1: Give the standard rat<br>Block 2: List any services that       |                     |          | •                            |           |                   |             | t were not            |           |
| Nates                         | listed in block 1 and for which a                                       |                     |          |                              | -         | -                 |             |                       |           |
|                               | brief (two- or three-word) descrip                                      | tion and includ     | le the r | ate for each.                |           |                   |             |                       |           |
|                               |   | BLO                 | CK 1     |                              |           |                   |             | BLOCK 2               |           |
|                               | CATEGORY OF SERVICE   | RATE                | CATE     | GORY OF SERV                 | ICE       | RATE              | CATEG       | ORY OF SERVICE        | RATE      |
|                               | Continuing Services:  |                     | Install  | ation: Non-resid             | dential   |                   |             |                       |           |
|                               | • Pay cable   | PP                  |          | otel, hotel                  |           |                   | Family      | Cable                 | 85.9      |
|                               | • Pay cable—add'l channel   | PP                  |          | mmercial                     |           |                   |             |                       |           |
|                               | Fire protection   |                     |          | y cable                      |           |                   |             |                       |           |
|                               | •Burglar protection   |                     |          | y cable-add'l cha            | nnel      |                   |             |                       |           |
|                               | Installation: Residential   | 400.00              |          | e protection                 |           |                   |             |                       |           |
|                               | • First set   | 109.99              |          | rglar protection             |           |                   |             |                       |           |
|                               | Additional set(s)     EM radio (if concrete rate)                       | 15.00-49.00         |          | services:                    |           | 40.00             |             |                       |           |
|                               | <ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>      | 10 50               |          | connect<br>sconnect          |           | 49.00             |             |                       |           |
|                               |   | 10.50               |          | sconnect<br>Itlet relocation |           | 15 00 49 00       |             |                       |           |
|                               |   |                     | •00      | met reiocation               |           | 15.00-49.00       |             |                       |           |
|                               |   |                     | • Mc     | ove to new addres            | 22        |                   |             |                       |           |

| rried by your cable system<br>C rules and regulations in<br>.59(d)(2) and (4), 76.61(e)<br>bistitute program basis, as<br><b>ibstitute Basis Stations:</b><br>sis under specific FCC rul<br>bo not list the station here<br>ation was carried only on a<br>sist the station here, and al<br>sis. For further information<br><b>plumn 1:</b> List each station<br>ulticast stream associated<br>/ETA-2" as the same on the<br><b>plumn 2:</b> Give the channel<br>license. For example, WF<br><b>plumn 3:</b> Indicate in each<br>ucational station, by enter<br>r independent multicast),<br>r the meaning of these ter<br><b>plumn 4:</b> Give the location  | TELEVISION<br>ntify every television station (including f<br>n during the accounting period, <i>except</i><br>n effect on June 24, 1981, permitting th<br>e)(2) and (4), or 76.63 (referring to 76.6<br>s explained in the next paragraph.<br>: With respect to any distant stations ca-<br>les, regulations, or authorizations:<br>a in space G—but do list it in space I (th<br>a substitute basis.<br>also in space I, if the station was carried<br>in concerning substitute basis stations,<br>s's call sign. <i>Do not</i> report origination p<br>I with a station according to its over-the  | (1) stations carried only on a part-t<br>ne carriage of certain network progr<br>(1(e)(2) and (4))]; and (2) certain stat<br>arried by your cable system on a su<br>the Special Statement and Program<br>d both on a substitute basis and als<br>see page (v) of the general instruc-<br>orogram services such as HBO, ESI<br>e-air designation. For example, rep<br>evision station for broadcasting over<br>station, an independent station, or a<br>(for network multicast), "I" (for indep<br>or "E-M" (for noncommercial educat<br>actions in the paper SA1-2 form.   | -time basis under<br>grams [sections<br>tations carried on a<br>ubstitute program<br>in Log)—if the<br>so on some other<br>ctions.<br>SPN, etc. Identify each<br>port multistream<br>er the air in its community<br>r a noncommercial<br>ependent), "I-M"<br>ational multicast).<br>in is licensed by the<br>on is identified. |
|---|--|--|--|
| IMARY TRANSMITTERS:<br>General: In space G, ider<br>rried by your cable system<br>C rules and regulations in<br>59(d)(2) and (4), 76.61(e)<br>builtute program basis, as<br>ibstitute Basis Stations:<br>is under specific FCC rul<br><i>Do not</i> list the station here<br>ation was carried <i>only</i> on a<br>ist the station here, and al<br>sis. For further information<br><b>Dumn 1:</b> List each station'<br>ulticast stream associated<br>/ETA-2" as the same on the<br><b>Dumn 2:</b> Give the channel<br>license. For example, WF<br><b>Dumn 3:</b> Indicate in each<br>ucational station, by enter<br>r independent multicast), 'r<br>r the meaning of these ter<br><b>Dumn 4:</b> Give the location<br>C. For Mexican or Canad<br><b>1. CALL SIGN</b><br>IT ABC<br>SI/KESI (HD) FOX<br>SI-DT3 COMET<br>VS/KFVS (HD) CBS | TELEVISION ntify every television station (including f n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. twith respect to any distant stations ca- les, regulations, or authorizations: a substitute basis. also in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the he form. al number the FCC assigned to the teler RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (i "E" (for noncommercial educational), o n of each station. For U.S. stations, list dian stations, if any, give the name of th  2. B'CAST CHANNEL NUMBER 8 22 22.3 12                                      | (1) stations carried only on a part-the carriage of certain network prograt(e)(2) and (4))]; and (2) certain states arried by your cable system on a sume Special Statement and Program d both on a substitute basis and also see page (v) of the general instructor or gram services such as HBO, ESI e-air designation. For example, representation, an independent station, or a sufficient station, an independent station, or a sufficient station in the paper SA1-2 form. It he community with which the station is community with which the station is a station in the paper SA1-2 form. In the community with which the station is a station in the paper SA1-2 form. It he community with which the station is a station in the paper SA1-2 form. It he community with which the station is a station is a station in the paper SA1-2 form. It he community with which the station is a station is a station in the paper SA1-2 form. It he community with which the station is a station is | -time basis under<br>grams [sections<br>tations carried on a<br>ubstitute program<br>in Log)—if the<br>so on some other<br>ctions.<br>SPN, etc. Identify each<br>port multistream<br>er the air in its community<br>r a noncommercial<br>ependent), "I-M"<br>ational multicast).<br>in is licensed by the<br>on is identified. |
| rried by your cable system<br>C rules and regulations in<br>.59(d)(2) and (4), 76.61(e)<br>bistitute program basis, as<br><b>ibstitute Basis Stations:</b><br>sis under specific FCC rul<br>bo not list the station here<br>ation was carried only on a<br>sist the station here, and al<br>sis. For further information<br>olumn 1: List each station'<br>ulticast stream associated<br>/ETA-2" as the same on th<br>olumn 2: Give the channel<br>license. For example, WF<br>olumn 3: Indicate in each<br>ucational station, by enter<br>r independent multicast),<br>r the meaning of these ter<br>olumn 4: Give the location<br>CC. For Mexican or Canad<br><b>1. CALL SIGN</b><br>IT ABC<br>SI/KBSI (HD) FOX<br>SI-DT3 COMET<br>VS/KFVS (HD) CBS   | n during the accounting period, <i>except</i><br>n effect on June 24, 1981, permitting th<br>(2) and (4), or 76.63 (referring to 76.6<br>s explained in the next paragraph.<br>: With respect to any distant stations ca-<br>iles, regulations, or authorizations:<br>e in space G—but do list it in space I (th<br>a substitute basis.<br>also in space I, if the station was carried<br>on concerning substitute basis stations,<br>i's call sign. <i>Do not</i> report origination p<br>I with a station according to its over-the<br>he form.<br>el number the FCC assigned to the teler<br>RC is channel 4 in Washington, D.C.<br>case whether the station is a network s<br>ring the letter "N" (for network), "N-M" (i<br>"E" (for noncommercial educational), o<br>rms, see page (iv) of the general instru<br>n of each station. For U.S. stations, list<br>dian stations, if any, give the name of th<br>2. B'CAST CHANNEL NUMBER<br>8<br>22<br>22.3<br>12 | (1) stations carried only on a part-the carriage of certain network prograt(e)(2) and (4))]; and (2) certain states arried by your cable system on a sume Special Statement and Program d both on a substitute basis and also see page (v) of the general instructor or gram services such as HBO, ESI e-air designation. For example, representation, an independent station, or a sufficient station, an independent station, or a sufficient station in the paper SA1-2 form. It he community with which the station is community with which the station is a station in the paper SA1-2 form. In the community with which the station is a station in the paper SA1-2 form. It he community with which the station is a station in the paper SA1-2 form. It he community with which the station is a station is a station in the paper SA1-2 form. It he community with which the station is a station is a station in the paper SA1-2 form. It he community with which the station is a station is | -time basis under<br>grams [sections<br>tations carried on a<br>ubstitute program<br>in Log)—if the<br>so on some other<br>ctions.<br>SPN, etc. Identify each<br>port multistream<br>er the air in its community<br>r a noncommercial<br>ependent), "I-M"<br>ational multicast).<br>in is licensed by the<br>on is identified. |
| IT ABC<br>SI/KBSI (HD) FOX<br>SI-DT3 COMET<br>VS/KFVS (HD) CBS  | 8<br>22<br>22.3<br>12  | N<br>I<br>I-M  | JONESBORO, AR<br>CAPE GIRARDEAU, MO<br>CAPE GIRARDEAU, MO<br>CAPE GIRARDEAU, MO  |
| SI/KBSI (HD) FOX<br>SI-DT3 COMET<br>VS/KFVS (HD) CBS  | 22<br>22.3<br>12   | I  | CAPE GIRARDEAU, MO<br>CAPE GIRARDEAU, MO<br>CAPE GIRARDEAU, MO   |
| SI/KBSI (HD) FOX<br>SI-DT3 COMET<br>VS/KFVS (HD) CBS  | 22.3<br>12   | I  | CAPE GIRARDEAU, MO<br>CAPE GIRARDEAU, MO<br>CAPE GIRARDEAU, MO   |
| SI-DT3 COMET<br>VS/KFVS (HD) CBS  | 22.3<br>12   | I-M  | CAPE GIRARDEAU, MO<br>CAPE GIRARDEAU, MO   |
|   |  | N  | CAPE GIRARDEAU, MO   |
|   |  |  |  |
|   |  | I-M  | CAPE GIRARDEAU, MO   |
| VS-DT3 Circle   | 12.3   | I-M  | CAPE GIRARDEAU, MO   |
| VS-DT4 MeTV   | 12.4   | I-M  | CAPE GIRARDEAU, MO   |
| VS-DT5 Grit   | 12.5   | I-M  | CAPE GIRARDEAU, MO   |
| KA/WDKA (HD) MyNet  | 49   |  | Paducah, KY  |
| 0KA-DT2 Charge  | 49.2   | I-M  | Paducah, KY  |
| KA-DT2 Charge   | 49.2   | I-M  | Paducah, KY  |
| KA-DT3 TBD  | 49.3   | I-M  | Paducah, KY  |
| (NO/WKNO(HD) PBS  | 29   | E  | MEMPHIS, TN  |
| ·····   |  |  |  |
|   | 29.2   | E-M  | MEMPHIS, TN  |
| NO-DT3 PBS KIDS   |  |  | MEMPHIS, TN  |
|   | 5  | N  | MEMPHIS, TN  |
| SD/WPSD (HD) NBC  | 6  | N  | Paducah, KY  |
| PSD-DT2 Cozi TV   | 6.2  | I-M  | Paducah, KY  |
| SD-DT3 Antenna TV   | 6.3  | I-M  | Paducah, KY  |
| IL/WSIL (HD) ABC  | 3  | N  | Harrisburg, IL   |
| IL-DT2 H&I  | 3.2  | I-M  | Harrisburg, IL   |
|   | 3.3  | i-M  | Harrisburg, IL   |
| IL-DT3 Justice Network  |  | 1 1 1 1  | Harrisburg, IL   |
| NC N<br>PSD/N<br>PSD-I<br>PSD-I   | IBC<br>WPSD (HD) NBC<br>DT2 Cozi TV<br>DT3 Antenna TV<br>VSIL (HD) ABC<br>VT2 H&I  | IBC 5<br>WPSD (HD) NBC 6<br>DT2 Cozi TV 6.2<br>DT3 Antenna TV 6.3<br>VSIL (HD) ABC 3<br>VT2 H&I 3.2<br>VT3 Justice Network 3.3   | IBC 5 N<br>WPSD (HD) NBC 6 N<br>DT2 Cozi TV 6.2 I-M<br>DT3 Antenna TV 6.3 I-M<br>VSIL (HD) ABC 3 N<br>UT2 H&I 3.2 I-M  |

| ounting Period:             | 2021/1  |   |  | FORM SA1-2E. PA        |  |  |  |  |
|-----------------------------|---|---|--|------------------------|--|--|--|--|
| Name                        | LEGAL NAME OF OWNER OF  | CABLE SYSTEM:   |  | SYSTEM                 |  |  |  |  |
| Name                        | MEDIACOM SOUTHE   | AST LLC   |  | 3                      |  |  |  |  |
|                             | PRIMARY TRANSMITTERS:   | TELEVISION  |  |                        |  |  |  |  |
| G                           | carried by your cable systen  | ntify every television station (including to<br>a during the accounting period, <i>except</i> | (1) stations carried only on a part-time | e basis under          |  |  |  |  |
| Primary                     |   | n effect on June 24, 1981, permitting th<br>)(2) and (4), or 76.63 (referring to 76.6         |  |                        |  |  |  |  |
| Transmitters:<br>Television | substitute program basis, as  | s explained in the next paragraph.<br>With respect to any distant stations ca                 |  |                        |  |  |  |  |
|                             | • Do not list the station here  | les, regulations, or authorizations:<br>in space G—but do list it in space I (th              | e Special Statement and Program Log      | g)—if the              |  |  |  |  |
|                             | station was carried <i>only</i> on a substitute basis.  |   |  |                        |  |  |  |  |
|                             | <ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other<br/>basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li> </ul> |   |  |                        |  |  |  |  |
|                             | <b>Column 1:</b> List each station's call sign. <i>Do not</i> 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.   |   |  |                        |  |  |  |  |
|                             | <b>Column 2:</b> 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. <b>Column 3:</b> 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.  |   |  |                        |  |  |  |  |
|                             | <b>Column 4:</b> 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.           |   |  |                        |  |  |  |  |
|                             | FCC. For Mexican or Canac   | lian stations, if any, give the name of th  | e community with which the station is    | identified.            |  |  |  |  |
|                             |   |   |  |                        |  |  |  |  |
|                             | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER  | 3. TYPE OF STATION                       | 4. LOCATION OF STATION |  |  |  |  |
|                             |   |   |  |                        |  |  |  |  |
|                             |   |   |  |                        |  |  |  |  |
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| IEDIACOM   | OWNER OF (   |   |   |   |  |   |   | SYSTEM I<br>33                   |
|--|--|---|---|---|--|---|---|----------------------------------|
|  | every radio s  | tation ca   | rried on a separate and discre<br>nerally receivable by your cab  |   |  |   |   | н                                |
| eceivable if (1)<br>n the basis of r<br>for detailed info<br>aper SA1-2 for<br>Column 1: Id<br>Column 2: S<br>Column 3: If<br>ignal, indicate<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation abou<br>m.<br>lentify the call<br>tate whether t<br>the radio stati<br>this by placing<br>ive the statior | y the sys<br>be recei<br>t the Co<br>sign of e<br>he statio<br>ion's sign<br>g a checl<br>n's locatio | -Band FM Carriage: Under C<br>tem whenever it is received at<br>ved at the headend, with the s<br>pyright Office regulations on t<br>each station carried.<br>In is AM or FM.<br>hal was electronically process<br>(mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>his point, see par<br>ed by the cable s<br>e station is licens | adend, and (2<br>nna, during ce<br>ge (v) of the ge<br>ystem as a se<br>sed by the FC0 | ) it can b<br>ertain sta<br>eneral in<br>parate a | be expected,<br>ated intervals.<br>Instructions in the. | Primary<br>Transmitters<br>Radio |
| CALL SIGN  | AM or FM   | S, II arry,   | LOCATION OF STATION   | CALL SIGN   | AM or FM   | S/D   | LOCATION OF STATION                                     |                                  |
| CALL SIGN  |  | 5/0   | LOCATION OF STATION   | CALL SIGN   |  | 5/0   | LOCATION OF STATION                                     |                                  |
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| Accounting Perio         |   |                       |                           |                              |                     |               | FOF                    | RM SA1-2E. PAGE 5. |
|--------------------------|---|-----------------------|---------------------------|------------------------------|---------------------|---------------|------------------------|--------------------|
| Name                     | LEGAL NAME OF OWNER OF  |                       | EM:                       |                              |                     |               |                        | SYSTEM ID#         |
| Name                     | MEDIACOM SOUTHEA  | ST LLC                |                           |                              |                     |               |                        | 3306               |
|                          | SUBSTITUTE CARRIAGE   |                       |                           |                              | -                   |               |                        |                    |
| Substitute               | In General: In space I, identi<br>substitute basis during the ad<br>explanation of the programm | ccounting pe          | eriod, under spe          | cific present and former F   | CC rules, regula    | ations, or a  | uthorizations.         | For a further      |
| Carriage:                | 1. SPECIAL STATEMENT  |                       | NING SUBST                | TUTE CARRIAGE                |                     |               |                        |                    |
| Special<br>Statement and | During the accounting per   | iod, did you          | r cable system            | carry, on a substitute bas   | sis, any nonne      | twork telev   | v <u>ision</u> prograr | n                  |
| Program Log              | broadcast by a distant stat   | tion?                 |                           |                              |                     |               | YES                    | × NO               |
|                          | Note: If your answer is "No   | " leave the           | rest of this nac          | e blank. If your answer is   | s "Yes " vou mi     | ist comple    |                        |                    |
|                          | log in block 2.   | , leave the           | rest of this pag          |                              | s ics, you in       | ust compic    | te tre progra          |                    |
|                          | 2. LOG OF SUBSTITUTE  | PROGRA                | MS                        |                              |                     |               |                        |                    |
|                          | In General: List each subst   |                       |                           | te line. Use abbreviations   | s wherever pos      | sible, if the | eir meaning i          | 3                  |
|                          | clear. If you need more spa   |                       |                           |                              | W) (1               |               |                        |                    |
|                          | <b>Column 1:</b> Give the title period, was broadcast by a                                      |                       |                           |                              |                     |               |                        |                    |
|                          | under certain FCC rules, re   |                       |                           |                              |                     |               |                        |                    |
|                          | Do not use general categor  |                       | vies" or "baske           | tball." List specific progra | am titles, for ex   | ample, "I L   | Love Lucy" or          |                    |
|                          | "NBA Basketball: 76ers vs.<br>Column 2: If the program  | n was broad           |                           |                              |                     |               |                        |                    |
|                          | Column 3: Give the call<br>Column 4: Give the broa  |                       |                           |                              |                     | ensed by th   | ne FCC or. in          |                    |
|                          | the case of Mexican or Can  | adian static          | ons, if any, the o        | community with which the     | e station is ider   | ntified).     |                        |                    |
|                          | Column 5: Give the mor  |                       | when your syst            | tem carried the substitute   | e program. Use      | e numerals    | s, with the mo         | nth                |
|                          | first. Example: for May 7 giv<br>Column 6: State the time                                       |                       | e substitute pro          | oram was carried by your     | r cable svstem      | . List the ti | mes accurate           | elv                |
|                          | to the nearest five minutes.  |                       |                           |                              |                     |               |                        | .,                 |
|                          | stated as "6:00–6:30 p.m."  | or "D" if the         | listed program            | was substituted for prog     | romming that y      | our oveter    | n waa raquir           | d                  |
|                          | <b>Column 7:</b> Enter the letter to delete under FCC rules a                                   |                       |                           |                              |                     |               |                        |                    |
|                          | was substituted for program   |                       |                           |                              |                     |               |                        |                    |
|                          | effect on October 19, 1976.   |                       |                           |                              |                     |               |                        |                    |
|                          | s   | UBSTITUT              | TE PROGRAM                |                              |                     | EN SUBST      |                        | 7. REASON FOR      |
|                          | 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION        | 5. MONTH<br>AND DAY | 6.<br>FROM    | TIMES<br>— TO          | DELETION           |
|                          |   |                       |                           |                              |                     |               | _                      |                    |
|                          |   | +                     |                           |                              |                     |               |                        |                    |
|                          |   | +                     |                           |                              |                     | +             |                        |                    |
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|                          |   |                       |                           |                              |                     |               |                        |                    |
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|                          |   |                       |                           |                              |                     |               |                        |                    |
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|                          |   |                       | 1                         | ·                            |                     |               |                        |                    |
|                          |   |                       |                           |                              |                     |               | _                      |                    |
|                          |   |                       |                           |                              |                     |               | _                      |                    |
|                          |   |                       | <br>                      |                              |                     |               | <br>                   |                    |
|                          |   | <br>                  | <br>                      |                              |                     |               |                        |                    |
|                          |   |                       |                           |                              |                     |               |                        |                    |

| 2021/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:  |   |   |   | A1-2E. PAGE  |
|--|---|---|---|--|
| MEDIACOM SOUTHEAST LLC   |   |   | _   | 330  |
| all amounts (gross receipts) paid to your cable system by subscribers for the s<br>(as identified in space E) during the accounting period. For a further explanation<br>page (vii) of the general instructions located in the paper SA1-2 form.<br>Gross receipts from subscribers for secondary transmission service(s)<br>during the accounting period. | system's se<br>on of how t  | econdary transmi<br>o compute this a  | ission service<br>mount, see  | 3,496.25   |
| IMPORTANT: You must complete a statement in space P concerning gross re  | eceipts.  |   | (Amount of gr   | oss receipts)  |
| • Use block 3 if the amount of gross receipts in space K is more than \$263,800  | but less that   | an \$527,600  | 63,800  |  |
| BLOCK 1: GROSS RECEIPTS OF \$13  | 7,100 OR  | LESS  |   |  |
| Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty<br>accounting period is \$52.00  | y fee that yo   | ou must pay for th  | is six-month  |  |
| Line 1. Royalty fee for accounting period  |   |   |   |  |
|  |   |   |   | 0.00   |
|  |   |   |   | 0.00   |
|  |   |   |   |  |
|  |   |   | 100)  |  |
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|  |   |   |   |  |
|  |   |   |   | 515.96   |
| 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  | 7 and 8   |   | \$  | 515.96   |
| BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26  | 3.800 (but  | less than \$527   | .600)   |  |
|  | 0,000 (241  | 1000 1.1411 \$021   | ,000)   |  |
| 1. Enter the amount of gross receipts from space K   |   |   | -   |  |
| 2. Base amount under statutory formula   | \$  | 263,800.00  | -   |  |
| 3. Subtract line 2 from line 1   |   |   | -   |  |
| 4. Multiply line 3 by .01  |   |   |   |  |
| 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)  |   | \$  | 1,319.00  |  |
| 6. Interest charge. Enter the amount from line 4, space Q, page 8  |   |   | 0.00  |  |
| 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4  | 4, 5, and 6 .   |   |   |  |
| FILING FEE AND TOTAL REMITTANCE DU   | JE  |   |   |  |
|  |   |   |   |  |
| 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  |   | . \$  | 515.96  |  |
| 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   |   |   | \$  | 535.96   |
|  | MEDIACOM SOUTHEAST LLC           GROSS RECEIPTS           Instructions: The figure you give in this space determines the form you file at<br>all anounts (gross receipts) solid to your cable system by subscribers for the<br>(aidentified in space E) during the accounting period. For a further explanati<br>page (vii) of the general instructions located in the paper SA1-2 form.<br>Gross receipts from subscribers for secondary transmission service(s)<br>during the accounting period.           COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 1 if the amount of gross receipts in space K is more than \$135,000<br>See page (vi) of the general instructions located in the paper SA1-2 form for more in<br>BLOCK 1: GROSS RECEIPTS OF \$13<br>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt<br>accounting period is \$52.00           Line 1. Royalty fee for accounting period | MEDIACOM SOUTHEAST LLC         GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amo<br>all amounts (gross receipts from subscribers for the system's set<br>(as identified in space E) during the accounting period. For a further explanation of how to<br>page (iii) of the general instructions located in the paper SA1-2 form.<br>Gross receipts from subscribers for secondary transmission service(s)<br>during the accounting period.         LOPYRIGHT ROYALTY FEE<br>Instructions: To compute the royally fee you owe:         • Complete block 1, block 2, or block 3.         • Use block 1 for the amount of gross receipts in space K is more than \$137,100 or less         • Use block 1 for the amount of gross receipts in space K is more than \$283,800 but less th<br>sce page (ivi) of the general instructions located in the paper SA1-2 form for more information<br>BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royally fee that yc<br>accounting period is \$52.00         Line 1. Royally fee for accounting period .       Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2<br>BLOCK 2: GROSS RECEIPTS OF \$263.800 OR LESS (but m         1. Base amount under statulary formula       \$         2. Enter amount of gross receipts from space K .       \$         3. Subtract line 2 from line 4 .       \$         4. Enter the amount of gross receipts from space K .       \$         5. Enter the amount of gross receipts from space K .       \$         6. Subtract line 2 from line 4 .       \$         9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERI | MEDIACOM SOUTHEAST LLC         GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent<br>all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm<br>(as identified in space E) during the accounting period. For a further explanation of how to compute this a<br>page (Wi) of the general instructions: To compute the royalty for you ove:         COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you ove:         • Complete block 1. block 2. or block 3.         • Use block 1 the amount of gross receipts in space K is more than \$237,100 but less than or equal to \$2<br>ex block 2 if the amount of gross receipts in space K is more than \$233,800 but less than or equal to \$2<br>ex block 3 if the amount of 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<br>accounting period is \$52.00         Line 1. Royalty fee for accounting period .         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8         Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2         BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137;<br>1. Base amount under statutory formula .       \$ 263,800.00         2. Enter amount of gross receipts from space K .       \$ 3         3. Subtract line 2 from line 4 .       \$ 3         4. Enter the amount of gross receipts from space K .       \$ 3         5. Enter the amount of gross receipts from space K . | MEDIACOM SOUTHEAST LLC         GROSS RECEIPTS<br>Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of<br>all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service<br>(set) of the general instructors located in the paper SA1-2 form.<br>Gross receipts from subscribers for secondary periods.         COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:       •         Complete block 1 if the amount of gross receipts in space K is more than \$137,100 or less.       •         Use block 2 if the amount of gross receipts in space K is more than \$23,000 transmission.       •         BLOCK 1: GROSS RECEIPTS OF \$137,100 or less.       •         Instructions: As a cable system with gross receipts in space K is more than \$23,000 transmission.       •         BLOCK 1: GROSS RECEIPTS OF \$137,100 or less.       •         Instructions: As a cable system with gross receipts of \$137,100 or less.       •         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.       •         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.       •         Line 3. TOTAL ROYALTY FEE       \$ 263,800 OR LESS (but more than \$137,100)         1. Base amount of gross receipts from space K       \$ 183,496.25         3. Subtract line 2 from line 1.       \$ 263,800.00         2. Enter amount of gross receipts from space K       \$ 183,496.25         3. S |

| Accounting Period:         | 2021/1               |  |                    |  |                                  | FORM SA1-2E. PAGE 7.   |
|----------------------------|----------------------|--|--------------------|--|----------------------------------|------------------------|
| Name                       |                      | DWNER OF CABLE SYSTEM:<br>DUTHEAST LLC                           |                    |  |                                  | SYSTEM ID#<br>3306     |
| M<br>Channels              | to its subscribe     | rs, and (2) the cable system's                                   | total num          | ls on which the cable system carried te<br>ber of activated channels during the ac             |                                  |                        |
|                            |                      | al number of channels on whic<br>ed television broadcast station |                    | le   |                                  | 31                     |
|                            | eyetein ean          |  |                    |  |                                  |                        |
|                            |                      | al number of activated channe                                    |                    | act stations   | 1                                |                        |
|                            |                      | cable system carried television                                  |                    |  |                                  | 65                     |
|                            |                      |  |                    |  |                                  |                        |
| N                          |                      |  |                    | <b>DRMATION IS NEEDED</b> (Identify an ind   | lividual to whom                 |                        |
| Individual to              | we can contact       | about this statement of accou                                    | unt.)              |  |                                  |                        |
| Be Contacted               |                      |  |                    |  |                                  |                        |
| for Further<br>Information | Name                 | Kenneth J. Kohrs   |                    |  | Ielephone                        | 845-443-2762           |
|                            | Address              | One Mediacom Way   |                    |  |                                  |                        |
|                            |                      | (Number, street, rural route, apart                              | tment, or su       | te number)   |                                  |                        |
|                            |                      | Mediacom Park, NY<br>(City, town, state, zip)                    | 10918              |  |                                  |                        |
|                            |                      |  |                    |  |                                  |                        |
|                            | Email                | Copyrights@me  | ediacomo           | c.com  | Fax (optional                    |                        |
|                            |                      | (This statement of account m                                     | ust he cei         | tified and signed in accordance with Co  | nvright Office regulations)      |                        |
| 0                          | CERTINICATION        |  | ust be cei         |  | pylight Office regulations)      |                        |
| Certification              | • I, the undersigned | ed, hereby certify that (Check o                                 | one, <i>but on</i> | <i>y one</i> , of the boxes.)  |                                  |                        |
|                            | (Owne                | er other than corporation or p                                   | partnershi         | <b>p)</b> I am the owner of the cable system as  | identified in line 1 of space B  | : or                   |
|                            |                      |  |                    | ,  |                                  | ,                      |
|                            | X (Agen              | -  | -                  | artnership) I am the duly authorized ager<br>not a corporation or partnership; or              | nt of the owner of the cable sy  | stem as identified     |
|                            | (05)                 |  |                    |  |                                  |                        |
|                            |                      | in line 1 of space B.  | (ii a corpor       | ation) or a partner (if a partnership) of the  | e legal entity identified as own | er of the cable system |
|                            |                      | ete, and correct to the best of m                                |                    | clare under penalty of law that all stateme<br>ge, information, and belief, and are made       |                                  |                        |
|                            |                      |  |                    |  |                                  |                        |
|                            |                      | _  | Х                  | /s/ Kenneth J. Kohrs   |                                  |                        |
|                            |                      |  |                    |  |                                  |                        |
|                            |                      |  |                    | electronic signature on the line above to ce<br>nature using an "/s/ signature" (e.g., /s/ Jol | •                                |                        |
|                            |                      |  |                    |  |                                  |                        |
|                            |                      | Typed or printed   | d name:            | Kenneth J. Kohrs   |                                  |                        |
|                            |                      | Title:   |                    | position held in corporation or partnership)   | )                                |                        |
|                            |                      | Date:  |                    |  | 8/10/2021                        |                        |

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.

| punting Period: 2021/1   | FORM SA1-2E. PAGE 8  |
|--|--|
| AL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID  |
| DIACOM SOUTHEAST LLC   | 3300   |
| <ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>Y ES. Enter the total here and list the satellite carrier(s) below.</li> </ul> | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| Name     Name       Mailing Address     Mailing Address  |  |
| INTEREST ASSESSMENT<br>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.  |  |
| 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  |
| Line 1 Enter the amount of late payment or underpayment  | Interest Assessment  |
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