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					
2/26/25	\$ 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))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Mediacom Southeast, LLC (Clinton County, 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)
	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	1 IDENTIFICATION OF CABLE SYSTEM:
	Mediacom Southeast, LLC (Clinton County, KY) MAILING ADDRESS OF CABLE SYSTEM:
	ONE MEDIACOM WAY
	(Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)

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

Mediacom Southeast, LLC (Clinton County, KY) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Clinton County KY Gamaliel KY			FORM SA1-2E. PAGE
Instructions: List each separate community served by the cable system. A "community" is the same as a "community as defined in FCC rull" as 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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. Community First Clinton County KY Gamaliel KY Monroe County KY Pickett County KY First Clinton County KY KY Pickett County KY	Name		SYSTEM I
"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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN			625
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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN			
Area Served CITY OR TOWN First Community Comm	D		
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE First Clinton County KY Albany KY Gamaliel KY Rows as Necessary Pickett County KY			ist will serve as a form of system identification hereafter kno
Area Served identified city. First First Community Clirt OR TOWN STATE Community KY Gamaliel KY Rows as Necessary Monroe County KY Pickett County KY			
CITY OR TOWN STATE	Area		nome parks should be reported in parentheses below the
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Pickett County KY			
	d Rows as Necessary		KY
Tompkinsville KY KY KY KY KY KY KY KY KY K		Pickett County	KY
		Tompkinsville	KY

Accounting Period: 2024/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62543

Mediacom Southeast, LLC (Clinton County, KY)

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 	378	29.99-74.79					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	0	29.99-74.79					
Converter							
 Residential 							
Non-residential							
				· ····	f		

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Variety TV	#####
Pay cable—add'l channel	PP	Commercial			
Fire protection	PP	Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	75.00	Burglar protection			
Additional set(s)	49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	9.99	Disconnect			
		Outlet relocation	49.00		
		Move to new address			

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62543

Mediacom Southeast, LLC (Clinton County, KY)

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
WBKO ABC	13	N	Bowling Green, KY
WCTE (PBS)	22	E	Cookeville, TN
WJFB/WJFB(HD) MeTV	12	<u> </u>	Nashville, TN
WKRN/WKRN(HD) ABC	27	N	Nashville, TN
WKSO/WKSO(HD) KET PBS	17	E	Somerset, KY
WKSO-DT2 KET2 (HD)	17.2	E-M	Somerset, KY
WKSO-DT3 KET KY	17.3	E-M	Somerset, KY
WKSO-DT4 KET PBS KIDS	17.4	E-M	Somerset, KY
WKYU/WKYU (HD) (PBS)	18	E	Bowling Green, KY
WKYU-DT2 Create	18.2	E-M	Bowling Green, KY
WKYU-DT3 Radar	18.3	E-M	Bowling Green, KY
WLKY (CBS)	14	N	Louisville, KY
WNAB-DT1 Dabl	23.1	I-M	Nashville, TN
WPBM IND/WPBM IND (HD)	46	<u>l</u>	Scottsville, KY
WSMV/WSMV(HD) NBC	10	N	Nashville, TN
WSMV-DT2 ION Mystery	10.2	N-M	Nashville, TN
WSMV-DT3 Cozi TV	10.3	N-M	Nashville, TN
WTVF/WTVF(HD) CBS	5	N	Nashville, TN
WTVF-DT2 NewsChannel 5+	5.2	N-M	Nashville, TN
WTVF-DT3 Bounce TV	5.3	N-M	Nashville, TN
WUXP MyNet	21	l	Nashville, TN
WZTV/WZTV(HD) Fox	15	l	Nashville, TN
WZTV-DT2/WZTV-DT2 (HD) C	15.2	I-M	Nashville, TN
WZTV-DT3 Antenna TV	15.3	I-M	Nashville, TN

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62543 Mediacom Southeast, LLC (Clinton County, KY) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 Primary Transmitters: substitute program basis, as explained in the next paragraph. 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 WZTV-DT4 TBD Nashville, TN 15.4 I-M

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Southeast, LLC (Clinton County, KY)

62543

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALLSION	ΛΜ ος ΓΜ	C/D	LOCATION OF STATION	CALLSION	ΛΝΛ ος ΓΝΑ	6/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
	L						
	L						
							
	 						
	F						
	L						
	L						
	L						
	<u> </u>						
							
							
				<u> </u>			

	d: 2024/2 LEGAL NAME OF OWNER OF	CARLE SVS	STEM:						SA1-2E. PAGE
Name	Mediacom Southeast,			(KY)					SYSTEM ID 6254
	wediacom Southeast,	LLG (GIII	iton County	, KI)					0234
•	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
1	In General: In space I, iden								
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMEN				<u> g</u>				
Special				m carry, on a substitute ba	sis, any nonn	etwork te	levision	progra	am
Statement and Program Log	broadcast by a distant sta		,	,,	, ,			ES	X NO
•	-		root of this ne	and blank If your anguar is	"Vaa" vau n				
	Note: If your answer is "No	J, leave lile	rest or tris pa	age blank. Il your answer is	res, you n	iusi comp	JIELE LITE	e progr	alli
	log in block 2. 2. LOG OF SUBSTITUT	F PROGRA	AMS						
	In General: List each subs			ate line. Use abbreviations	wherever po	ssible, if	their me	eaning	is
	clear. If you need more spa				11) (1				
	period, was broadcast by a			vision program ("substitute our cable system substitut					
ļ	under certain FCC rules, re								
ļ	Do not use general catego		ovies" or "bask	etball." List specific progra	m titles, for e	xample, "	I Love I	Lucy" o	r
ļ	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter "	No."				
ļ				casting the substitute progr					
			,	the community to which the		•	the FC	C or, ir	า
	the case of Mexican or Cal			e community with which the estem carried the substitute			ale with	the m	onth
	first. Example: for May 7 gi	,	wileli your sy	sterri carried the substitute	program. Os	e numera	ais, willi	i uie iii	Jilli
				ogram was carried by your					tely
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program car	ried by a system from 6:01	:15 p.m. to 6:	:28:30 p.n	n. shou	ld be	
	Stated as 0.00-0.30 p.m.								
İ	Column 7: Enter the let		listed program	m was substituted for progr	amming that	vour syst	em was	s reauir	red
	to delete under FCC rules	ter "R" if the and regulati	ions in effect o		d; enter the le	etter "P" if	the list	ed pro	
	to delete under FCC rules was substituted for prograr	ter "R" if the and regulati mming that _!	ions in effect o	luring the accounting perio	d; enter the le	etter "P" if	the list	ed pro	
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ccounting Period:	1										FURIV	SA1-2E. PAG
Name		of owner of m Southea			County, I	KY)						SYSTEM I
K Gross Receipts	all amounts (as identified page (vii) of Gross during	ns: The figure s (gross recei ed in space E of the general receipts from the accounti	ipts) paid b) during the instruction subscribing period.	to your ca he accoun ins located ers for sec	able system lating period. If in the paper condary tran	by subscril For a furth er SA1-2 for nsmission s	pers for the per explanatorm. service(s)	system's ion of hov	secondary t w to compute	ransmi	ission servio	ce
	IMPORTAL	NT: You mus	t complete	e a statem	ent in space	e P concer	ning gross r	eceipts.			(Amount of	gross receipts)
Copyright Royalty Fee	COPYRIGH Instructions Complete B Use block Use block Use block See page (vi)	: To compute block 1, block 1 if the amou 2 if the amou 3 if the amou	e the royal c 2, or blo nt of gross nt of gross nt of gross	ck 3. s receipts s receipts s receipts	in space K i in space K i in space K i	is more that is more that	ın \$137,100 ın \$263,800	but less	than \$527,6		263,800	
				BLOC	K 1: GROS	S RECEIP	TS OF \$13	37,100 O	R LESS			
		: As a cable s period is \$52		h gross re	ceipts of \$13	37,100 or le	ss, the roya	Ity fee tha	it you must p	ay for t	this six-mon	
	1	ralty fee for ac										0.00
	Line 3. TO 1	AL ROYALT	Y FEE PA	YABLE F	OR ACCOU	NTING PE	RIOD Add	ines 1 and	d 2			
									more than \$		_	
	1. Base am	ount under st	atutory for	mula				\$	263,80	0.00		
	2. Enter am	ount of gross	receipts f	rom space	К			\$	213,07	3.96		
	3. Subtract	line 2 from lin	ne 1					\$	50,72	6.04		
	4. Enter the	amount of gr	ross receip	ots from sp	oace K				\$	2	13,073.96	<u>i_</u>
	5. Enter the	amount from	n line 3						\$		50,726.04	<u>. </u>
	6. Subtract	line 5 from lin	ne 4						\$	1	62,347.92	<u>!</u>
	7. Multiply I	ine 6 by .005	(enter figu	ıre here) .							\$	811.74
	8. Interest of	charge. Enter	r the amou	ınt from lin	e 4, space C	Q, page 8 .						0.00
	9. TOTAL I	ROYALTY FE	E PAYAE	BLE FOR A	ACCOUNTIN	IG PERIO). Add lines	7 and 8 .			\$	811.74
		BL	OCK 3: 0	ROSS R	ECEIPTS (OF MORE	THAN \$26	3,800 (b	ut less than	\$527,	600)	
	1. Enter the	amount of gi	ross receir	ots from sp	oace K							
		ount under st								0.00		
		line 2 from lin	,						,			
		ine 3 by .01 .										
		due on the firs									1.319.00	_
		charge. Enter		-								_
		ROYALTY FE							_			_
									•			
			FII	LING FEE	E AND TOT	AL REMI	TANCED	UE				
Filing Fee and	1. Royalty F	Fee Payable f	or Accoun	iting Period	d (from Bloci	k 1, 2, or 3,	above)		\$		811.74	
Total Remittance Due		e (See the ins	structions	for more in	nformation or	n filing fee o	calculations)		\$		20.00	_
				COUNTIN	UO DEDIOD	Add line	s 2 and 3				\$	831.74
	3, TOTAL	AMOUNT DIE	E FOR AC		NG PERION	. Add iine						
		AMOUNT DU								L		

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast, LLC (Clinton County, KY)	SYSTEM ID# 62543
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the a 1. Enter the total number of channels on which the cable system carried television broadcast stations	accounting period.
	on which the cable system carried television broadcast stations and nonbroadcast services	74
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an in we can contact about this statement of account.)	ndividual to whom
for Further Information	Name Kenneth J. Kohrs	Telephone 845-443-2762
	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)
	idustina	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system X (Agent of owner other than corporation or partnership) I am the duly authorized 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 in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all stat are true, complete, and correct to the best of my knowledge, information, and belief, and are ma	as identified in line 1 of space B; or gent of the owner of the cable system as identified the legal entity identified as owner of the cable system generates of fact contained herein
	[18 U.S.C., Section 1001(1986)] X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	o certify this statement.
	Typed or printed name: Kenneth J. Kohrs	
	Title: Group Vice President, Financial I (Title of official position held in corporation or partnership)	Keporting
	Date:	2/14/2025

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.

ccounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lediacom Southeast, LLC (Clinton County, KY)	62543
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 su scribers 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 transmission:	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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.	nt. Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- 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, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	se
Owner Address	
ID number	
First community served Accounting period	

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