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						
2-28-22	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
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.	27159						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		MCC Illinois, LLC (Louisville, IL)							
		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 unl salready 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:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
	_	(Number, Street, rural route, apartment, or Stitle number)							
		(City, town, state, zip code)							

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

	LEGAL NAME OF OWNER OF CASH S CASTS	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MCC Illinois, LLC (Louisville, IL)	271
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, discre Il serve as a form of system identification hereafter known as the "fi
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile.	ile home parks should be reported in parentheses below the identif
Served	city.	
	0.77.07.70.00	
	CITY OR TOWN	STATE
First Community	Louisville	IL
Community	Farina	IL .
ld Rows as Necessary		

Accounting Period: 2021/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27159

MCC Illinois, LLC (Louisville, IL)

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.

BLG	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	55550.4.52.46		5711255111 51 52111152	00200.1.22.10	
Service to first set	47	29.99-61.54			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.99-61.54			
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	86.99
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
 Additional set(s) 	15.00-49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		 Move to new address 			•••••
					•••••

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27159

MCC Illinois, LLC (Louisville, IL)
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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDNL/KDNL(HD) ABC	31	N	St. Louis, MO
KDNL-DT2 TBD	31.2	I-M	St. Louis, MO
KDNL-DT3 Charge!	31.3	I-M	St. Louis, MO
KDNL-DT4 Stadium	31.4	I-M	St. Louis, MO
KMOV/KMOV(HD) CBS	24	N	ST LOUIS, MO
KMOV-DT2 CoziTV	24.2	I-M	ST LOUIS, MO
KMOV-DT3 MyNetworkTV	24.3	I-M	ST LOUIS, MO
KMOV-DT4 Laff	24.4	I-M	ST LOUIS, MO
KNLC/ KNLC MeTV HD	14	I	ST LOUIS, MO
KNLC-DT2 NLEC TV	14.2	I-M	ST LOUIS, MO
KNLC-DT3 H&I	14.3	I-M	ST LOUIS, MO
KNLC-DT4 Movies	14.4	I-M	ST LOUIS, MO
KNLC-DT5 Decades	14.5	I-M	ST LOUIS, MO
KNLC-DT6 Start TV	14.6	I-M	ST LOUIS, MO
KPLR/KPLR(HD) CW	26	I	St. Louis, MO
KPLR-DT2 ThisTV	26.2	I-M	St. Louis, MO
KPLR-DT3 COMET	26.3	I-M	St. Louis, MO
KSDK/KSDK(HD) NBC	35	N	St. Louis, MO
KSDK-DT2 BOUNCE	35.2	I-M	St. Louis, MO
KSDK-DT3 True Crime	35.3	I-M	St. Louis, MO
KSDK-DT4 Quest	35.4	I-M	St. Louis, MO
KTVI/KTVI(HD) FOX	43	l	ST. LOUIS, MO
KTVI-DT2 Antenna TV	43.2	I-M	ST. LOUIS, MO
KTVI-DT3 Court TV	43.3	I-M	ST. LOUIS, MO

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27159

MCC Illinois, LLC (Louisville, IL)
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
WCIA (CBS)	48	N	CHAMPAIGN, IL
WEIU/WEIU(HD) PBS	51	Е	CHAMPAIGN, IL
WEIU-DT2 PBS FNX	51.2	E-M	CHAMPAIGN, IL
WILL/WILL(HD) PBS	12	Е	CHAMPAIGN, IL
WILL-DT2 PBS World	12.2	E-M	CHAMPAIGN, IL
WILL-DT3 Create	12.3	E-M	CHAMPAIGN, IL
WPXS (Daystar)	21	I	Mt. Vernon, IL
WRBU/WRBU(HD) ION	46	l I	St. Louis, MO
WRBU-DT3 GRIT	46.3	I-M	St. Louis, MO
WUSI/WUSI (HD) (PBS)	17	E	Olney, IL
WUSI-DT2 PBS World	17.2	E-M	Olney, IL
WUSI-DT3 PBS Create	17.3	E-M	Olney, IL
WUSI-DT4 PBS KIDS	17.4	E-M	Olney, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Illinois, LLC (Louisville, IL)

27159

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
							
	l				l		l

A Davis	4. 2021 /2						500	11 014 0F BAOF F		
Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CABLE SYS	TFM [.]				FOR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	MCC Illinois, LLC (Lou		. =					27159		
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	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.								
Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting period broadcast by a distant state. Note: If your answer is "Noted in block 2. 	riod, did you tion?	ır cable systen	n carry, on a substitute ba	·		YES	X NO		
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute progra ace, please of every no a distant state gulations, of ries like "mo Bulls." m was broan sign of the adcast statio hadian statio addian statio can be supported by the "5/7." es when the Example: a ter "R" if the and regulation ming that	am on a separa add additional connetwork televition and that your authorization ovies" or "baskiddcast live, enterstation broadcon's location (tons, if any, the when your system on the program carrolisted program cons in effect distance and the constant of the constant	rows to the tables. vision program ("substitute our cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute program ecommunity to which the community with which the stem carried the substitute ogram was carried by you ied by a system from 6:00 in was substituted for proguring the accounting periods.	e program") that ted for the program titles, for ex "No." ram. le station is lice e program. Use r cable system 1:15 p.m. to 6:2 ramming that yod; enter the le	at, during the a gramming of a ons for further i cample, "I Love ensed by the F ntified). e numerals, wi . List the times 28:30 p.m. sho your system watter "P" if the li	accounting nother state information be Lucy" or accurate build be as require sted prog	g ation n. nth ely		
		SUBSTITUT	TE PROGRAM	1		N SUBSTITU	RRED	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMI FROM —	ES TO	5227.011		

Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Illinois, LLC (Louisville, IL)	S	YSTEM ID#
	wice minors, ELG (Eduisvine, IL)		27159
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tra (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nsmission service his amount, see	1,647.70 oss receipts)
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 \$137,100 but less than or equal 1 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: 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 f accounting period is \$52.00	or this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	····· <u>\$</u>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1	37,100)	
	1. Base amount under statutory formula	.00	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	····	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$	527,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	.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, 5, and 6	····	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the R See page i of the general instructions in the paper SA1-2 form for more infor		ıts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWI	NER OF CABLE SYSTEM: C (Louisville, IL)				SYSTEM ID# 27159
M Channels	 to its subscribers, a Enter the total n system carried t Enter the total n 	and (2) the cable system's tot umber of channels on which t television broadcast stations. umber of activated channels	tal numbe	on which the cable system carried tele	ounting period.	47
		ble system carried television bast services				71
N Individual to Be Contacted		BE CONTACTED IF FURTHE out this statement of account.		MATION IS NEEDED (Identify an indiv	ridual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	/) N	One Mediacom Way Number, street, rural route, apartmer Mediacom Park, NY 10 Dity, town, state, zip)		number)		
	Email	Copyrights@medi	iacomcc.	com	Fax (optional	
	CERTIFICATION (Th	nis statement of account must	t be certific	ed and signed in accordance with Cop	yright Office regulations)	
O Certification	(Owner o	f owner other than corporation line 1 of space B and that the corporation or partner) I am an officer (if a line 1 of space B. e statement of account and her and correct to the best of my k	tnership) on or part owner is no a corporation	ne, of the boxes.) I am the owner of the cable system as ice nership) I am the duly authorized agent of a corporation or partnership; or on) or a partner (if a partnership) of the least	of the owner of the cable sy egal entity identified as own ts of fact contained herein	ystem as identified
			Enter an ele	/s/ Kenneth J. Kohrs ectronic signature on the line above to cert ture using an "/s/ signature" (e.g., /s/ John		
		Typed or printed na	u.	Kenneth J. Kohrs		
				esident, Financial Reporting sition held in corporation or partnership)		
		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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CC Illinois, LLC (Louisville, IL)	27159
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	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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

CONTROL #: REMITTANCE #:

C	Cable
	Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	_ □Check	□EFT	□FILING	FEES	
Cable ID #						Amount	Initials	
Examined by	Review	ed by	Date examination completed	Allocation	number			
Space A Accounting Period								
	□January 1 - Jun	e 30, 2017	☐July 1 - December 31, 2017					
	☐Letter sent		☐ Information received					
	□Accepted		☐Phone call/Date/Contact					
Space B Owner								
☐Letter sent			[☐Information rece	ived			
			Phone call/Date/Contact					
Space D Area Served								
	☐Letter sent			☐Information received				
□Accepted			[Phone call/Date/	Contact			
Space E Secondary Transission								
Service Subscribers:	☐Letter sent			☐Information rece	ived			
and Rates	□Accepted]	Phone call/Date/	Contact			
Space G Primary Transmitters:								
Television	□ Letter sent □ Information received							
	□Accepted]	Phone call/Date/	Contact			
Space H Primary Transmitters:								
Radio	□Accepted			□Phone call/Date/Contact				

		Space I Substitute Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐Information received	(SA3 only)
□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 Fees
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	
□Accepted	☐Phone call/Date/Contact	