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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	3/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	A BY THIS STATEMENT. /V		

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2022/2 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.	24031
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	
		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)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. BOX 428	
	~	(Number, street, rural route, apartment, or suite number) BROWNSVILLE, KY 42210	
		(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 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 ID#
	MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	24031
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e home parks should be reported in parentheses below the
First	CITY OR TOWN MORGANTOWN	STATE KY
ommunity	BUTLER CO.	KY
-	BROWNSVILLE	KY
ws as Necessary	EDMONSON CITY	KY

	LEGAL NAME OF OWNER OF C							FORM SA1		
Name								010	2403	
				,,						
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable		
_	system, that is, the retransmission	•		-		•				
Secondary	about other services (including p									
Transmission	last day of the accounting period	·				,				
Service: Sub-	Number of Subscribers: Both	•								
scribers and Rates	down by categories of secondar each category by counting the n					•				
Rates	separately for the particular serv		0	•••		•		scharged		
	Rate: Give the standard rate c					•	,	ge and the		
	unit in which it is generally billed					ard rate variation	is within a	particular rate		
	category, but do not include disc							4141-1-		
	Block 1: In the left-hand block systems most commonly provide	•		•		•				
	that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca	able service to	additior	nal sets would l	be include	d in the count ur	nder "Servi	ce to the		
	first set" and would be counted of	0			()					
	Block 2: If your cable system printed in block 1 (for example, t	-		•						
	with the number of subscribers a						,.			
	sufficient.		e ngin							
ſ	BLC	DCK 1			BLOCK 2					
		NO. OF		DATE	0.17			NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:		400							
	Service to first set		180	40.49-53.04						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	40.49-53.04						
	Converter									
	Residential									
	Non-residential									
					-0					
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					all vour cable sv	stem's ser	vices that were		
F	not covered in space E, that is, t	•	,		-					
	service for a single fee. There ar	re two exceptio	ons: you	u do not need to	o give rate	information con	cerning (1) services		
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the ur		usually	/ billed. If any r	ates are cl	harged on a vari	iable per-p	rogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		the cab	le svstem for e	ach of the	applicable servi	ces listed.			
Rates	Block 2: List any services that							t were not		
	listed in block 1 and for which a				lished. List	these other ser	vices in th	e form of a		
	brief (two- or three-word) descrip	otion and inclu	de the r	ate for each.			_			
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res	sidential			-		
	• Pay cable	PP		otel, hotel			Family	Cable	####	
	 Pay cable—add'l channel 	PP	• Co	mmercial						
	Fire protection		•Pa	y cable						
	•Burglar protection			y cable-add'l cl	hannel					
	Installation: Residential			e protection						
	 First set 	109.99		rglar protection	1					
		4	Other	services:						
	 Additional set(s) 	15.00-49.00								
	• FM radio (if separate rate)		•Re	connect		49.00				
		15.00-49.00	•Re			49.00				
	• FM radio (if separate rate)		• Re • Dis	connect		49.00 15.00-49.00				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name		AST LLC (MORGANTOWN,KY)		24
G Primary ransmitters: 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 • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channer of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBKO/WBKO (HD) ABC	13	N	BOWLING GREEN, KY
	WBKO-DT2/WBKO-DT2 (HD)	13.2	I-M	BOWLING GREEN, KY
Rows as Necessary	WBKO-DT2 (HD)	13.3	I-M	BOWLING GREEN, KY
Nows as Necessary	WKGB/WKGB(HD) PBS	48	E	BOWLING GREEN, KY
	WKGB-DT2 KET2 (HD)	48.2	I-M	CHICAGO, IL
	WKGB-DT3 KY3	48.3	I-M	CHICAGO, IL
	WKGB-DT4 KET PBS Kids	48.4	E-M	CHICAGO, IL
	WKYU/WKYU(HD) PBS	18		CHICAGO, IL
			E	
		18.2		
	WKYU-DT2 Create WKYU-DT3 Radar	<u>18.2</u> 18.3	<u>Е</u> М М	CHICAGO, IL CHICAGO, IL
	WKYU-DT2 Create WKYU-DT3 Radar	18.3	I-M I-M	CHICAGO, IL CHICAGO, IL
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC		I-M	CHICAGO, IL
	WKYU-DT2 Create WKYU-DT3 Radar	18.3 16	I-M I-M N	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (18.3 16 16.2	I-M I-M N	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND	18.3 16 16.2 46	I-M I-M N I-M I	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	18.3 16 16.2 46 10	I-M I-M N I-M I N	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	18.3 16 16.2 46 10	I-M I-M N I-M I N	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	18.3 16 16.2 46 10	I-M I-M N I-M I N	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	18.3 16 16.2 46 10	I-M I-M N I-M I N	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	18.3 16 16.2 46 10	I-M I-M N I-M I N	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	18.3 16 16.2 46 10	I-M I-M N I-M I N	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	18.3 16 16.2 46 10	I-M I-M N I-M I N	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	18.3 16 16.2 46 10	I-M I-M N I-M I N	CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM SOUTHE	AST LLC (MORGANTOWN,KY)		24
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable systen	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-tim	ne basis under
Primary	5	(2) and (4) , or 76.63 (referring to 76.6		•
ransmitters:		s explained in the next paragraph.		
Television		With respect to any distant stations ca	arried by your cable system on a subs	titute program
		les, regulations, or authorizations:		
		e in space G—but do list it in space I (th	ne Special Statement and Program Lo	og)—if the
	station was carried <i>only</i> on		d both on a substitute basis and also	an same other
		Iso in space I, if the station was carried n concerning substitute basis stations,		
		's call sign. <i>Do not</i> report origination p		
		with a station according to its over-the	3	· · · · · · · · · · · · · · · · · · ·
	"WETA-2" as the same on the	5	.	
		I number the FCC assigned to the tele	vision station for broadcasting over th	e air in its community
		RC is channel 4 in Washington, D.C.		
		case whether the station is a network	, I ,	
		ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c		
		rms, see page (iv) of the general instru		lai municasij.
		n of each station. For U.S. stations, list		licensed by the
	FCC. For Mexican or Canad	lian stations, if any, give the name of th	ne community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

SYSTE					(MORGANTOWN,KY)			EGAL NAME OF
н					rried on a separate and discre nerally receivable by your cab	station ca	t every radio s	
Primar Transmitt Radic	be expected, ated intervals. Instructions in the.) it can b ertain sta eneral in parate a	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	the system's he ystem's FM ante iis point, see pag id by the cable s a station is licens	-Band FM Carriage: Under C tem whenever it is received at yed at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	y the syst be receivent to the Co sign of e the statio ion's sign g a check n's locatio	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	eceivable if (1) in the basis of if or detailed info aper SA1-2 for Column 1: Io Column 2: S Column 3: If gnal, indicate Column 4: G
N	LOCATION OF STATION	S/D	AM or FM	CALL SIGN	LOCATION OF STATION	S/D	AM or FM	CALL SIGN
-		5,0		ON LE OION		5,5		

Accounting Perio	d: 2022/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHE	ST LLC	(MORGANT	OWN,KY)				24031
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork telev	<i>ision program</i> , broadcast b	v a distant sta	tion, that vo	our cable svs	tem carried on a
_	substitute basis during the a				•			
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of	the general ins	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did yo	ur cable systei	m carry, on a substitute ba	asis, any nonr	etwork tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this no	ae blank. If your answer i	s "Ves " vou r	nust.comp		
	•	, leave the	e rest or triis pa	ige blank. If your answer i	s res, your	nust comp	lete the prog	Ian
	log in block 2. 2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if tl	heir meaning	a is
	clear. If you need more spa					,		
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.			Lot op come progr			2010 200)	
				er "Yes." Otherwise enter				
				asting the substitute prog		anaad bu	the FCC er	in
	the case of Mexican or Car			the community to which the community with which the			the FCC or,	In
				stem carried the substitut			ls, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m	i. snould be	
		er "R" if the	e listed prograr	n was substituted for proc	ramming that	vour syste	em was <i>requ</i>	ired
	to delete under FCC rules	and regulat	ions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pro	
	was substituted for program	•	your system w	as permitted to delete une	der FCC rules	and regula	ations in	
	effect on October 19, 1976							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	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. 1 FROM	TIMES — TO	DELETION
						-	-	
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	SI	YSTEM ID# 24031
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	0,615.53 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		32.00
	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		
	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	: 2022/2			FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: DUTHEAST LLC (MORGA	NTOWN,KY)	SYSTEM ID# 24031
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's t I number of channels on which television broadcast stations I number of activated channel able system carried television	s	21 66
N Individual to Be Contacted	INDIVIDUAL TO		IER INFORMATION IS NEEDED (Identify an individual to whom	·
for Further Information	Name	Kenneth J. Kohrs	Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)	10918	
	Email	Copyrights@m	ediacomcc.com Fax (optional)	
O Certification	I, the undersigned (Owned) X (Agentian) (Offician) I have examined	ed, hereby certify that (Check or er other than corporation or p t of owner other than corpor- line 1 of space B and that the of er or partner) I am an officer (line 1 of space B. d the statement of account and e, and correct to the best of my	ust be certified and signed in accordance with Copyright Office regulations) one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of space ation or partnership) I am the duly authorized agent of the owner of the cable owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as or hereby declare under penalty of law that all statements of fact contained here y knowledge, information, and belief, and are made in good faith. X /s/ Kenneth J. Kohrs	B; or system as identified wner of the cable system
		Typed or printed Title: (Title of o Date:	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) d name: Kenneth J. Kohrs Vice President, Financial Reporting fficial position held in corporation or partnership) 2/6/2023	

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM SOUTHEAST LLC (MORGANTOWN,KY)	2403
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - -	-
x	-
x	-
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - - - x 0.00274 Line 5 rspace L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - - (interest charge) -	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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.