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
3/1/23	\$
	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

_	
Α	ACCOUNTING 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	
1 01100	
_	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
В	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
	MEDIACOM SOUTHEAST LLC
	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)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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	IDENTIFICATION OF CABLE SYSTEM:
	MEDIACOM SOUTHEAST LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 ONE MEDIACOM WAY (Number street gual route apartment or suite number)
	(Maniest, Street, Interretain, Street, Interretains)
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)
10	

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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	MEDIACOM SOUTHEAST LLC	297						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 holdentified city.	ome parks should be reported in parentheses below the						
First	CITY OR TOWN  CHESAPEAKE	STATE VA						
Community	VIEGAFEARE	VA						
D N								
Rows as Necessary								

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29775

### **MEDIACOM SOUTHEAST LLC**

# 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			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	0	23.88-77.49				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	1	23.88-77.49				
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	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family TV	#####
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
<ul><li>Additional set(s)</li></ul>	15.00-49.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29775

### **MEDIACOM SOUTHEAST LLC**

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAVY/WAVY (HD) NBC	31	N	PORTSMOUTH, VA
WAVY-DT2 Stadium	31.2	I-M	PORTSMOUTH, VA
WAVY-DT3 getTV	31.3	I-M	PORTSMOUTH, VA
WAVY-DT4 ShopLC	31.4	I-M	PORTSMOUTH, VA
WGNT (CW)	50	l	PORTSMOUTH, VA
WHRO (PBS)	16	E	NORFOLK, VA
WITN (NBC)	32	N	WASHINGTON, NC
WPXV/WPXV (HD) ION	46	l	NORFOLK, VA
WSKY/WSKY (HD) IND	9	1	MANTEO, NC
WTKR/WTKR (HD) CBS	40	N	NORFOLK, VA
WTKR-DT2 Court TV	40.2	I-M	NORFOLK, VA
WTKR-DT3 Bounce TV	40.3	I-M	NORFOLK, VA
WTKR-DT5 Circle	40.5	I-M	NORFOLK, VA
WTVZ (MyNET)	33	<u>l</u>	NORFOLK, VA
WTVZ-DT2 Charge!	33.2	<u>l</u>	NORFOLK, VA
WTVZ-DT3 Comet	33.3	<u>l</u>	NORFOLK, VA
WTVZ-DT4 TBD	33.4	<u>l</u>	NORFOLK, VA
WUND/WUND(HD) PBS	20	E	COLUMBIA, NC
WUND-DT2 PBS KIDS	20.2	E-M	COLUMBIA, NC
WUND-DT3 Explorer Channel	20.3	E-M	COLUMBIA, NC
WUND-DT4 NCCHL	20.4	E-M	COLUMBIA, NC
WVBT/WVBT(HD) FOX	43	ı	PORTSMOUTH, VA
WVBT-DT2 Cozi TV	43.2	I-M	PORTSMOUTH, VA
WVBT-DT3 Rewind TV	43.3	I-M	PORTSMOUTH, VA

Accounting Period	: 2022/2	FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC	29775
	PRIMARY TRANSMITTERS: TELEVISION	
G	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	
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.	
Talaudalan	Substitute Pasis Stations: With respect to any distant stations carried by your cable system on a substitute program	

Television

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
WVEC/WVEC(HD) ABC	13	N	HAMPTON, VA
WVEC-DT2 True Crime Netwo	13.2	N	HAMPTON, VA
WVEC-DT3 MeTV	13.3	N	HAMPTON, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

29775

## **MEDIACOM SOUTHEAST LLC**

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.

H

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
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e. LOG OF SUBSTITUTION IN General: List each substitution Column 1: Give the title period, was broadcast by a under certain FCC rules, report on the use general catego.  NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad the case of Mexican or Can Column 5: Give the monimum of the nearest five minutes attated as "6:00—6:30 p.m." Column 7: Enter the letter of delete under FCC rules was substituted for program	stitute progra ace, please e of every no a distant sta egulations, o ries like "mo . Bulls." m was broa l sign of the badcast stati nadian stati vite "5/7." nes when the c. Example: a tter "R" if the and regulati mming that y	am on a separ add additiona connetwork tele tion and that y or authorizatio ovies" or "bask adcast live, ent station broadd ion's location ( ions, if any, the y when your sy the substitute pr a program car e listed prograr cions in effect of	al rows to the tables. Evision program ("substitutivour cable system substitutions. See page (v) of the government." List specific program ter "Yes." Otherwise enter casting the substitute program unity to which the community with which the yetem carried the substitution or carried by your ried by a system from 6:00 m was substituted for program was carried for programing the accounting period or carried the substitution of the community with the substitution of the carried by a system from 6:00 m was substituted for programing the accounting period or substitution of the carried the substituted for programing the accounting period or substitution of the carried the car	e program") the ted for the program titles, for e "No." gram. The station is lice station is lice e program. Usur cable system 1:15 p.m. to 6 gramming that bod; enter the lice of the program to the system of the	nat, during ogrammin ions for fu example, ' censed by entified). se numera m. List the :28:30 p.r	g the acco g of anoth irther infor 'I Love Lud the FCC als, with the e times accommoded the should	unting er station mation. cy" or  or, in he month curately be equired
effect on October 19, 1976	5.						
9	1 1	N SUBST	TITUTE CURRED	7. REASON FOR			
1. TITLE OF PROGRAM		3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES	DELETION
	1. TITLE OF PROGRAM	I. IIILE OF PROGRAM	I. IIILE OF PROGRAWI	1. TITLE OF PROGRAM  2. LIVE? Yes or No CALL SIGN  4. STATION'S LOCATION  4. STATION'S LOCATION	I. IIILE OF PROGRAW I I I I	1. ITLE OF PROGRAM   2. Live:   6. Sixtheres	1. IIILE OF PROGRAM   2. EVZ.   6. STATISTS   I   6. WORTH

	LECAL NAME OF OWNER OF CARLE OVETEM.	6.	YSTEM I					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	3	297					
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute th page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	smission service						
	during the accounting period	\$ 2 (Amount of gro	2,840.83 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  • 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 accounting period is \$52.00	or 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 \$13	7,100)						
	1. Base amount under statutory formula	0_						
	2. Enter amount of gross receipts from space K	<u>—</u>						
	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 \$5	27,600)						
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	0_						
	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	· · · <u>· · · · · · · · · · · · · · · · </u>						
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and otal Remittance	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 Re		ato I					

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 29775
M Channels	to its subscribers  1. Enter the tota	ou must give (1) the number on an and (2) the cable system's in a number of channels on which	otal number of activate the cable	ed channels during the acc	counting period.	33
	2. Enter the tota	television broadcast stations  I number of activated channel able system carried television cast services	s broadcast stations			64
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accoun		S NEEDED (Identify an ind	ividual to whom	
for Further Information	Name Address	Kenneth J. Kohrs One Mediacom Way			Telephone 845	-443-2762
		(Number, street, rural route, apart  Mediacom Park, NY  (City, town, state, zip)				
	Email	Copyrights@m	ediacomcc.com		Fax (optional)	
O Certification		(This statement of account m			opyright Office regulations)	
	(Owne	er other than corporation or p	artnership) I am the o	wner of the cable system a	s identified in line 1 of space B; or	
	in	line 1 of space B and that the o	wner is not a corporati	on or partnership; or	ent of the owner of the cable syster	
	in	er or partner) I am an officer line 1 of space B.  d the statement of account and			ne legal entity identified as owner of the legal entity identified as owner of the legal entity is a second of the legal entity in the legal entity is a second of the legal entity in the legal entity is a second of the legal entity identified as owner of the legal entity identified as one of the legal entity identified as owner of the legal entity identified as one of the legal entity identified identified as one of the legal entity identified as one of the lega	f the cable system
		te, and correct to the best of m				
			Enter an electronic sig	nature on the line above to can "/s/ signature" (e.g., /s/ Jo	·	
		Typed or printe	name: <b>Kennet</b> l	h J. Kohrs		
		Title:	Vice President,	Financial Reportin	g	
		Date:			2/7/2023	

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 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.

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 29775 MEDIACOM SOUTHEAST LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. . . . . . . . . . . . . . \$ 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. **Interest Assessment** davs 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 . . . . . . \* 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.

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.

Owner Address

ID number

First community served Accounting period