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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:		
	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
	ems (Short Form)	22/22/2222	\$	For additional information, contact the U.S. Copyright	
-	uctions are located of this workbook	08/29/2022	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ((YYY/(Period))		
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		Barcode Data Filing Period (option	al - see instructions)		
Accounting Period					
	Instructions:				
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par		osidiary of another corporation, give the full o	corporate	
Owner	List any other name or names under whi	ch the owner conducts the business o	f the cable system.		
	If there were different owners during the single statement of account and royalty f		n the last day of the accounting period should unting period.	d submit a	
	Check here if this is the system's first filir	ng. If not, enter the system's ID numb	er assigned by the Licensing Division.	1716	
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	M		
	MCC Missouri, LLC (Hermann, MO)				
	BUSINESS NAME(S) OF OWNER O		IT)		
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM			
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r	number)			
	MEDIACOM PARK, NY 10918	,			
	(City, town, state, zip) INSTRUCTIONS: In line 1, give any busi	noos or trado nomos usad to id	antify the hypinese and exerction of t	he avetem unless these	
С	names already appear in space B. In line				
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM	1:			
	2 (Number, street, rural route, apartment, or suite r	number)			
	(City, town, state, zip code)				
	(,, Lp 0000)				
Privacy Act Noti	ce: Section 111 of title 17 of the United States Code au	ithorizes the Convright Offce to collect t	he personally identifying information (PII) reque	ested on this	

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 II					
Humo	MCC Missouri, LLC (Hermann, MO)	17					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First Community	Hermann	MO					
dd Rows as Necessary							

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1		
Name								010	171	
	MCC Missouri, LLC (Hermann, MO)									
Е	SECONDARY TRANSMISSION									
E	In General: The information in s			-		•				
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period	(June 30 or D)ecemb	er 31, as the ca	se may be	e).		-		
Service: Sub-	Number of Subscribers: Both	•					•			
scribers and Rates	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 c									
	unit in which it is generally billed category, but do not include disc				ny standa	ro rate variation	is within a	particular rate		
	Block 1: In the left-hand block	in space E, th	e form	lists the catego		•				
	systems most commonly provide							0,		
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca					•••	•			
	first set" and would be counted of									
	Block 2: If your cable system	0								
	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.									
	BLC	DCK 1 NO. OF	-				BLOCK	K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		123	40.49-55.24						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		0	40.49-55.24						
	Converter Residential									
	Non-residential									
	Non residentia									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMI	SSIONS: RATE	s					
F	In General: Space F calls for rat	•	,		•	• •				
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•			0		0.	,		
Other Than	amount of the charge and the ur		usuall	y billed. If any ra	ates are ch	narged on a var	iable per-p	rogram basis,		
Secondary Fransmissions:	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.									
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									
	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.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RAT	
	Continuing Services: Pay cable	PP		ation: Non-res	idential		Family	TV	97.0	
	• Pay cable—add'l channel	PP		ommercial			i anny		57.0	
	• Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential			e protection						
	• First set	49.99	• Bu	rglar protection						
	 Additional set(s) 	15.00-49.00	Other	services:						
	• FM radio (if separate rate)			connect		49.00				
	Converter			sconnect						
			-	itlet relocation		15.00-49.00				
			· • • • •	ove to new addr	~~~					

	1			FORM SA1-2E. PAGE 3.
Name		SYSTEM ID# 1716		
	MCC Missouri, LLC (H	•		1710
G Primary Insmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		31	N _	St. Louis, MO
	KETC/KETC(HD) PBS	39	E	St. Louis, MO
d Rows as Necessary	KETC-DT4 PBS Create	39.4	E-M	
ows as Necessary				St. Louis, MO
ows as Necessary	KMIZ ABC	17	N	Columbia, MO
ows as Necessary	KMIZ ABC KMIZ-DT2 (MeTv)	17 17.2		
ows as Necessary	KMIZ ABC		N	Columbia, MO
ws as Necessary	KMIZ ABC KMIZ-DT2 (MeTv)	17.2	N I-M	Columbia, MO Columbia, MO
ws as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS	17.2 24	N I-M N	Columbia, MO Columbia, MO St. Louis, MO
ws as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS KOMU NBC	17.2 24 8	N I-M N	Columbia, MO Columbia, MO St. Louis, MO Columbia, MO
ows as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS KOMU NBC KPLR CW	17.2 24 8 26	N 	Columbia, MO Columbia, MO St. Louis, MO Columbia, MO St. Louis, MO
ws as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS KOMU NBC KPLR CW KRCG CBS	17.2 24 8 26 12	N I-M N N I N	Columbia, MO Columbia, MO St. Louis, MO Columbia, MO St. Louis, MO Jefferson City, MO
wys as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS KOMU NBC KPLR CW KRCG CBS KSDK/KSDK(HD) NBC	17.2 24 8 26 12 35	N	Columbia, MO Columbia, MO St. Louis, MO Columbia, MO St. Louis, MO Jefferson City, MO St. Louis, MO
ows as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS KOMU NBC KPLR CW KRCG CBS KSDK/KSDK(HD) NBC KTIV(HD) NBC	17.2 24 8 26 12 35 41	N 	Columbia, MO Columbia, MO St. Louis, MO Columbia, MO St. Louis, MO Jefferson City, MO St. Louis, MO St. Louis, MO
ows as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS KOMU NBC KPLR CW KRCG CBS KSDK/KSDK(HD) NBC KTIV(HD) NBC	17.2 24 8 26 12 35 41	N 	Columbia, MO Columbia, MO St. Louis, MO Columbia, MO St. Louis, MO Jefferson City, MO St. Louis, MO St. Louis, MO
ows as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS KOMU NBC KPLR CW KRCG CBS KSDK/KSDK(HD) NBC KTIV(HD) NBC	17.2 24 8 26 12 35 41	N 	Columbia, MO Columbia, MO St. Louis, MO Columbia, MO St. Louis, MO Jefferson City, MO St. Louis, MO St. Louis, MO
ows as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS KOMU NBC KPLR CW KRCG CBS KSDK/KSDK(HD) NBC KTIV(HD) NBC	17.2 24 8 26 12 35 41	N 	Columbia, MO Columbia, MO St. Louis, MO Columbia, MO St. Louis, MO Jefferson City, MO St. Louis, MO St. Louis, MO
ows as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS KOMU NBC KPLR CW KRCG CBS KSDK/KSDK(HD) NBC KTIV(HD) NBC	17.2 24 8 26 12 35 41	N 	Columbia, MO Columbia, MO St. Louis, MO Columbia, MO St. Louis, MO Jefferson City, MO St. Louis, MO St. Louis, MO
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ows as Necessary	KMIZ ABC KMIZ-DT2 (MeTv) KMOV/KMOV(HD)CBS KOMU NBC KPLR CW KRCG CBS KSDK/KSDK(HD) NBC KTIV(HD) NBC	17.2 24 8 26 12 35 41	N 	Columbia, MO Columbia, MO St. Louis, MO Columbia, MO St. Louis, MO Jefferson City, MO St. Louis, MO St. Louis, MO

EGAL NAME O									SYSTEM I 17
	t every radio s	station ca	rried on a separate and disc nerally receivable by your ca						Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing Give the statior	y the sys be recei it the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically proces a mark in the "S/D" column. on (the community to which the the community with which the	at sse the	the system's he system's FM anten his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ι	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				1					
				-					
				-					
				-					
				-1					
				-					
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				-					
			· · · · · · · · · · · · · · · · · · ·						

Accounting Perio	od: 2022/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Missouri, LLC (H	lermann,	MO)					1716
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	DG			
	In General: In space I, iden							
Out attack	substitute basis during the a explanation of the program							
Substitute Carriage:	1. SPECIAL STATEMEN				and general int			
Special	During the accounting per	-				notwork to		rom
Statement and	с с.		ui cable syster	in carry, on a substitute ba	asis, any nom		· `	
Program Log	broadcast by a distant sta						YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	is "Yes," you ı	nust comp	lete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUT In General: List each subs			ate line. Lise abbreviation	e wherever n	ossible if	hoir moonir	a is
	clear. If you need more sp				is wherever p	0351016, 11		19 15
	Column 1: Give the title	e of every no	onnetwork tele	vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, r Do not use general catego							
	"NBA Basketball: 76ers vs	. Bulls."				,,,,,,	0.10 _0.05	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Ca							,
			/ when your sy	stem carried the substitut	e program. U	se numera	lls, with the	month
	first. Example: for May 7 g Column 6: State the tin		e substitute pr	ogram was carried by you	ır cable syste	m List the	times accu	rately
	to the nearest five minutes							
	stated as "6:00-6:30 p.m."	,						
	Column 7: Enter the let	tter "R" if the		n was substituted for prog luring the accounting perio				
		tter "R" if the and regulat	ions in effect d	luring the accounting perio	od; enter the	etter "P" if	the listed p	
	Column 7: Enter the let to delete under FCC rules	tter "R" if the and regulat mming that	ions in effect d	luring the accounting perio	od; enter the	etter "P" if	the listed p	
	Column 7: Enter the let to delete under FCC rules was substituted for progra	tter "R" if the and regulat mming that	ions in effect d	luring the accounting perio	od; enter the l der FCC rules	etter "P" if and regu	the listed p lations in	
	Column 7: Enter the left to delete under FCC rules was substituted for progra effect on October 19, 1970	tter "R" if the and regulat mming that 5.	ions in effect d	luring the accounting perions are permitted to delete und	od; enter the l der FCC rules	etter "P" if and regu N SUBST AGE OCC	the listed p lations in ITUTE CURRED	7. REASON FOR
	Column 7: Enter the left to delete under FCC rules was substituted for progra effect on October 19, 1970	tter "R" if the and regulat mming that 5.	tions in effect of your system w	luring the accounting perions are permitted to delete und	od; enter the l der FCC rules	etter "P" if and regu N SUBST AGE OCC	the listed p lations in	rogram
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	Column 7: Enter the left to delete under FCC rules was substituted for progra effect on October 19, 1976	tter "R" if the and regulat mming that 5. BUBSTITUT 2. LIVE?	E PROGRAM	luring the accounting perions as permitted to delete und	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed p lations in ITUTE CURRED TIMES	7. REASON FOR
	Column 7: Enter the left to delete under FCC rules was substituted for progra effect on October 19, 1976	tter "R" if the and regulat mming that 5. BUBSTITUT 2. LIVE?	E PROGRAM	luring the accounting perions as permitted to delete und	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed p lations in ITUTE CURRED TIMES	7. REASON FOR
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Name	MCC Missouri, LLC (Hermann, MO)		1716
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a 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.	ission service amount, see	2,273.96 ss 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 to \$2 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 accounting period is \$52.00	this six-mon	
		¢	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 \$137,1	-	
	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 \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Missouri, LLC (Hermann, MO)	SYSTEM ID# 1716
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	16 65
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845	5-443-2762
	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)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] K /s/ Kenneth J. Kohrs Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership))	em as identified
	Date: 8/5/2022	

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 fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
C Missouri, LLC (Hermann, MO)	171
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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 \$	-
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	
(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.	
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(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	
(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	

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