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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright 2-28-22 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

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	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Mediacom Southeast LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	ONE MEDIACOM WAY
	(Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918 (City, town, state, zip)
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 ONE MEDIACOM WAY
	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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Mediacom Southeast LLC	24
	Instructions: List each separate community served by the cable system. A "com	
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list or community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, disc will serve as a form of system identification hereafter known as the "
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	bbile home parks should be reported in parentheses below the identi
Served		
	CITY OR TOWN	STATE
First	Currituck	NC
Community	Camden	NC
Rows as Necessary		

LEGAL NAME OF OWNER OF CABLE SYSTEM: S								TEM ID	
Mediacom Southeast LL	_C							2412	
SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND R	ATES					
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									
						able system	ı, 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									
							ge and the		
	•	-	•				-		
	•		•		-				
			-		-				
					d in the count u	nder "Servi	ce to the		
					convice that or	o difforant	rom those		
	-		•						
sufficient.		•							
BLC		_				BLOC		1	
CATEGORY OF SERVICE			RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
Residential:									
<ul> <li>Service to first set</li> </ul>		1,662	40.49-74.49						
<ul> <li>Service to additional set(s)</li> </ul>									
<ul> <li>FM radio (if separate rate)</li> </ul>									
Motel, hotel									
Commercial		0	40.49-74.49						
Converter									
Non-residential									
SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
In General: Space F calls for rate	te (not subscri	ber) info	ormation with re	espect to a	• •				
1 1 1					,	,			
							-		
Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
brief (two- or three-word) description and include the rate for each.									
	BLO	CK 1					BLOCK 2		
CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
Continuing Services:		Install	ation: Non-res	idential					
		•	,			Family	Cable	99.0	
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	-							
Fire protection			•						
ů i			•	nannel					
	100.00		•						
• First set	109.99 15.00-49.00		rglar protection						
$- \Lambda = - \frac{1}{2} - \frac{1}{2} - \frac{1}{2}$		Other	COLVICOC.			l			
Additional set(s)	15.00-49.00	-			40.00				
• FM radio (if separate rate)		•Re	connect		49.00				
	10.50	• Re • Dis			49.00 15.00-49.00				
	Mediacom Southeast LL SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disd Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entify subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient. BLOC CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Converter • Residential • Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	Mediacom Southeast LLC         SECONDARY TRANSMISSION SERVICE: SUI         In General: The information in space E should system, that is, the retransmission of television about other services (including pay cable) in splast day of the accounting period (June 30 or L         Number of Subscribers: Both blocks in space down by categories of secondary transmission each category by counting the number of billing separately for the particular service at the rate         Rate: Give the standard rate charged for eacount in which it is generally billed. (Example: "\$ category, but do not include discounts allowed Block 1: In the left-hand block in space E, th systems most commonly provide to their subscribars who pays extra for cable service to first set" and would be counted once again und Block 2: If your cable system has rate categor printed in block 1 (for example, tiers of service with the number of subscribers and rates, in th sufficient.         BLOCK 1       NO. OF         CATEGORY OF SERVICE       SUBSCRIP         Residential:       NO. OF         Service to first set       Subscriber set         Service to first set       SUBSCRIP         Non-residential       NO. OF         Non-residential       No. OF         SERVICES OTHER THAN SECONDARY TRA         In General: Space F calls for rate (not subscrinot covered in space E, that is, those services service for a single fee. There are two exceptic furnished at cost or (2) services or facilities fur amount of the charge and the unit in which it is enter only the letters "PP" in the rate column.         Block 1: Give	Mediacom Southeast LLC         SECONDARY TRANSMISSION SERVICE: SUBSCRI         In General: The information in space E should cover a system, that is, the retransmission of television and ra about other services (including pay cable) in space F, last day of the accounting period (June 30 or Decemb Number of Subscribers: Both blocks in space E ca down by categories of secondary transmission service each category by counting the number of billings in the separately for the particular service at the rate indicate Rate: Give the standard rate charged for each categor, but do not include discounts allowed for adv Block 1: In the left-hand block in space E, the form systems most commonly provide to their subscribers. that applies to your system. Note: Where an individua categories, that person or entity should be counted as subscriber who pays extra for cable service to addition first set" and would be counted once again under "Ser Block 2: If your cable system has rate categories for printed in block 1 (for example, tiers of services that in with the number of subscribers and rates, in the right-sufficient.         BLOCK 1       NO. OF         CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       • Service to first set         • Service to first set       1,662         • Residential       0         Converter       • Residential         • Non-residential       0         Converter       1,662         • Residential       • Non-residential         • Non-residential       0         Converter       Residential         • Non-res	Mediacom Southeast LLC         SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RX         In General: The information in space E should cover all categories of system, that is, the retransmission of television and radio broadcasts about other services (including pay cable) in space F, not here. All the last day of the accounting period (June 30 or December 31, as the category by counting the number of billings in that category (the separately for the particular service at the rate indicated—not the num Rate: Give the standard rate charged for each category of service.         Unit with the generally billed. (Example: "\$20/mth"). Summarize a category, but do not include discounts allowed for advance payment.         Biock 1: In the left-hand block in space E, the form lists the categor systems most commonly provide to their subscribers. Give the numb that applies to your system. Note: Where an individual or organizatio categories, that person or entity should be counted as a subscriber in subscriber who pays extra for cable service to additional sets would b first set" and would be counted once again under "Service to additional sets would b first set if your cable system has rate categories for secondary traprinted in block 1 (for example, tiers of services that include one or m with the number of subscribers and rates, in the right-hand block. A transtructure is a subscriber is subscriber and rates, in the right-hand block. A transtructure is service to additional set(s)         Service to first set         Service to first set         Service to first set         Services OTHER THAN SECONDARY TRANSMISSIONS: RATE         Residential	Mediacom Southeast LLC           SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondar system, that is, the retransmission of television and radio broadcasts by your sy about other services (including pay cable) in space F, not here. All the facts you 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 subscri down by categories of secondary transmission service. In general, you can core each category by counting the number of billings in that category (the number of subscriber with it is generally billed. (Example: \$20/MHT). Summarize any standa 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 sec systems most commonly provide to their subscriber. Give the number of subscriber who pays extra for cable service to additional sets would be includee 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 printed in block 1 (for example, liers of services that include one or more secon with the number of subscribers and rates, in the right-hand block. A two- or thre sufficient.           ELOCK 1         ELOCK 1           CATEGORY OF SERVICE         NO. OF Service to first set . Service to first set . Service to first set . Services to fact set . Services to fact set (not subscriber) information with respect to a not covered in space E, that is, those services that are not offered in combinati service for a single fee. There are two exceptions: you do not need to give rate turnished at cost or (2) services or facilities furnished to nonsubscribers. Rate it amount of the charge and the unit in which it is usually billed. If any rates a	Mediacom Southeast LLC           SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES           In General: The information in space E should cover all categories of secondary transmission aytem, that is, the retransmission of television and radio broadcasts by your system to subsca about other services (including pay cable) in space F, not here. All the facts you state must be 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 care down by categories of secondary transmission service. In general, you can compute the number of subscribers and rate charged for each category of service. Include both the amount unit in which it is generally billed. (Example: "\$200mth'). Summarize any standard rate variation category, but do not include discounts allowed for advance paymet.           Bock 1: In the left-hand block in space E, the form lists the categories of secondary transmissi systems most commonly provide to their subscribers. (Sive the number of subscribers and rate that applies to your system. Note: Where an individual or organization is receiving service that categories, that person or entity should be counted as a subscriber in leach applicable category subscriber who pays extra for cable service to additional sets would be included in the count u 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 secondary transmission service that an printed in block 1 (for example, tiers of services that include one or more secondary transmission service that an printed in block 1 (for example, tiers of services that include one or more secondary transmiss with the number of subscribers in distoriber) information with	Mediacom Southeast LLC           SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES           In General: The information in space E should cover all categories of secondary transmission service of system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give about other services (including pay cable) in space F, call for the number of subscribers: Severations (include) as earlies of the number of subscribers to the cable system down by categories of secondary transmission service. In general, you can compute the number of subscribers to the cable system down by categories of secondary transmission service. Include both the amount of the chargunt in which this generally billed. (Example: "20/mth"). Summarize any standard rate variations within a category, but do not include discounts allowed for advance payment.           Block 1: In the left-hand block in space F, the form lists the categories of secondary transmissions ervice at the rate indicated—one capitor service is and rate for each list categories, that person or entity should be counted as a subscriber in each applicable category. Example subscribers and rate for each list in a categories, that person or entity should be counted as a subscriber in each applicable category. Example subscribers who pays extra for cable service to additional sets would be included one again under "Service to additional sets)."           Block 1: In bulk 1: (Isompte, lies of Services that include one or more secondary transmissions), slitt with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the sufficient.           Block 1: In capital set (Isompte)         BLOCK 1         EACATEGORY OF SERVICE           Residential         NO. OF         CATEGORY OF SERVICE	Mediacom Southeast LLC           SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES           In General: The information in space E should cover all calegories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers (We information about other services (including pay cable) in space E call for the number of subscribers to the cable system, brown of television and radio broadcasts by your system to subscribers in acaderability of subscribers: Both blocks in space E call for the number of subscribers to the cable system, brown of works of subscribers in space E call for each category (We number of persons or organizations charged separately for the particular service. In the category (We number of subscribers in a set category by counting the number of subscribers and rate 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 category counting the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service. In aduet a subscribers and rate for each listed category that applies to your system. Note: Where an individual to expansion service that attem from those printed in block. If ore example, there of subscribers is a subscriber and rate for advance payment.           Block 1: In the left-hand block in space E, the form lists thic categories of advance payment.         Block 1: In the left-hand block in space E, the form lists within a particular intervice in advance payment.           Block 2: If your cable system has rate categories for secondary transmissions, list them, together with the space and the an undifficant	

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYS	STEM			
Name	Mediacom Southeast LLC							
	PRIMARY TRANSMITTERS:	TELEVISION						
G	In General: In space G, identify every television station (including translator stations and low power television stations)							
9	carried by your cable system during the accounting period, <i>except</i> (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							
Primary	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.							
ansmitters: Felevision			arried by your cable system on a subs	stitute program				
	<ul> <li>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:</li> <li>Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the</li> </ul>							
	station was carried only on a	a substitute basis.		-				
		so in space I, if the station was carried n concerning substitute basis stations, s						
	Column 1: List each station's	's call sign. <i>Do not</i> report origination pr	rogram services such as HBO, ESPN	N, etc. Identify each				
	"WETA-2" as the same on the							
		I number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	vision station for broadcasting over th	he air in its community				
	Column 3: Indicate in each c	case whether the station is a network s	•					
		ing the letter "N" (for network), "N-M" (f 'E" (for noncommercial educational), o						
	For the meaning of these terr	ms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.					
		of each station. For U.S. stations, list ian stations, if any, give the name of th	•					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	1			
	WAVY/WAVY(HD) NBC	31	N	Portsmouth, VA				
	WAVY-DT2 SportsGrid	31.2	I-M	Portsmouth, VA				
Rows as Necessary	WAVY-DT3 GET TV	31.3	I-M	Portsmouth, VA				
	WAVY-DT4 ShopLC	31.4	I-M	Portsmouth, VA				
	WGNT (CW)	50	I	Portsmouth, VA				
	WGNT (CW) WHRO (PBS)	50 16	l E	·····				
			I E N	Portsmouth, VA				
	WHRO (PBS)	16		Portsmouth, VA Hampton, VA				
	WHRO (PBS) WITN (NBC)	16		Portsmouth, VA Hampton, VA Washington, DC				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION	16 32 46		Portsmouth, VA Hampton, VA Washington, DC Portsmouth, VA				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS	16 32 46 9 40	N   	Portsmouth, VA Hampton, VA Washington, DC Portsmouth, VA Manteo, NC Norfolk, VA				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet)	16 32 46 9 40 33	N I I N I	Portsmouth, VA Hampton, VA Washington, DC Portsmouth, VA Manteo, NC Norfolk, VA				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge	16 32 46 9 40 33 32.2	N I I N I I-M	Portsmouth, VA Hampton, VA Washington, DC Portsmouth, VA Manteo, NC Norfolk, VA Norfolk, VA				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge WTVZ-DT3 COMET	16 32 46 9 40 33 32.2 32.3	N I I N I I I-M I-M	Portsmouth, VA Hampton, VA Washington, DC Portsmouth, VA Manteo, NC Norfolk, VA Norfolk, VA Norfolk, VA				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge WTVZ-DT3 COMET WTVZ-DT4 TBD	16 32 46 9 40 33 32.2 32.3 32.4	N I I N I I-M	Portsmouth, VA Hampton, VA Washington, DC Portsmouth, VA Manteo, NC Norfolk, VA Norfolk, VA Norfolk, VA Norfolk, VA				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge WTVZ-DT2 Charge WTVZ-DT3 COMET WTVZ-DT4 TBD WUND/WUND(HD) PBS	16 32 46 9 40 33 32.2 32.3 32.4 20	N I I N I I-M I-M I-M E	Portsmouth, VA         Hampton, VA         Washington, DC         Portsmouth, VA         Manteo, NC         Norfolk, VA				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge WTVZ-DT3 COMET WTVZ-DT3 COMET WTVZ-DT4 TBD WUND/WUND(HD) PBS	16 32 46 9 40 33 32.2 32.3 32.4 20 20.2	N I I N I I I-M I-M E E E-M	Portsmouth, VA         Hampton, VA         Washington, DC         Portsmouth, VA         Manteo, NC         Norfolk, VA         Norfolk, VA         Norfolk, VA         Norfolk, VA         Norfolk, VA         Edenton, NC         Edenton, NC				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge WTVZ-DT2 Charge WTVZ-DT3 COMET WTVZ-DT4 TBD WUND/WUND(HD) PBS WUND-DT2 PBS KIDS	16 32 46 9 40 33 32.2 32.3 32.2 32.3 32.4 20 20.2 20.3	N I I N I I-M I-M I-M E E-M E-M	Portsmouth, VA         Hampton, VA         Washington, DC         Portsmouth, VA         Manteo, NC         Norfolk, VA         Norfolk, VA         Norfolk, VA         Norfolk, VA         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge WTVZ-DT2 Charge WTVZ-DT3 COMET WTVZ-DT4 TBD WUND/WUND(HD) PBS WUND-DT2 PBS KIDS WUND-DT3 Explorer Chan WUND-DT4 NCCHL	16 32 46 9 40 33 32.2 32.3 32.4 20 20.2 20.2 20.3 20.4	N I I N I I I-M I-M I-M E E E-M	Portsmouth, VA         Hampton, VA         Washington, DC         Portsmouth, VA         Manteo, NC         Norfolk, VA         Norfolk, VA         Norfolk, VA         Norfolk, VA         State         Hampton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge WTVZ-DT2 Charge WTVZ-DT3 COMET WTVZ-DT4 TBD WUND/WUND(HD) PBS WUND-DT2 PBS KIDS WUND-DT3 Explorer Chan WUND-DT4 NCCHL WVBT/WVBT(HD) FOX	16         32         46         9         40         33         32.2         32.3         32.4         20         20.2         20.3         20.4         43	N I I I N I I-M I-M I-M E E E-M E-M E-M I	Portsmouth, VA         Hampton, VA         Washington, DC         Portsmouth, VA         Manteo, NC         Norfolk, VA         Norfolk, VA         Norfolk, VA         Norfolk, VA         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Virginia Beach, VA				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge WTVZ-DT2 Charge WTVZ-DT3 COMET WTVZ-DT4 TBD WUND/WUND(HD) PBS WUND-DT2 PBS KIDS WUND-DT3 Explorer Chan WUND-DT4 NCCHL	16 32 46 9 40 33 32.2 32.3 32.4 20 20.2 20.2 20.3 20.4	N I I N I I-M I-M I-M E E E-M E-M	Portsmouth, VA         Hampton, VA         Washington, DC         Portsmouth, VA         Manteo, NC         Norfolk, VA         Norfolk, VA         Norfolk, VA         Norfolk, VA         State         Hampton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge WTVZ-DT2 Charge WTVZ-DT3 COMET WTVZ-DT4 TBD WUND/WUND(HD) PBS WUND-DT2 PBS KIDS WUND-DT3 Explorer Chan WUND-DT4 NCCHL WVBT/WVBT(HD) FOX	16         32         46         9         40         33         32.2         32.3         32.4         20         20.2         20.3         20.4         43	N I I I N I I-M I-M I-M E E E-M E-M E-M I	Portsmouth, VA         Hampton, VA         Washington, DC         Portsmouth, VA         Manteo, NC         Norfolk, VA         Norfolk, VA         Norfolk, VA         Norfolk, VA         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Virginia Beach, VA				
	WHRO (PBS) WITN (NBC) WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ (MyNet) WTVZ-DT2 Charge WTVZ-DT2 Charge WTVZ-DT3 COMET WTVZ-DT4 TBD WUND/WUND(HD) PBS WUND-DT2 PBS KIDS WUND-DT3 Explorer Chan WUND-DT3 Explorer Chan WUND-DT4 NCCHL WVBT/WVBT(HD) FOX	16         32         46         9         40         33         32.2         32.3         32.4         20         20.2         20.3         20.4         43         43	N I I I N I I-M I-M E E-M E-M E-M I N	Portsmouth, VA         Hampton, VA         Washington, DC         Portsmouth, VA         Manteo, NC         Norfolk, VA         Norfolk, VA         Norfolk, VA         Norfolk, VA         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Hampton, VA				

ccounting Period:	2021/2			FORM SA1-2E. PA		
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM		
Name	Mediacom Southeast	LLC		24		
	PRIMARY TRANSMITTERS:	TELEVISION				
G Primary Transmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	ntify every television station (including to a during the accounting period, <i>except</i> a effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	(1) stations carried only on a part-time e carriage of certain network program	e basis under s [sections		
Television	, i i	With respect to any distant stations ca	rried by your cable system on a subst	itute program		
		les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis.	e Special Statement and Program Lo	g)—if the		
		so in space I, if the station was carried				
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. <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, WI	RC 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 Canad	ian 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		

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM II
Mediacom S	outheast L	LC						241
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate i Column 4: G	it is carried by nonitoring, to rmation about m. entify the call cate whether the the radio stati this by placing ive the station	the syst be receivent the Co sign of e ne station on's sign a check 's location	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the sy pyright Office regulations on the each station carried. In is AM or FM. and was electronically processes at mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anter his point, see pag ed by the cable sy e station is license	idend, and (2) nna, during ce e (v) of the ge vstem as a sep ed by the FCC	it can b ertain sta eneral in parate a	e expected, ited intervals. structions in the. nd discrete	Primary Transmitters Radio
		-	the community with which the s			0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				

Accounting Period								
Name	LEGAL NAME OF OWNER OF		FEM:					SYSTEM ID
	Mediacom Southeast I	LLC						2412
I	SUBSTITUTE CARRIAGE				-	on, that your	cable syste	m carried on a
	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did youı	r cable system	carry, on a substitute ba	isis, any nonne	twork televi	sion progra	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the i	rest of this pa	ge blank. If your answer i	s "Yes," you mi	ust complete	e the progra	am
	log in block 2.  2. LOG OF SUBSTITUTE		MS					
	In General: List each subs		-	te line. Use abbreviation	s wherever pos	sible, if the	ir meaning	is
	clear. If you need more spa <b>Column 1:</b> Give the title period, was broadcast by a under certain FCC rules, re	of every nor distant stati gulations, or	nnetwork telev ion and that yc r authorization	ision program ("substitut our cable system substitu s. See page (v) of the ge	ted for the prog neral instructio	ramming of ns for furthe	f another st er informatio	ation on.
	Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call	Bulls." m was broad	lcast live, ente	r "Yes." Otherwise enter	"No."	ample, "I Lc	ove Lucy" o	r
	Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor	nadian statio	ons, if any, the	community with which th	e station is ide	ntified).		
	first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes.	es when the						ely
	Letated ac "6:00 6:30 p m "							
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation nming that y	ons in effect du	uring the accounting perio	od; enter the let	tter "P" if the	e listed prog	
	<b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	and regulatic nming that y	ons in effect du	uring the accounting period as permitted to delete und	der FCC rules a	tter "P" if the	e listed prog ons in TUTE	7. REASON FC
	<b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	and regulatic nming that y SUBSTITUTI	ons in effect du our system wa	uring the accounting period as permitted to delete und	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	e listed prog ons in TUTE	gram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y BUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting period	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	FUTE URRED	7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y BUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting period	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	FUTE URRED	7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y BUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting period	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	FUTE URRED	7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y BUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting period	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	FUTE URRED	7. REASON F
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y	E PROGRAM 3. STATION'S	uring the accounting period	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	FUTE URRED	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y	E PROGRAM 3. STATION'S	uring the accounting period	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	FUTE URRED	7. REASON F
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y	E PROGRAM 3. STATION'S	uring the accounting period	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	FUTE URRED	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y	E PROGRAM 3. STATION'S	uring the accounting period	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	FUTE URRED	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y BUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting period	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	FUTE URRED	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y BUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting period	der FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU	FUTE URRED	7. REASON FC

Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC				8YSTEM ID# 24126
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanati 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	system's se on of how to	condary transmi compute this a	ssion service mount, see \$ 4	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	in \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but me	ore than \$137,1	00)	
	1. Base amount under statutory formula	. \$	263,800.00		
	2. 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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	409,018.22		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	145,218.22		
	4. Multiply line 3 by .01		\$	1,452.18	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	-
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6 .		\$	2,771.18
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,771.18	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	-
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,791.18
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: heast LLC		SYSTEM ID# 24126
M Channels	to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	ou must give (1) the number of channels on which the cable system s, and (2) the cable system's total number of activated channels do number of channels on which the cable d television broadcast stations number of activated channels cable system carried television broadcast stations cast services	uring the accounting period.	29 68
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ide about this statement of account.)	entify an individual to whom	
for Further Information	Name	Kenneth J. Kohrs	Telephone 8	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)		
	Email	Copyrights@mediacomcc.com	Fax (optional	
	CERTIFICATION	This statement of account must be certified and signed in accorda	nce with Copyright Office regulations)	
O Certification	• I, the undersign	d, hereby certify that (Check one, <i>but only one</i> , of the boxes.)		
	(Owne	other than corporation or partnership) I am the owner of the cabl	e system as identified in line 1 of space B;	or
	X (Agen	of owner other than corporation or partnership) I am the duly aut n line 1 of space B and that the owner is not a corporation or partners		stem as identified
	(Offic	<b>r or partner)</b> I am an officer (if a corporation) or a partner (if a partne n line 1 of space B.	ership) of the legal entity identified as owned	r of the cable system
		the statement of account and hereby declare under penalty of law tha e, and correct to the best of my knowledge, information, and belief, ar on 1001(1986)]		
		Enter an electronic signature on the lin Enter signature using an "/s/ signature	e above to certify this statement.	
		Typed or printed name: Kenneth J. Kohrs		
		Title: Vice President, Financial I (Title of official position held in corporation or pa		
		Date:	2/11/2022	

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: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
diacom Southeast LLC	24126
<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:         <ul> <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 sections and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </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 transmission 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>	sub- Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
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	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	Interest Assessment
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	
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
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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	L G L C C C C C C C C C C C C C C C C C
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	L G Interest Assessment - days 
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	L G Interest Assessment - days 
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	L G Interest Assessment - days 
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C	Cab	ole Late a t	Total amount of remittance	Number of SAs rea	c'd Initi	als
	vvor	ksneet		-		
			Date of remittance	Check EFT	□ FILING FE	ES
Cable ID #					Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	□January	1 - June 30, 2017	C	]July 1 - December 31, 2017		
	□Letter s	ent	C	Information received		
		:d	Ľ	Phone call/Date/Contact		
Space B Owner						
	□Letter s	ent	C	Information received		
		d	C	Phone call/Date/Contact		
Space D Area Served						
	Letter s	ent	C	Information received		
		ed	Ľ	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	□Letter s	ent	C	Information received		
and Rates		d	C	Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	□Letter s	ent	[	Information received		
		d	E	Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio		ed	[	Phone call/Date/Contact		_

		Space I Substitute Carriage
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
⊡Letter sent		
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
	Phone call/Date/Contact	