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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@loc.gov</u>
General instructions are located		08/29/2022	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED) BY THIS STATEMENT: (Y	'YYY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the particular of the pa		sidiary of another corporation, give the full	corporate
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty		n the last day of the accounting period shoul nting period.	d submit a
	Check here if this is the system's first fil	ing. If not, enter the system's ID numbe	r assigned by the Licensing Division.	7274
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	Λ	
	MEDIACOM CALIFORNIA LLC			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	Т)	
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM		
	ONE MEDIACOM WAY	numbor)		
	(Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In lin		,	5
System	1			
	MEDIACOM CALFORNIA LLC			
	MAILING ADDRESS OF CABLE SYSTE	M:		
	2 8 TOBIAS ROAD BIN C (Number, street, rural route, apartment, or suite	number)		
	KERNVILLE, CA 93238			
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code a	authorizes the Copyright Offce to collect th	ne 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 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: MEDIACOM CALIFORNIA LLC	SYSTEM ID# 7274				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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 know 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, c identified city.	or mobile home parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First Community	KERN COUNTY					
ws as Necessary						

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name			•					515	727
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES						convice of	the cable	
_	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		other services (including pay cable) in space F, not here. All the facts you state must be those e							
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					-		
Rates	each category by counting the n			•		•			
	separately for the particular serv			•••		•			
	Rate: Give the standard rate of	-	-					-	
	unit in which it is generally billed category, but do not include disc					ard rate variation	is within a	particular rate	
	Block 1: In the left-hand block					condarv transmis	ssion servi	ce that cable	
	systems most commonly provide			-					
	that applies to your system. Not			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of						ider Serv		
	Block 2: If your cable system						different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	wo- or thre	ee-word descript	ion of the	service is	
	sufficient.	DCK 1					BLOC	()	
	BEC	NO. OF	:				BLOOM	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		796	29.99-74.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.99-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				s				
-	In General: Space F calls for ra					all your cable sys	stem's ser	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								
Other Than									
Secondary	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.								
ransmissions:	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								
Rates	-				-	-			
	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.								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	N/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	TOTE		ation: Non-res		TUTE	ONTEO		1011
	• Pay cable	PP		tel, hotel			Family	Cable	96.0
	• Pay cable—add'l channel	PP		mmercial					
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l cł	nannel				
	Installation: Residential			e protection					
	First set	109.99		rglar protection	I				
	 Additional set(s) 	15.00-49.00		services:					
						49.00			1
	 FM radio (if separate rate) 		• Re	connect		49.00			
	 FM radio (if separate rate) Converter 	10.50		connect sconnect		49.00			
	,	10.50	• Dis			49.00			

			SYSTEM
MEDIACOM CALIFOR			72
PRIMARY TRANSMITTERS:	TELEVISION		
carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	a during the accounting period, except of effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carried or concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the form. In umber the FCC assigned to the tele CC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instr-	t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBAK/KBAK (HD) CBS	33	N	BAKERSFIELD, CA
KBAK-DT3 Charge!	33.3	I-M	BAKERSFIELD, CA
KBFX/KBFX (HD) FOX	29	l	BAKERSFIELD, LA
KBFX-DT2 TBD	29.2	I-M	BAKERSFIELD, LA
KBFX-DT3 Comet	29.3	I-M	BAKERSFIELD, LA
KCAL/KCAL (HD) IND	9	l	LOS ANGELES, CA
KERO/KERO (HD) ABC	10	N	BAKERSFIELD, CA
KERO-DT2 Court TV	10.2	I-M	BAKERSFIELD, CA
KERO-DT3 Grit	10.3	I-M	BAKERSFIELD, CA
KERO-DT4 ION	10.4	I-M	BAKERSFIELD, CA
KGET NBC/KGET NBC (H	25	N	BAKERSFIELD, CA
KGET-DT2/KGET-DT2 CW	25.2	I-M	BAKERSFIELD, CA
KGET-DT4 Laff	25.4	I-M	BAKERSFIELD, CA
KUVI Twist	45	I	BAKERSFIELD, CA
	In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul - Do <i>not</i> list the station here station was carried <i>only</i> or a - List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KBAK/KBAK (HD) CBS KBAK-DT3 Charge! KBFX/KBFX (HD) FOX KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT3 Grit KERO-DT3 Grit KERO-DT4 ION KGET-DT2/KGET-DT2 CW KGET-DT4 Laff	carried by your cable system during the accounting period, exceptFCC rules and regulations in effect on June 24, 1981, permitting t76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.63substitute Basis Stations: With respect to any distant stations colsais under specific FCC rules, regulations, or authorizations:• Do not list the station here in space G—but do list it in space I (to station was carried only on a substitute basis.• List the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis stationsColumn 1: List each station's call sign. Do not report origination multicast stream associated with a station according to its over-th"WETA-2" as the same on the form.Column 2: Give the channel number the FCC assigned to the tell of license. For example, WRC is channel 4 in Washington, D.C.Column 3: Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), For the meaning of these terms, see page (iv) of the general instrColumn 4: Give the location of each station. For U.S. stations, lisFCC. For Mexican or Canadian stations, if any, give the name of the station are constrained and station are constrained and station are constrained and any distribute basisKBFX-DT3 Comet29.2KBFX-DT3 Comet29.3KCAL/KCAL (HD) ND9KERO-DT4 ION10.2 <td< td=""><td>In General: In space G, identify every television station (including translator stations and low power television station by our cable system during the accounting period, except (1) stations carried only on a part-fCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network prograf 5.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain statis 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 subtasis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program 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. • List the station is space I, if the station was carried both on a substitute basis basis. For further information concerning substitute basis stations, see page (v) of the general instruct Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESI multicast stream associated with a station according to its over-the-air designation. For example, report WETA-2* as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in eact case whether the station is a network station, an independent station, or a educational station, by entering the letter 'N'' (for network), 'N-M'' (for network multicast), 'T' (for independent multicast), 'T' (for independent multicast), 'T' (for independent multicast), 'T' (for independent multicast), 'T' (for noncommercial educational),</td></td<>	In General: In space G, identify every television station (including translator stations and low power television station by our cable system during the accounting period, except (1) stations carried only on a part-fCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network prograf 5.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain statis substitute program basis, as explained in the next paragraph. 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EGAL NAME OF									SYSTEM I 72
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cal						н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	at sy th se	the system's he ystem's FM ante is point, see pag d 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	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		0/5		T			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Η	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				1					
				1					
				1					
				1					

Accounting Perio			TENA.					01/07=14 -
Name	LEGAL NAME OF OWNER OF		IEM:					SYSTEM ID: 7274
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM L	OG			
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	accounting pe	eriod, under sp	ecific present and former	FCC rules, reg	julations, or	authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN						<u></u>	
Special	During the accounting pe	-			asis. anv non	network tel	evision pro	aram
Statement and Program Log	broadcast by a distant sta		,			Γ	YES	
r rogram Log	Note: If your answer is "No		rest of this na	nge blank. If vour answer	is "Ves " vou	∎ must.comn		
	log in block 2.				13 1 C3, you	must comp		gram
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mou first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the left	a distant stat egulations, o rries like "mo . Bulls." m was broad l sign of the s adcast static nadian static nadian static nth and day ive "5/7." es when the a. Example: a	tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (f ons, if any, the when your sy e substitute pr a program carr	our cable system substit ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente asting the substitute pro the community to which t e community with which t stem carried the substitu ogram was carried by you ried by a system from 6:0	uted for the pr eneral instruct ram titles, for o gram. he station is li he station is li te program. U ur cable syste 01:15 p.m. to 6	ogramming tions for fur example, "I censed by lentified). se numera m. List the 5:28:30 p.m	the rinform Love Lucy the FCC or ls, with the times accu	r station ation. " or ", in month urately
	to delete under FCC rules was substituted for program	and regulation	ons in effect d		iod; enter the	letter "P" if	the listed p	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulation mming that y b.	ons in effect d our system w	luring the accounting per as permitted to delete un	iod; enter the ader FCC rules	letter "P" if s and regul	the listed p ations in TUTE	program
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Accounting Period:	2022/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM CALIFORNIA LLC			S	SYSTEM ID# 7274
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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	stem's see	condary transmi compute this a	ssion service mount, see \$ 27	
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more infi-	it less tha ormation	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	fee that yo	ou must pay for t	his six-mon	
	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 line	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (but mo	re 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 at	ınd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	279,408.49		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	15,608.49		
	4. Multiply line 3 by .01		\$	156.08	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \ldots		\$	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	5, and 6 .	· · · · · · · · · · · · · · · · · · ·	\$	1,475.08
	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)		\$	1,475.08	
Due	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			\$	1,495.08
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM CALIFORNIA LLC	SYSTEM ID# 7274
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	20
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	61
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 845-4	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	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 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 the 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name:	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	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 8
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
IACOM CALIFORNIA LLC	727
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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
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	
* 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	
Address ID number	

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 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.

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