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

for Secondary Transmissions by Cable Systems (Short Form) DATE RECEIVED AMOUNT colicious@fice.cov General instructions are located in the first tab of this workbook 08/29/2022 \$ ALLOCATION NUMBER For additional information, context table Systems (Short Form) A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) The (202) 707.8100 The (202) 707.8100 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) The (202) 707.8100 The (202) 707.8100 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) The (202) 707.8100 The (202) 707.8100 B 000000000000000000000000000000000000	STATEM	ENT OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to:		
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General instructions are located in the first tab of this workbook 08/29/2022 ALLOCATION NUMBER Office Leansing Division at Tel: (20) 707-9150 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Tel: (20) 707-9150 Tel: (20) 707-9150 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - Docember 31 Accounting Period 3000000000000000000000000000000000000	Cable Syste	ems (Short Form)		\$	For additional information,		
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Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) Image: Control option optio	in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		
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Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 4026 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (CARROLLTON, MO) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM 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 NISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B System 1 MeDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM: MEDIACOM PARK, NY 10918 City, town, state, zip Number, street, rural route, apartment, or suite number) MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF cable SYSTEM: P.O. BOX 249 MUNDER, street, rural route, apartment, or suite number) EXCELSION SPRINGS, MO 64024 City, town, state, zip code)		_			d submit a		
C Identification of cable system System 1 IDENTIFICATION of cable system: Weblacom southeast LLC Name of cable system: Meblacom southeast LLC (carrollton, Mo) Business name(s) of owner of cable system (if Different) Mailing address of owner of cable system ONE MEDIacom Way (Number, street, truat route, spartment, or suite number) MEDIAcom Way (Number, street, truat route, spartment, or suite number) MEDIAcom Southeast LLC Names already appear in space B. In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: MeDIAcom Southeast LLC 2 P.O. BOX 249 (Number, street, rural route, spartment, or sulte number) EXECLESSOR SPRINGS, MO 64024 (City, town, state, 2p code)			The payment covering the entire acco	unting period.	4026		
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EXCELSIOR SPRINGS, MO 64024 (City, town, state, zip code)			number)				
(City, town, state, zip code)		(Hambol, Groot, Farar Foato, aparation, of Gala					

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	40						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including s 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 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 ho identified city.	me parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First Community	CARROLTON	MO						
Add Rows as Necessary								

	FORM SA1-2E. PAG LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II								
Name	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)								402
		(0/							
Е	SECONDARY TRANSMISSION					ny transmission	convice of	the eable	
_	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								
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	last day of the accounting period	·				,			
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n	,		0 / 1					
	separately for the particular serv			•••		•	•	3	
	Rate: Give the standard rate c	-	-	•				-	
	unit in which it is generally billed category, but do not include disc					ard rate variation	ns within a	particular rate	
	Block 1: In the left-hand block					condarv transmi	ssion servi	ce that cable	
	systems most commonly provide			Ű					
	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			()	service that are	e different i	rom those	
	printed in block 1 (for example, t					•			
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	e-word descrip	tion of the	service is	
	sufficient.	DCK 1					BLOCK	(2	
		NO. OF	:				BEGGI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		185	74.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter		0	74.49					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for rate					all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar 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	rate column.		-		-		0	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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	∩K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SEF	VICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	PP	• Mot	el, hotel			FAMIL	ſ	99.0
	Pay cable—add'l channel	PP	• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l c	hannel				
	Installation: Residential		• Fire	protection					
	• First set	109.99	• Bur	glar protection	I				
	 Additional set(s) 	15.00-49.00	Other s	ervices:					
			• Rec	onnect		49.00			
	 FM radio (if separate rate) 			onneer					
	• FM radio (if separate rate) • Converter	10.50		connect					
	, , ,	10.50	• Disc			15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name		AST LLC (CARROLLTON, MO)		40				
	PRIMARY TRANSMITTERS:			-				
•	In General: In space G, ider	ntify every television station (including	translator stations and low power	television stations)				
G	carried by your cable system during the accounting perior <i>except</i> (1) stations carried only on a part-time basis unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sectio 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							
Primary								
Transmitters: Television		explained in the next paragrapl With respect to any distant stations ca	rried by your cable system on a s	ubstitute progra				
Television	basis under specific FCC ru	es, regulations, or authorization						
	 Do not list the station here station was carried only on a 	in space G—but do list it in space I (th a substitute basis	ne Special Statement and Program	n Log)—if ti				
		lso in space I, if the station was carried						
	basis. For further information Column 1: List each station	n concerning substitute basis stations, 's call sign. Do not report origination pr	see page (v) of the general instru ogram services such as HBO, ES	ictioi PN, etc. Identify eac				
	multicast stream associated	with a station according to its over-the						
	"WETA-2" as the same on the Column 2: Give the channed	he form. I number the FCC assigned to the tele	vision station for broadcasting ov	er the air in its commur				
		RC is channel 4 in Washington, D.C case whether the station is a network :	station an independent station o	r a noncommerc				
	educational station, by enter	ing the letter "N" (for network), "N-M" (for network multicast), "I" (for inde	ependent), "I-I				
		"E" (for noncommercial educational), or ms, see page (iv) of the general instru-		ational multicas				
		of each station. For U.S. stations, list		on is licensed by t				
	FCC. For Mexican or Canad	ian stations, if any, give the name of th	ne community with which the stati	on is identifi∉				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO				
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO				
d Rows as Necessary	KCPT-DT3 PBS Create	18.3	E-M	KANSAS CITY, MO				
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO				
	KCTV/KCTV(HD)CBS	24	N	KANSAS CITY, MO				
	KCTV-DT2 Circle	24.2	I-M	KANSAS CITY, MO				
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO				
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO				
	KCWE CW/KCWE CW HD	31		KANSAS CITY, MO				
	KCWE-DT2 True Crime	31.2	I-M	KANSAS CITY, MO				
	KMBC/KMBC(HD)ABC	29	N	KANSAS CITY, MO				
	KMBC-DT2 METV	29.2	I-M	KANSAS CITY, MO				
	KMCI/KMCI (HD) IND	41	I	LAWRENCE, KS				
	KMCI-DT2 BOUNCE TV	41.2	I-M	LAWRENCE, KS				
	KMCI-DT3 ION Mystery	41.3	I-M	LAWRENCE, KS				
	KMCI-DT4 HSN	41.4	I-M	LAWRENCE, KS				
	KMOS PBS		E	SEDALIA, MO				
		15		KANSAS CITY, MO				
	KPXE ION/KPXE ION HD							
	KPXE-DT2 Court	51.2	I-M	KANSAS CITY, MO				
	KPXE-DT3 Defy	51.3	I-M	KANSAS CITY, MO				
	KPXE-DT4 True Real	51.4	I-M	KANSAS CITY, MO				
	KPXE-DT5 Newsy	51.5	I-M	KANSAS CITY, MO				
	KQTV ABC	7	N	ST JOSEPH, MO				
	KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO				
	KSHB-DT2 Grit	42.2	I-M	KANSAS CITY, MO				
	KSHB-DT3 LAFF	42.3	I-M	KANSAS CITY, MO				
			I-M					
	KSHB-DT4 getTV	42.4		KANSAS CITY, MO				
	KSMO/KSMO (HD) MYNET	47	1	KANSAS CITY, MO				
	KSMO-DT2 thegrio	47.2	I-M	KANSAS CITY, MO				
	KSMO-DT3 DABL	47.3	I-M	KANSAS CITY, MO				
	KSMO-DT4 Cozi TV	47.4	I-M	KANSAS CITY, MO				
	KSMO-DT5 Circle	47.5	I-M	KANSAS CITY, MO				
	WDAF/WDAF(HD) FOX	34	I	KANSAS CITY, MO				
	WDAF-DT2 ANTENNA TV	34.2	I-M	KANSAS CITY, MO				
	WDAF-DT3 Court TV	34.3	I-M	KANSAS CITY, MO				
	WDAF-DT4 TBD	34.4	I-M	KANSAS CITY, MO				
	115AF-014 180	34.4	r-1VI					

LEGAL NAME OI			C (CARROLLTON, MO)					SYSTEM I 40
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1 : lo Column 2 : S	it is carried b monitoring, to prmation abou rm. lentify the call tate whether t	y the sys be receint the Co sign of e the static	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM.	t the system's her system's FM ante his point, see pag	adend, and (2 nna, during co ge (v) of the g	!) it can l ertain st eneral ir	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing live the station	g a check n's locati	nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
S. ILL DIGIN		0,0		ON LE OION		0,0		
		 						

Accounting Perio	od: 2022/1						FORM	A SA1-2E. PAGE 5.
_	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC	(CARROLLT	ON, MO)				4026
l Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every no	nnetwork telev period, under sp	<i>ision program,</i> broadcast by becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or	authorization	ns. For a further
Substitute Carriage:					ne general in			
Special	1. SPECIAL STATEMEN				·			
Statement and	During the accounting per		ur cable systel	m carry, on a substitute ba	asis, any noni	ietwork tei		
Program Log	broadcast by a distant sta	tion?				ļ	YES	X NO
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	nust comp	lete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs 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 categou "NBA Basketball: 76ers vs.	ace, please of every no distant sta gulations, o ies like "mo	add additiona onnetwork tele tion and that y or authorizatio	l rows to the tables. vision program ("substitut our cable system substitu ns. See page (v) of the ge	e program") t ted for the pro neral instruct	hat, during ogramming ions for fur	the account of another s ther informa	ing station tion.
	Column 2: If the program Column 3: Give the call Column 4: Give the brow the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	m was broa sign of the adcast stati natian stati nath and day ve "5/7." es when th Example: er "R" if the and regulat nming that	station broadd ion's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect c	stem carried the substitut ogram was carried by you ried by a system from 6:0 n was substituted for prog luring the accounting perio	ram. le station is live station is id program. U r cable syste 1:15 p.m. to 6 ramming that od; enter the l	entified). se numera m. List the 5:28:30 p.m t your syste etter "P" if	Is, with the n times accura n. should be em was <i>requ</i> the listed pro	nonth ately <i>ired</i>
	SUBSTITUTE PROGRAM					N SUBST AGE OCC		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. FROM	TIMES — TO	DELETION
							_	
			+					
							—	
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	S	YSTEM ID# 4026
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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	9,554.75 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	
	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	00)	
	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		<u> </u>
	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: MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	SYSTEM ID# 4026
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	44 69
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 845-44	43-2762
	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 (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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a 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 th 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. I B U.S.C., Section 1001(1986)	
	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.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (CARROLLTON, MO)	402
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name 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	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
	1
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.