This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

Return completed workbook by email to:

## 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

coplicsoa@loc.gov

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

Α	ACCO	OUNTING 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.	992
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Georgia, LLC (Cuthbert, GA)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		(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 s 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MCC Georgia, LLC (Cuthbert, GA)	329
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discr ve as a form of system identification hereafter known as the "
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	ome parks should be reported in parentheses below the identi
		OTATE
First	CITY OR TOWN Cuthbert	GA
Community	Randolph	GA
	Shellman	GA
d Rows as Necessary	Richland	GA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	MCC Georgia, LLC (Cut	hbert, GA)							3299
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	he cable	
_	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p						e those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				,	ahla svetar	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	,		0 , ,		•			
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-						-	
	category, but do not include disc				iy stanua				
	Block 1: In the left-hand block	•		Ũ					
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	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						<i>,</i> .		
	sufficient.		o ngin			o 1101 a accomp			
	BLO	DCK 1	_				BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIAD		TUTE	0/11			COBCORDERCO	1011
	Service to first set		391	40.49-76.49					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)			· •					
	Motel, hotel								
	Commercial		0	40.49-76.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rai	te (not subscril	ber) inf	ormation with res	pect to a	ll your cable sy	/stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services		,		0		0.		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	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								
Rales	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
	BLOCK 1							BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Instal	lation: Non-resid	dential				
	• Pay cable	PP		otel, hotel			Family	Cable	98.0
	Pay cable—add'l channel	PP		ommercial					
	Fire protection			ay cable					
	•Burglar protection			ay cable-add'l cha	annel				
	Installation: Residential	400.00		re protection					
	<ul> <li>First set</li> <li>Additional set(s)</li> </ul>	109.99 15.00-49.00		Irglar protection services:					
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	15.00-49.00		services: econnect		49.00			
	, , ,	10.50		sconnect		-5.00			
	• Converier								
	Converter	10.50		utlet relocation		15.00-49.00			

Name         MCC Georgia, LLC (Cuthbert, GA)         33           PRIMARY TRANSMITTERS:         TELEVISION         In Generat: 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-lime basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 75.59(d)(2) and (4), 76.69(e)(2) and (4), or 76.69 (refering 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 and explained in the next paragraph.           Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute paragraph.         Substitute Basis Carried on yon a cartification and a station scarried only on a part-toxic substitute parameters.           • Do not list the station here in space G—but do list (It nspace I (the Special Statement and Program Log)—If the station was carried only on a substitute basis.         • List the station here in apace G. but do list (It nspace) I (the special Statement and Program Log).         If the station here in space G.           • Our not list the station here in space G—but do list (It nspace) I (the Special Statement and Program Log).         If the station here in space G.           • Our not list the station here in space G—but do list (It nspace) I (the signation. For example, PRC to mouth and the station is carried both on a substitute basis and also on some other hasis.         • Lock the station is carr		LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
PRIMARY TRANSMITTERS:         TELEVISION           In General: In space G, identify every talevision station (including translator stations and low power television stations) carried by your table system during the accounting portion (b) and (2) and (2	Name				32			
Formary         carried by your calle system during the accounting period, except (1) stations carried only on a part-time basis under if C-rules and regulations in effect on Num 24, 1981, numBing the carring of cortain network programs [sections 75.58(c)(2) and (4), or 76.63 (e)(2) and (4), or 76.63 (e)(2) and (4)); and (2) certain stations carried on a 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 uthorizations: - Do not list the station here in space Q—but do list list napee 1 (the Special Statement and Program Log)—If the station was carried only on a substitute basis. - Do not list the station here in space Q—but do list list napee 1 (the Special Statement and Program Log).—If the station was carried only on a substitute basis. - List the station formation concerning the station, said stations, and particular to the station was carried only on a substitute basis. - Do not list the station here in space Q—but do list list napee 1 (the Special Statement and Program Log).—If the station was carried only on a substitute basis. - Station was carried to stations, or uthorizations: - Do not list basis. For further information concerning the station, station in an independent station. - Do not list the station is a charged to be belowing station. For example, report multisteam - The station is indicated in each area whether the station is a network multicas). For - Do not mainting the participase of the paper SA1-2 (orn. - Column 4: Give the location of each station, For U.S. stations, list the community which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community which the station is identified.           viabevorta PBS Knowledge         6.4         E-M         PELHAM, GA           viabevorta PBS Knowledge         6.3								
WABWWABW(HD) PBS         6         E         PELHAM, GA           WABW-DT2 Create         6.2         E-M         PELHAM, GA           WABW-DT3 PBS Knowledge         6.3         E-M         PELHAM, GA           WABW-DT4 PBS KIDS         6.4         E-M         PELHAM, GA           WALBUMABU(HD) NBC         10         N         Albany, GA           WALBUMABUK         10.3         I-M         Albany, GA           WLT2/WLT2/HD1 NBC         35.2         I-M         Columbus, GA           WILW-DT3 Antenna TV         35.3         I-M         Columbus, GA           WRBL-WRBL(HD) CBS         16         N         Columbus, GA           WTVM-WTVM(HD) ABC         11         N         Columbus, GA           WTVM-DT2 Bounce         11.2	Primary ransmitters:	<ul> <li>carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under</li> <li>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections</li> <li>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.</li> <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 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 <i>only</i> on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li> <li>Column 1: 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.</li> <li>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.</li> <li>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 noncommercial educational multicast), "I" (for independent), "I-M"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.</li> <li></li></ul>						
WABW-DT2 Create       6.2       E-M       PELHAM, GA         WABW-DT3 PBS Knowledge       6.3       E-M       PELHAM, GA         WABW-DT4 PBS KIDS       6.4       E-M       PELHAM, GA         WABW-DT4 PBS KIDS       6.4       E-M       PELHAM, GA         WALB/WALB(HD) NBC       10       N       Albany, GA         WALB-DT3 BounceTV       10.3       I-M       Albany, GA         WLT2/VLTZ(HD) NBC       35       N       Columbus, GA         WLT2-DT2/WLTZ-DT2/WLTZ-DT2/HD) CV       35.2       I-M       Columbus, GA         WRBL-WRBL(HD) CBS       15       N       Columbus, GA         WRBL-DT2 MeTV       15.2       I-M       Columbus, GA         WRST (MyNet)       51       I       CORDELE, GA         WTVM-DT2 Bounce       11.2       I-M       Columbus, GA         WTVM-DT2 Bounce       11.2       I-M       Columbus, GA         WTVM-DT3 Circle       11.3       I-M       Columbus, GA         WTVM-DT4 Grit       11.4       I-M       Columbus, GA         WTVM-DT4 Grit       11.4       I-M       Columbus, GA		1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
WABW-DT2 Create         6.2         E-M         PELHAM, GA           WABW-DT3 PBS Knowledge         6.3         E-M         PELHAM, GA           WABW-DT4 PBS KIDS         6.4         E-M         PELHAM, GA           WABW-DT4 PBS KIDS         6.4         E-M         PELHAM, GA           WABW-DT4 PBS KIDS         6.4         E-M         PELHAM, GA           WALB/VD14 PBS KIDS         10         N         Albany, GA           WALB/VD15 BounceTV         10.3         I-M         Columbus, GA           WLT2-D12/WLT2-D12/(HD) CV         35.2         I-M         Columbus, GA           WRBL/WRBL(HD) CBS         15         N         Columbus, GA           WRBL/WRBL(HD) CBS         15         N         Columbus, GA           WTVM-D12 MerTV         151         I         Columbus, GA           WTVM-D12 Bounce		WABW/WABW(HD) PBS	6	E	PELHAM, GA			
WABW-DT3 PBS Knowledge         6.3         E-M         PELHAM, GA           WABW-DT4 PBS KIDS         6.4         E-M         PELHAM, GA           WABW-DT4 PBS KIDS         6.4         E-M         PELHAM, GA           WALB/WALB(HD) NBC         10         N         Albary, GA           WALB-DT3 BounceTV         10.3         I-M         Albary, GA           WLT2/WLT2(HD) NBC         35.5         N         Columbus, GA           WLT2-DT2/WLT2-DT2(HD) CV         35.2         I-M         Columbus, GA           WRBL-WRBL(HD) CBS         15         N         Columbus, GA           WRBL-DT2 MeTV         16.2         I-M         Columbus, GA           WTVM-WTVM(HD) ABC         11         N         Columbus, GA           WTVM-DT2 Bounce         11.2         I-M         Columbus, GA           WTVM-DT3 Circle         11.3         I-M         Columbus, GA           WTVM-DT4 Grit         11.4         I-M         Columbus, GA			6.2					
NABW-DT4 PBS KIDS         6.4         E-M         PELHAM, GA           WABW-DT4 PBS KIDS         10         N         Albany, GA           WALB/WALB(HD) NBC         10         N         Albany, GA           WALB-DT3 BounceTV         10.3         I-M         Albany, GA           WLT2/WLT2(HD) NBC         35         N         Columbus, GA           WLT2-DT2/WLT2-DT2(HD) CV         35.2         I-M         Columbus, GA           WLT2-DT2/WLT2-DT2(HD) CV         35.2         I-M         Columbus, GA           WLT2-DT2/WLT2-DT2(HD) CV         35.2         I-M         Columbus, GA           WRBL/WBL(HD) CBS         15         N         Columbus, GA           WRBL/DT2 MeTV         15.2         I-M         Columbus, GA           WSST (MyNet)         51         I         Columbus, GA           WTVM-WTVM(HD) ABC         11         N         Columbus, GA           WTVM-DT2 Bounce         11.2         I-M         Columbus, GA           WTVM-DT3 Circle         11.3         I-M         Columbus, GA           WTVM-DT4 Grit         11.4         I-M         Columbus, GA								
WALB/WALB(HD) NBC       10       N       Albany, GA         IR ows as Necessary       WALB-DT3 BounceTV       10.3       I-M       Albany, GA         WLTZ-DT3 BounceTV       10.3       I-M       Albany, GA         WLTZ/WLTZ(HD) NBC       35       N       Columbus, GA         WLTZ-DT2/WLTZ-DT2(HD) CV       35.2       I-M       Columbus, GA         WLTZ-DT3 Antenna TV       35.3       I-M       Columbus, GA         WRBL/WRBL(HD) CBS       15       N       Columbus, GA         WRBL-DT2 MeTV       15.2       I-M       Columbus, GA         WSST (MyNet)       51       I       CORDELE, GA         WTVM-WTVM(HD) ABC       11.2       I-M       Columbus, GA         WTVM-DT3 Circle       11.3       I-M       Columbus, GA         WTVM-DT4 Grit       11.4       I-M       Columbus, GA								
I Rows as Necessary     WALB-DT3 BounceTV     10.3     I-M     Albany, GA       WLTZ/WLTZ(HD) NBC     35     N     Columbus, GA       WLTZ-DT2/WLTZ-DT2(HD) CV     35.2     I-M     Columbus, GA       WLTZ-DT3 Antenna TV     35.3     I-M     Columbus, GA       WRBL/WRBL(HD) CBS     15     N     Columbus, GA       WRBL-DT2 MeTV     15.2     I-M     Columbus, GA       WSST (MyNet)     51     I     Columbus, GA       WTVM-WTVM(HD) ABC     11.2     I-M     Columbus, GA       WTVM-DT3 Circle     11.3     I-M     Columbus, GA       WTVM-DT4 Grit     11.4     I-M     Columbus, GA       WTVM-DT4 Grit     11.4     I-M     Columbus, GA		······			· · · · · · · · · · · · · · · · · · ·			
WLTZ/WLTZ(HD) NBC35NColumbus, GAWLTZ-DT2/WLTZ-DT2(HD) CV35.2I-MColumbus, GAWLTZ-DT3 Antenna TV35.3I-MColumbus, GAWRBL/WRBL(HD) CBS15NColumbus, GAWRBL-DT2 MeTV15.2I-MColumbus, GAWSST (MyNet)51ICORDELE, GAWTVM-WTVM(HD) ABC11NColumbus, GAWTVM-DT3 Circle11.2I-MColumbus, GAWTVM-DT4 Grit11.4I-MColumbus, GAWTX/WXTX(HD) FOX49IColumbus, GA		WALB/WALB(HD) NBC	10	N	Albany, GA			
WLTZ-DT2/WLTZ-DT2(HD) CV35.2I-MColumbus, GAWLTZ-DT3 Antenna TV35.3I-MColumbus, GAWRBL/WRBL(HD) CBS15NColumbus, GAWRBL-DT2 MeTV15.2I-MColumbus, GAWSST (MyNet)51ICORDELE, GAWTVM/WTVM(HD) ABC11NColumbus, GAWTVM-DT2 Bounce11.2I-MColumbus, GAWTVM-DT3 Circle11.3I-MColumbus, GAWTVM-DT4 Grit11.4I-MColumbus, GAWTXX/WXTX(HD) FOX49IColumbus, GA	Rows as Necessary							
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WRBL/WRBL(HD) CBS15NColumbus, GAWRBL-DT2 MeTV15.2I-MColumbus, GAWSST (MyNet)51ICORDELE, GAWTVM/WTVM(HD) ABC11NColumbus, GAWTVM-DT2 Bounce11.2I-MColumbus, GAWTVM-DT3 Circle11.3I-MColumbus, GAWTVM-DT4 Grit11.4I-MColumbus, GAWTVM-DT4 Grit11.4I-MColumbus, GAWTXMXTX(HD) FOX49IColumbus, GA	l Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC	10.3 35	I-M	Albany, GA Columbus, GA			
WRBL-DT2 MeTV15.2I-MColumbus, GAWSST (MyNet)51ICORDELE, GAWTVM/WTVM(HD) ABC11NColumbus, GAWTVM-DT2 Bounce11.2I-MColumbus, GAWTVM-DT3 Circle11.3I-MColumbus, GAWTVM-DT4 Grit11.4I-MColumbus, GAWTXM-DT4 Grit11.4I-MColumbus, GAWTXX/WXTX(HD) FOX49IColumbus, GA	l Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV	10.3 35 35.2	I-M N I-M	Albany, GA Columbus, GA Columbus, GA			
WSST (MyNet)51ICORDELE, GAWTVM/WTVM(HD) ABC11NColumbus, GAWTVM-DT2 Bounce11.2I-MColumbus, GAWTVM-DT3 Circle11.3I-MColumbus, GAWTVM-DT4 Grit11.4I-MColumbus, GAWTVM-DT4 Grit11.4I-MColumbus, GAWTXX/WXTX(HD) FOX49IColumbus, GA	l Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV	10.3 35 35.2 35.3	I-M N I-M I-M	Albany, GA Columbus, GA Columbus, GA Columbus, GA			
WTVM/WTVM(HD) ABC11NColumbus, GAWTVM-DT2 Bounce11.2I-MColumbus, GAWTVM-DT3 Circle11.3I-MColumbus, GAWTVM-DT4 Grit11.4I-MColumbus, GAWTXX/WXTX(HD) FOX49IColumbus, GA	Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS	10.3 35 35.2 35.3 15	I-M N I-M I-M	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
WTVM-DT2 Bounce11.2I-MColumbus, GAWTVM-DT3 Circle11.3I-MColumbus, GAWTVM-DT4 Grit11.4I-MColumbus, GAWTXX/WXTX(HD) FOX49IColumbus, GA	Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV	10.3 35 35.2 35.3 15 15.2	I-M N I-M I-M	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
WTVM-DT3 Circle     11.3     I-M     Columbus, GA       WTVM-DT4 Grit     11.4     I-M     Columbus, GA       WXTX/WXTX(HD) FOX     49     I     Columbus, GA	Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet)	10.3 35 35.2 35.3 15 15.2 51	I-M N I-M I-M I-M I	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
WTVM-DT4 Grit     11.4     I-M     Columbus, GA       WXTX/WXTX(HD) FOX     49     I     Columbus, GA	Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC	10.3 35 35.2 35.3 15 15.2 51 11	I-M N I-M I-M I-M I-M I N	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA			
WXTX/WXTX(HD) FOX 49 I Columbus, GA	Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce	10.3 35 35.2 35.3 15 15.2 51 11 11 11.2	I-M N I-M I-M I-M I N I-M	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA			
	l Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle	10.3 35 35.2 35.3 15 15.2 51 11 11 11.2 11.3	I-M N I-M I-M I-M I I N I-M	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA			
	Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle	10.3 35 35.2 35.3 15 15.2 51 11 11.2 11.2 11.3 11.4	I-M N I-M I-M I-M I-M I I-M I-M	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA Columbus, GA			
	d Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle WTVM-DT4 Grit WXTX/WXTX(HD) FOX	10.3 35 35.2 35.3 15 15 15.2 51 11 11.2 11.3 11.4 49	I-M N I-M I-M I-M I I N I-M I-M I-M I-M I-M	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
	d Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle WTVM-DT4 Grit WXTX/WXTX(HD) FOX	10.3 35 35.2 35.3 15 15 15.2 51 11 11.2 11.3 11.4 49	I-M N I-M I-M I-M I I N I-M I-M I-M I-M I-M	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
	d Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle WTVM-DT4 Grit WXTX/WXTX(HD) FOX	10.3 35 35.2 35.3 15 15 15.2 51 11 11.2 11.3 11.4 49	I-M N I-M I-M I-M I I N I-M I-M I-M I-M I-M	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
	d Rows as Necessary	WALB-DT3 BounceTV WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce WTVM-DT3 Circle WTVM-DT4 Grit WXTX/WXTX(HD) FOX	10.3 35 35.2 35.3 15 15 15.2 51 11 11.2 11.3 11.4 49	I-M N I-M I-M I-M I I N I-M I-M I-M I-M I-M	Albany, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			

ounting Period:	2021/2			FORM SA1-2E. PAC					
N	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM					
Name	MCC Georgia, LLC (Cut	hbert, GA)		329					
	PRIMARY TRANSMITTERS: TE	ELEVISION							
G	carried by your cable system d FCC rules and regulations in e	uring the accounting period, <i>except</i> ffect on June 24, 1981, permitting th	ranslator stations and low power televi (1) stations carried only on a part-time e carriage of certain network programs	e basis under s [sections					
Primary			1(e)(2) and (4))]; and (2) certain station	ns carried on a					
ransmitters: Television	substitute program basis, as ex		rried by your cable system on a substi	ituto program					
lelevision	basis under specific FCC rules		ITTEL by your cable system on a subst	iule program					
			e Special Statement and Program Log	g)—if the					
	station was carried only on a s	ubstitute basis.							
			both on a substitute basis and also or						
			see page (v) of the general instruction						
		• • • •	rogram services such as HBO, ESPN,						
		multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.							
	<b>Column 2:</b> Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	of license. For example, WRC is channel 4 in Washington, D.C.								
	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.								
	<b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the								
		FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
				ļ					

EGAL NAME OF								SYSTEM I
ACC Georgi	a, LLC (Cu	tnbert,	GA)					329
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable					н
eceivable if (1) in the basis of r for detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> Si <b>Column 3:</b> If ignal, indicate i <b>Column 4:</b> G	it is carried by nonitoring, to rmation abou m. entify the call ate whether ti the radio stati his by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sigr g a check i's locatio	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processes 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 licens	idend, and (2) nna, during ce e (v) of the ge estem as a sep ed by the FCC	it can b rtain sta eneral in parate a	e expected, ited intervals. structions in the. nd discrete	Primary Transmitters Radio
			the community with which the s	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				··				
				·				
		<u> </u>						
				·				

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5			
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#			
Hamo	MCC Georgia, LLC (Cu	uthbert, G	A)					32992			
I	In General: In space I, ident	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									
Substitute	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	1. SPECIAL STATEMENT										
Statement and	<ul> <li>During the accounting per broadcast by a distant star</li> </ul>		ir cable system	i carry, on a substitute bas	sis, any nonne	twork televisi					
Program Log	broadcast by a distant station? YES X NO										
		", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust complete	the prograi	m			
	log in block 2. 2. LOG OF SUBSTITUTE		MS								
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett	<ul> <li>A General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is lear. If you need more space, please add additional rows to the tables.</li> <li>Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting eriod, was broadcast by a distant station and that your cable system substituted for the programming of another station nder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. No not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 4: Give the broadcast 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).</li> <li>Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the month rst. Example: for May 7 give "5/7."</li> <li>Column 6: State the times when the substitute program was carried by your cable system. List the times accurately the the as "6:00–6:30 p.m."</li> <li>Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was busitive for programming that your system 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</li> </ul>									
		TE PROGRAM	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R			7. REASON FOR					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —		DELETION			
						_					
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Cuthbert, GA)	S	YSTEM ID# 32992
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, see	5,608.28
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 to \$ • 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.	263,800	
	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 for	this six-month	
	accounting period is \$52.00 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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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 \$52	7,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	·	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. 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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		ts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: LLC (Cuthbert, GA)			SYSTEM ID# 32992
M Channels	to its subscribe	rs, and (2) the cable system's	of channels on which the cable system carried televis total number of activated channels during the accou		
		al number of channels on whi ed television broadcast station	ch the cable 18		25
	on which the	al number of activated channe cable system carried televisi dcast services			69
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of acco	HER INFORMATION IS NEEDED (Identify an individ unt.)	dual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 84	15-443-2762
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	tment, or suite number)		
	Email		ediacomcc.com F	Fax (optional	
	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance with Copyri	right Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check c	one, <i>but only one</i> , of the boxes.)		
			partnership) I am the owner of the cable system as ide		
		in line 1 of space B and that th	ation or partnership) I am the duly authorized agent of ne owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the leq		
		in line 1 of space B.	,, .		on the cable system
		ete, and correct to the best of n	hereby declare under penalty of law that all statements by knowledge, information, and belief, and are made in g		
			X /s/ Kenneth J. Kohrs		
			Enter an electronic signature on the line above to certif Enter signature using an "/s/ signature" (e.g., /s/ John S		
		Typed or printe	d name: Kenneth J. Kohrs		
		Title:	Vice President, Financial Reporting itle of official position 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.

CC Georgia, LLC (Cuthbert, GA)       32         PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS       Image: Concentration of the state of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sectority transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.*       P         Image: Im	unting Period: 2021/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCENNING GROSS RECEIPTS EXCLUSIONS The Stateline Home Viewer Act of 1988 amended Tile 17, section 111(g)(1)(A), of the Capyright Act by adding the following sections: The stateline total number of subscribers and the gross amounts paid to the cable system for the basic service of providing sectionary transmissions of primarily broadcast transmitters, the system shall not include sub- sections and amounts collected from subscribers receiving sectionary providences that and the functional system shall not include sub- sections and amounts collected from subscribers receiving sectionary transmissions pursuant to section 119. To 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. The first assessment is the satellite carrier(s) below. There mains date is a statellite date on the satellite carrier(s) below. There mains date and the total here and list the satellite carrier(s) below. There mains date is a section of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the data here and enter the sum here There are adapts Line 2 Multiply line 1 by the interest rate* and enter the sum here There are adapts Line 3 Multiply line 2 by the number of days late and enter the sum here There are and the comparing Division at (202) 707-8150 or licensing@itc.gov. There is the decimal quivalent of 1365, which is the interest assessment for one day late. Norms The is the decimal quivalent of 1365, which is the interest assessment for one day late. There is a decimal quivalent of 1365, which is the interest assessment for one day late. There is the decimal quivalent of 1365, which is the interest assessment for one day late. There is the decimal quivalent of 1365, which is the interest assessment for one day late. There is the decimal quivalent of 1365, which is the interest assessment for one day late. There is the interest rate chart click on www. copyright govicenon	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The statilite Home Vacew Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sections:       P         Statilite Home Vacewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Caple system for the basic subscribers and amounts of providing secondary transmissions pursuant to section 119.°       P         Statilite Home Vacewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Caple system for the basic subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.°       P         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.       S         Image in the comming period, did the cable system exclude any amounts of a late payment or underpayment.       S         Image in the comming period, did the cable system receiving secondary transmissions made by satellite carriers to satellite carrier(s) below.       S         Image in the comming period, did the cable system submitted as a result of a late payment or underpayment.       F         For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assesser         Line 1       Enter the amount of late payment or underpayment.       x	C Georgia, LLC (Cuthbert, GA)	3299
Name       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENT       Mailing Address         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.       Interest Assessment.         Line 1       Enter the amount of late payment or underpayment	<ul> <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 subscribers 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 transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted to the Complete for those royalty payments and enter the sum here	Name Name	
Line 1       Enter the amount of late payment or underpayment       x         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
Line 3       Multiply line 2 by the number of days late and enter the sum here		
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>f</u> (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Owner Address ID number	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Address ID number	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
ID number	Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       -         x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         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         x       -         (interest charge)         *       To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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	Interest Assessmen
	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Accounting period	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen

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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	

I	1.00
Ν	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25