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							
Accounting		Barcode Data Filing Period (optional - see instructions)							
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.	35025						
		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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
MEDIACOM INDIANA 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.

Accounting Period: 2021/1 FORM SA1-2E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name MEDIACOM INDIANA LLC 35025 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete D unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified Area Served CITY OR TOWN STATE **Newton County** IN First Community IN **Jasper County** Schneider (Village) IN **Kankakee County** IL Add Rows as Necessary IN **Lake County** Momence IL Westville IN **New Durham** IN **Kouts** IN LaCrosse IN IN Malden Wanatah IN Wheatfield IN **Grant Park** IL IN Kankakee City

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 35025

#### **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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,327	29.99-89.99			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	1	29.99-89.99			
Converter					
Residential					
Non-residential					

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	88.99
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:

SYSTEM ID# 35025

4. LOCATION OF STATION

#### MEDIACOM INDIANA LLC

PRIMARY TRANSMITTERS: TELEVISION

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBBM/WBBM (HD) CBS	12	N	Chicago, IL
WBBM-DT2 Start TV	12.2	I-M	Chicago, IL
WBBM-DT3 DABL	12.3	I-M	Chicago, IL
WCIU (IND)	27	l	CHICAGO, IL
WCPX (ION)	48	I	CHICAGO, IL
WFLD/WFLD (HD) FOX	31	l	Chicago, IL
WFLD-DT2 Movies!	31.2	I-M	Chicago, IL
WFLD-DT3 BuzzR	31.3	I-M	Chicago, IL
WGBO/WGBO (HD) UNI	38	I	JOLIET, IL
WGBO-DT2 Laff	38.2	I-M	JOLIET, IL
WGBO-DT3 GetTV	38.3	I-M	JOLIET, IL
WGBO-DT4 Justice Network	38.4	I-M	JOLIET, IL
WGBO-DT5 Grit	38.5	I-M	JOLIET, IL
WGN/WGN (HD) IND	19	l	Chicago, IL
WGN-DT2 Antenna	19.2	I-M	Chicago, IL
WGN-DT3 Court TV	19.3	I-M	Chicago, IL
WJYS (IND) IND	36	<u> </u>	Hammond, IL
WLS/WLS (HD) ABC	7	N	Chicago, IL
WLS-DT2 (LWN)	7.2	I-M	Chicago, IL
WMAQ/WMAQ (HD) NBC	29	N	Chicago, IL
WMAQ-DT2 CoziTV	29.2	I-M	Chicago, IL
WPWR/WPWR (HD) (MyNet)	51	I	GARY, IN
WSNS/WSNS (HD) TELEMUNI	45	I	Chicago, IL
WSNS-DT2 Exitos	45.2	I-M	Chicago, IL

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 35025

MEDIACOM INDIANA LLC

PRIMARY TRANSMITTERS: TELEVISION

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTTW/WTTW (HD) PBS	47	E	Chicago, IL
WTTW-DT2 Prime	47.2	E-M	Chicago, IL
WTTW-DT3 Create	47.3	E-M	Chicago, IL
WTTW-DT4 V-Me	47.4	E-M	Chicago, IL
WYIN/WYIN PBS (HD)	17	E	Gary, IN

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

FORM SA1-2E. PAGE 4.

#### **MEDIACOM INDIANA LLC**

35025

#### 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
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ccounting Period: 2021/1 FORM SA1-2E. PAGE 5.										
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:						SYSTEM ID#	
Name	MEDIACOM INDIANA L	LC							35025	
1	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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Substitute Carriage:		_			ie ge	rierai iristru	icuons in u	ie paper SAT-	-2 101111.	
Special	Special ement and gram Log  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  YES  NO									
Statement and										
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 is 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 station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "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 identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to 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 required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that your system was substituted for delete under FCC rules and regulations in								g tion n. nth ely	
	effect on October 19, 1976.									
	,	HRSTITLIT	E PROGRAM				N SUBST		7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH		TIMES	DELETION	
	1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		AND DAY	FROM	— то		
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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 3502			
K 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 s ation 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 SA1-2 form for more	00 but less th	nan \$527,600	63,800				
	BLOCK 1: GROSS RECEIPTS OF \$7							
	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	s six-month				
	Line 1. Royalty fee for accounting period				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	d lines 1 and	2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L	ESS (but n	nore than \$137,1	00)				
	Base amount under statutory formula	\$	263,800.00					
	Enter amount of gross receipts from space K	· · · <u> </u>						
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3		-		_			
	6. Subtract line 5 from line 4				_			
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	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	\$	402,607.42					
	Base amount under statutory formula	\$	263,800.00	•				
	3. Subtract line 2 from line 1	\$	138,807.42					
	4. Multiply line 3 by .01		\$	1,388.07				
	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	s 4, 5, and 6		\$	2,707.07			
	FILING FEE AND TOTAL REMITTANCE I	DUE						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,707.07	-			
Due	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.			\$	2,727.07			
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper S				ghts!			

Accounting Period: 2	counting Period: 2021/1 FORM SA1-2E. PAGE 7.								
Name	LEGAL NAME OF O	NNER OF CABLE SYSTEM: DIANA LLC			SYSTEM ID# 35025				
<b>M</b> Channels	CHANNELS 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.  1. Enter the total number of channels on which the cable system carried television broadcast stations								
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services.      55								
N Individual to Be Contacted		BE CONTACTED IF FURTH	ER INFORMATION IS NEEDED (Ide nt.)	entify an individual to whom					
for Further Information	Name	Kenneth J. Kohrs		Telephoi	ne 845-443-2762				
	Address	ONE MEDIACOM WA (Number, street, rural route, apartn MEDIACOM PARK, N (City, town, state, zip)	nent, or suite number)						
	Email	Copyrights@me	diacomcc.com	Fax (optional					
_	CERTIFICATION (	This statement of account mu	st be certified and signed in accorda	nce with Copyright Office regulations	)				
O 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	e system as identified in line 1 of space	∍ B; or				
			tion or partnership) I am the duly auth e owner is not a corporation or partners		e system as identified				
		<b>r or partner)</b> I am an officer (if n line 1 of space B.	a corporation) or a partner (if a partne	rship) of the legal entity identified as o	wner of the cable system				
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]								
			X /s/ Kenneth J. Kohrs		_				
			Enter an electronic signature on the line Enter signature using an "/s/ signature"						
		Typed or printed	name: Kenneth J. Kohrs						
		Title:	Vice President, Financial R e of official position held in corporation or par						
		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.

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below.  Name Mailing Address	ounting Period: 2021/1	FORM SA1-2E. PAGE 8.
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(interest charge)  * 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		
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