This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/29/2022	\$ 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

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM						
		Mediacom Southeast, LLC (Ardmore, TN)						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		ONE MEDIACOM WAY						
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918						
		(City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System		IDENTIFICATION OF CABLE SYSTEM:						
-	1	Mediacom Southeast, LLC (Ardmore, TN)						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	ONE MEDIACOM WAY						
	2	(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918						
		(City, town, state, zip code)						

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		
	Mediacom Southeast, LLC (Ardmore, TN)	625
_	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	st 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	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Ardmore	TN
Community	Ardmore	AL
•	Braceville	
		IL
d Rows as Necessary	East Brooklyn	<u>IL</u>
	Elkton	TN
	Essex	IL
	Giles County	TN
	Godley	IL
	Lincoln County	AL
		<u> </u>

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62544

Mediacom Southeast, LLC (Ardmore, TN)

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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,033	0-89.99			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	1	0-89.99			
Converter					
 Residential 					
 Non-residential 					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential			
 Pay cable 	PP	Motel, hotel		Family Cable	99.00
 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: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62544

4. LOCATION OF STATION

Mediacom Southeast, LLC (Ardmore, TN)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

WAAY/WAAY(HD) ABC 32	I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. THE OF STATION	4. LOCATION OF STATION
WAAY-DT3 DABL 32.3	WAAY/WAAY(HD) ABC	32	N	Huntsville, AL
WAFF/WAFF(HD) NBC	WAAY-DT2 ION	32.2	I-M	Huntsville, AL
WAFF-DT2 BounceTV	WAAY-DT3 DABL	32.3	I-M	Huntsville, AL
WAFF-DT3 Circle 48.3 I-M Huntsville, AL WAFF-DT4 Laff 48.4 I-M Huntsville, AL WAFF-DT5 Grit 48.5 I-M Huntsville, AL WBBMWBBM(HD) CBS 12 N CHICAGO, IL WBBM-DT2 Start TV 12.2 I-M CHICAGO, IL WBBM-DT3 DABL 12.3 I-M CHICAGO, IL WCIU-WCIU (HD) CW 27 I Chicago, IL WCIU-DT2 The U (HD) 27.2 I-M Chicago, IL WCIU-DT3 MeTV 27.3 I-M Chicago, IL WCIU-DT4 Heros & Icons 27.4 I-M Chicago, IL WCIU-DT5 Story Television 27.5 I-M Chicago, IL WCIU-DT6 Decades 27.6 I-M Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD-DT2 MoviesI 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBOWGBO(HD) Univision<	WAFF/WAFF(HD) NBC	48	N	Huntsville, AL
WAFF-DT4 Laff 48.4 I-M Huntsville, AL WAFF-DT5 Grit 48.5 I-M Huntsville, AL WBBMWBBM(HD) CBS 12 N CHICAGO, IL WBBM-DT2 Start TV 12.2 I-M CHICAGO, IL WBBM-DT3 DABL 12.3 I-M CHICAGO, IL WCIU-WCIU (HD) CW 27 I Chicago, IL WCIU-DT2 The U (HD) 27.2 I-M Chicago, IL WCIU-DT3 MeTV 27.3 I-M Chicago, IL WCIU-DT4 Heros & Icons 27.4 I-M Chicago, IL WCIU-DT5 Story Television 27.5 I-M Chicago, IL WCIU-DT6 Decades 27.6 I-M Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD-DT2 Movies1 31.2 I-M Chicago, IL WFLD-DT2 Movies1 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision </td <td>WAFF-DT2 BounceTV</td> <td>48.2</td> <td>I-M</td> <td>Huntsville, AL</td>	WAFF-DT2 BounceTV	48.2	I-M	Huntsville, AL
WAFF-DT5 Grit 48.5 I-M Huntsville, AL WBBMWBBM(HD) CBS 12 N CHICAGO, IL WBBM-DT2 Start TV 12.2 I-M CHICAGO, IL WBBM-DT3 DABL 12.3 I-M CHICAGO, IL WCIU-WCIU (HD) CW 27 I Chicago, IL WCIU-DT2 The U (HD) 27.2 I-M Chicago, IL WCIU-DT3 MeTV 27.3 I-M Chicago, IL WCIU-DT4 Heros & Icons 27.4 I-M Chicago, IL WCIU-DT5 Story Television 27.5 I-M Chicago, IL WCIU-DT6 Decades 27.6 I-M Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WAFF-DT3 Circle	48.3	I-M	Huntsville, AL
WBBM/WBBM(HD) CBS 12 N CHICAGO, IL WBBM-DT2 Start TV 12.2 I-M CHICAGO, IL WBBM-DT3 DABL 12.3 I-M CHICAGO, IL WCIUJOCIU (HD) CW 27 I Chicago, IL WCIUJOT2 The U (HD) 27.2 I-M Chicago, IL WCIUJOT3 METV 27.3 I-M Chicago, IL WCIUJOT4 Heros & Icons 27.4 I-M Chicago, IL WCIUJOT5 Story Television 27.5 I-M Chicago, IL WCIUJOT6 Decades 27.6 I-M Chicago, IL WCPX-WCPX(HD) ION 3 I Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD-WFLD(HD) FOX 31 I Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBOWGBO(HD) Univision 15 I Chicago, IL	WAFF-DT4 Laff	48.4	I-M	Huntsville, AL
WBBM-DT2 Start TV 12.2 I-M CHICAGO, IL WBBM-DT3 DABL 12.3 I-M CHICAGO, IL WCIU-MCIU (HD) CW 27 I Chicago, IL WCIU-DT2 The U (HD) 27.2 I-M Chicago, IL WCIU-DT3 MeTV 27.3 I-M Chicago, IL WCIU-DT4 Heros & Icons 27.4 I-M Chicago, IL WCIU-DT5 Story Television 27.5 I-M Chicago, IL WCIU-DT6 Decades 27.6 I-M Chicago, IL WCPX-WCPX(HD) ION 3 I Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD-MFLD(HD) FOX 31 I Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WAFF-DT5 Grit	48.5	I-M	Huntsville, AL
WBBM-DT3 DABL 12.3 I-M CHICAGO, IL WCIU/WCIU (HD) CW 27 I Chicago, IL WCIU-DT2 The U (HD) 27.2 I-M Chicago, IL WCIU-DT3 MeTV 27.3 I-M Chicago, IL WCIU-DT4 Heros & Icons 27.4 I-M Chicago, IL WCIU-DT5 Story Television 27.5 I-M Chicago, IL WCIU-DT6 Decades 27.6 I-M Chicago, IL WCPXWCPX(HD) ION 3 I Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD/WFLD(HD) FOX 31 I Chicago, IL WFLD-DT3 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WBBM/WBBM(HD) CBS	12	N	CHICAGO, IL
WCIU/WCIU (HD) CW 27	WBBM-DT2 Start TV	12.2	I-M	CHICAGO, IL
WCIU-DT2 The U (HD) 27.2 I-M Chicago, IL WCIU-DT3 MeTV 27.3 I-M Chicago, IL WCIU-DT4 Heros & Icons 27.4 I-M Chicago, IL WCIU-DT5 Story Television 27.5 I-M Chicago, IL WCIU-DT6 Decades 27.6 I-M Chicago, IL WCPX/WCPX(HD) ION 3 I Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD/WFLD(HD) FOX 31 I Chicago, IL WFLD-DT2 MoviesI 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WBBM-DT3 DABL	12.3	I-M	CHICAGO, IL
WCIU-DT3 MeTV 27.3	WCIU/WCIU (HD) CW	27	1	Chicago, IL
WCIU-DT4 Heros & Icons 27.4 I-M Chicago, IL WCIU-DT5 Story Television 27.5 I-M Chicago, IL WCIU-DT6 Decades 27.6 I-M Chicago, IL WCPX-WCPX(HD) ION 3 I Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD/WFLD(HD) FOX 31 I Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WCIU-DT2 The U (HD)	27.2	I-M	Chicago, IL
WCIU-DT5 Story Television 27.5 I-M Chicago, IL WCIU-DT6 Decades 27.6 I-M Chicago, IL WCPX/WCPX(HD) ION 3 I Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD/WFLD(HD) FOX 31 I Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WCIU-DT3 MeTV	27.3	I-M	Chicago, IL
WCIU-DT6 Decades 27.6 I-M Chicago, IL WCPX/WCPX(HD) ION 3 I Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD/WFLD(HD) FOX 31 I Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WCIU-DT4 Heros & Icons	27.4	I-M	Chicago, IL
WCPX/WCPX(HD) ION 3 I Chicago, IL WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD/WFLD(HD) FOX 31 I Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WCIU-DT5 Story Television	27.5	I-M	Chicago, IL
WCPX-DT2 Bounce 3.2 I-M Chicago, IL WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD/WFLD(HD) FOX 31 I Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WCIU-DT6 Decades	27.6	I-M	Chicago, IL
WCPX-DT3 Laff 3.3 I-M Chicago, IL WFLD/WFLD(HD) FOX 31 I Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WCPX/WCPX(HD) ION	3	1	Chicago, IL
WFLD/WFLD(HD) FOX 31 I Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WCPX-DT2 Bounce	3.2	I-M	Chicago, IL
WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WCPX-DT3 Laff	3.3	I-M	Chicago, IL
WFLD-DT3 BUZZR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision 15 I Chicago, IL	WFLD/WFLD(HD) FOX	31	1	Chicago, IL
WGBO/WGBO(HD) Univision 15 I Chicago, IL	WFLD-DT2 Movies!	31.2	I-M	Chicago, IL
	WFLD-DT3 BUZZR	31.3	I-M	Chicago, IL
	WGBO/WGBO(HD) Univision	15	I	Chicago, IL
WGB0-DT2 Laff 15.2 I-M Chicago, IL	WGBO-DT2 Laff	15.2	I-M	Chicago, IL

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62544

Mediacom Southeast, LLC (Ardmore, TN)

G

Primary
Transmitters:
Television

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
WGBO-DT3 getTV	15.3	I-M	Chicago, IL
WGBO-DT4 True Crime Netw	15.4	I-M	Chicago, IL
WGBO-DT5 Grit	15.5	I-M	Chicago, IL
WGN/WGN(HD) IND	19	I	Chicago, IL
WGN-DT2 Antenna TV	19.2	I-M	Chicago, IL
WGN-DT3 Court TV	19.3	I-M	Chicago, IL
WHDF/WHDF HD (CW)	14		Huntsville, AL
WHDF-DT2 Court TV	14.2	I-M	Huntsville, AL
WHIQ/WHIQ (HD)PBS	24	E	Huntsville, AL
WHIQ-DT2 PBS KIDS	24.2	E-M	Huntsville, AL
WHIQ-DT3 Create	24.3	E-M	Huntsville, AL
WHIQ-DT4 PBS World	24.4	E-M	Huntsville, AL
WHNT/WHNT(HD) CBS	19	N	Huntsville, AL
WHNT-DT3 Antenna TV	19.3	I-M	Huntsville, AL
WLS/WLS(HD) ABC	7	N	Chicago, IL
WLS-DT2 (HD) Localish	7.1	I-M	Chicago, IL
WMAQ/WMAQ (HD)NBC	29	N	Chicago, IL
WMAQ-DT2 Cozi TV	29.2	I-M	Chicago, IL
WPWR/WPWR (HD) (MYNET)	51	<u> </u>	Chicago, IL
WSMV (NBC)	10	N	Nashville, TN
WSNS Telemundo	45	<u> </u>	CHICAGO, IL
WTTW/WTTW(HD) PBS	47	E	Chicago, IL
WTTW-DT3 PBS Create	47.3	E-M	Chicago, IL
WTTW-DT4 V-Me	47.4	E-M	Chicago, IL
WTZT (IND)	11	1	Athens, AL

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62544 Mediacom Southeast, LLC (Ardmore, TN) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: 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 Television 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
WZDX/WZDX (HD) FOX	41	l	Huntsville, AL
WZDX-DT2 MyNet	41.2	I-M	Huntsville, AL
WZDX-DT3 MeTV	41.3	I-M	Huntsville, AL
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Southeast, LLC (Ardmore, TN)

62544

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
		 					
							1
	 	 					
	 	 					
							
		ļ					ļ
							L
	 	 					
	 	 					
	 						
	†						
	 	 					
	 	 					
							ļ
							l
	 	 					
	 	 					
		 					
		ļ					
							L
	 						
		 					
							
	†						
	 	 					
							ļ
							
	T	1	T				

					Accounting Period: 2022/1 FORM SA1-2E. PAGE 5.							
LEGAL NAME OF OWNER OF OME Mediacom Southeast, I							SYSTEM ID# 62544					
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							For a further -2 form.					
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in												
SI 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	RIAGE OCC 6.	TIMES	7. REASON FOR DELETION					
	SUBSTITUTE CARRIAGE In General: In space I, identife substitute basis during the active parameter of the programming the active period of the programming the accounting period broadcast by a distant state. Note: If your answer is "No", log in block 2. 2. LOG OF SUBSTITUTE in General: List each substitute are If you need more space Column 1: Give the title of period, was broadcast by a counder certain FCC rules, regulated to the period of the programming the programming the programming the programming to the programming	Mediacom Southeast, LLC (Ardr SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did your broadcast by a distant station? Note: If your answer is "No", leave the I log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograt clear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant statio under certain FCC rules, regulations, or Do not use general categories like "mov "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast statio the case of Mexican or Canadian statio Column 5: Give the month and day of first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the I to delete under FCC rules and regulatio was substituted for programming that y effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT In General: In space I, identify every nonnetwork televist substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTONIC During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paging in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separatelear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televity period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "baske" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your systifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast be substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the get Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter ' Column 3: Give the call sign of the station broadcasting the substitute progra Column 5: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00—6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog- to delete under FCC rules and regulations in effect during the accounting perion was substituted for programming that your system was permitted to delete under effect on October 19, 1976.	Mediacom Southeast, LLC (Ardmore, TN) SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reguexplanation of the programming that must be included in this log, see page (v) of the general inst 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonne broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you make the good in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever postclear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on to use general categories like "movies" or "basketball." List specific program titles, for ex "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is lice the case of Mexican or Canadian stations, if any, the community with which the station is lice the case of Mexican or Canadian stations, if any, the community with which the station is lice the case of Mexican or Canadian stations, if any, the community with which the station is lice the case of Mexican or Canadian stations; if any, the community with which the station is lice the case of Mexican or Canadian stations; if any, the community with which the station is located as "6:00–6:30 p.m	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televe broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complet log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Lims and the program was broadcast by the program was broadcast by the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the the case of Mexican or Canadian stations location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: State the ti	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 syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE **During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? **Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. **Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another state under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Do not use general categories like "movies" or "basketball: "List specific program titles, for example, "I Love Lucy" or "NBA Basketball: Tõers vs. Bulls." **Column 2: If the program was broadcast bive, enter "Yes." Otherwise enter "No." **Column 3: Give the call sign of the station broadcasting the substitute program. **Column 4: Give the broadcast station's location (the community to which the station is identified). **Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the more first. Example: for May 7 give "5/7." **Column 6: State the times when the substitute program was carried by your cable system. List the times accurate to					

Accounting Period:	2022/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	Mediacom Southeast, LLC (Ardmore, TN)			62544
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amout all amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary trans o compute this	mission servi	8,247.12
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 that Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information.	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LE	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	u must pay for	this six-month	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mor			
	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 le	ess than \$527	',600)	
	Enter the amount of gross receipts from space K	328,247.12		
	<u></u>	263,800.00		
	3. Subtract line 2 from line 1	64,447.12		
	4. Multiply line 3 by .01	\$	644.47	
	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		\$	1,963.47
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,963.47	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,983.47
	Important: Your remittance must be in the form of an electronic payment payable See page i of the general instructions in the paper SA1-2 form for n	-		ghts!

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7		
Name		WNER OF CABLE SYSTEM: theast, LLC (Ardmore, TN)	1)			SYSTEM ID# 62544		
M Channels	to its subscribers, Enter the total system carried to the total on which the the carried to the total on which the total on which the carried to the total on the total	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television b	otal number on the cable	n which the cable system carried te of activated channels during the ac	counting period.	69 77		
N Individual to Be Contacted		BE CONTACTED IF FURTHE		IATION IS NEEDED (Identify an inc	dividual to whom			
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762		
	Address	One Mediacom Way (Number, street, rural route, apartm Mediacom Park, NY		umber)				
	i	(City, town, state, zip)		200	For (ontional)			
	Email	Copyrights@me	sulacomico.c		гах (орцопат)			
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, but only one, 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							
	in li (Office in li I have examined	ine 1 of space B and that the owner or partner) I am an officer (if ine 1 of space B. the statement of account and he, and correct to the best of my keep to the statement of the best of my keep to the best of	wner is not a defact of a corporation of	ership) I am the duly authorized age corporation or partnership; or n) or a partner (if a partnership) of the e under penalty of law that all statem nformation, and belief, and are made	e legal entity identified as owne			
		Typed or printed	Enter an elec Enter signatu	s/ Kenneth J. Kohrs ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s/ J. Kenneth J. Kohrs	John Smith)			
		· · · · · · · · · · · · · · · · · · ·		sident, Financial Reportin	g	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 the 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 telephon 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 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: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ediacom Southeast, LLC (Ardmore, TN)	62544
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."	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. 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	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	<u>-</u>
* 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 th 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.