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**

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	by email to:	
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		2/26/25	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2024/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		idiary of another corporation, give the full c	orporate
Owner	List any other name or names under whic	h the owner conducts the business of t	the cable system.	
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should ting period.	l submit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	7284
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	MCC Iowa, LLC (Keokuk, IA)			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	7)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite no	umber)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
	INSTRUCTIONS: In line 1, give any busir	ness or trade names used to ide	ntify the business and operation of th	ne system unless these
C	names already appear in space B. In line			
System	1			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite no	umbor)		
	(,	umber j		
	(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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MCC Iowa, LLC (Keokuk, IA)	72
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 singl a list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Keokuk	A
Community	Hamilton	IL
	Warsaw	IL
Add Rows as Necessary	Montrose	A
, , , , , , , , , , , , , , , , , , , ,		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM IC 728
	MCC Iowa, LLC (Keoku	k, IA)							120
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Secondary	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								
Transmission	、 、	accounting period (June 30 or December 31, as the case may be).							
Service: Sub-							n, broken		
scribers and	down by categories of secondar			•		•			
Rates	each category by counting the n separately for the particular serv							s charged	
	Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed	-	-					-	
	category, but do not include disc	counts allowed	for adv	ance payment.					
	Block 1: In the left-hand block	•		0		•			
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca				• •	U .			
	first set" and would be counted of	•			• • •				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t						,		
	with the number of subscribers a sufficient.	and rates, in th	e ngni-	nanu Diock. A li	vo- or the	e-word descrip	uon or the	Service is	
		OCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	COBCONIB	LIKU	TUTE	0/11		INICE	COBCORIBEIRO	101
	Service to first set		898	40.49-51.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-51.54					
	Converter		•						
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
Г	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•	-		0		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-			-		0	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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				-	-	-		
	brief (two- or three-word) descrip				SHEU. LISU			e lonn of a	
	BLOCK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res			0.1120	0	
	• Pay cable	PP	• Mc	otel, hotel			Variety	TV	###
	• Pay cable—add'l channel	PP	۰Cc	ommercial					6
	Fire protection		•Pa	y cable					6
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					<u></u>
	• First set	75.00		irglar protection					<u></u>
	 Additional set(s) 	49.00		services:					
			1 n.			40.00			1
	 FM radio (if separate rate) 		• R6	econnect		49.00			
	FM radio (if separate rate)Converter	9.99	•	econnect sconnect		49.00			
	,	9.99	• Dis			49.00			

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEI
Name	MCC Iowa, LLC (Keoki			
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	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> on a • List the station here, and al basis. For further information Column 1: List each station ^m 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	htify every television station (including tr in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph. With respect to any distant stations car les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pr with a station according to its over-the- he form. I number the FCC assigned to the telev RC is channel 4 in Washington, D.C. case whether the station is a network s ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or	(1) stations carried only on a par- e carriage of certain network prog l(e)(2) and (4))]; and (2) certain s rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES air designation. For example, re vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde r "E-M" (for noncommercial educa	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community or a noncommercial ependent), "I-M"
		of each station. For U.S. stations, list t	the community to which the statio	
	Column 4: Give the location		the community to which the statio	
	Column 4: Give the location FCC. For Mexican or Canad	a of each station. For U.S. stations, list t lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7	the community to which the station e community with which the station 3. TYPE OF STATION N	on is identified.
	Column 4: Give the location FCC. For Mexican or Canad	a of each station. For U.S. stations, list t lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	the community to which the station e community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
I Rows as Necessary	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KHQA/KHQA (HD) CBS	a of each station. For U.S. stations, list t lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7	the community to which the station e community with which the station 3. TYPE OF STATION N	A. LOCATION OF STATION Quincy, IL
1 Rows as Necessary	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KHQA/KHQA (HD) CBS KHQA-DT2/KHQA-DT2 (HD) A	a of each station. For U.S. stations, list t lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7 7.2	the community to which the station e community with which the station 3. TYPE OF STATION N N-M	A. LOCATION OF STATION Quincy, IL Quincy, IL
ł Rows as Necessary	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KHQA/KHQA (HD) CBS KHQA-DT2/KHQA-DT2 (HD) A KHQA-DT3 Comet	a of each station. For U.S. stations, list t lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7 7.2 7.3	the community to which the station e community with which the station 3. TYPE OF STATION N N-M I-M	A. LOCATION OF STATION Quincy, IL Quincy, IL Quincy, IL
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ł Rows as Necessary	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KHQA/KHQA (HD) CBS KHQA-DT2/KHQA-DT2 (HD) A KHQA-DT3 Comet KIIN/KIIN(HD) IPTV PBS KIIN-DT2 (IPTV) KIDS (HD) KIIN-DT3 (IPTV) PBS World	a of each station. For U.S. stations, list t lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7 7.2 7.3 12 12.2 12.3	the community to which the station e community with which the station 3. TYPE OF STATION N N-M I-M E E-M E-M E-M	A. LOCATION OF STATION Quincy, IL Quincy, IL Iowa City, IA Iowa City, IA
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EGAL NAME OI MCC Iowa, L			ISIEM:					SYSTEM I 72
	t every radio s	station ca	rried on a separate and discre					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recein the Consign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		S. LE SIGN		5,0		
							·	
							·	
							·	

ccounting Perio	LEGAL NAME OF OWNER OF	CADLE 010						SYSTEM I		
Name	MCC Iowa, LLC (Keok							72		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LC	G					
	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 furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Carriage:										
Special	 During the accounting pe 	-			isis, any nonr	network te	levision p	rogram		
Statement and Program Log	broadcast by a distant sta	ation?		·	·		YES			
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp				
	log in block 2.									
	2. LOG OF SUBSTITUT									
	In General: List each subs clear. If you need more spa				s wherever po	DSSIDIE, IT	their mea	ning is		
	Column 1: Give the title	e of every no	onnetwork tele	vision program ("substitut						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general catego	ories like "mo								
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "					
	Column 3: Give the call	l sign of the	station broad	casting the substitute prog	ram.					
				the community to which th			the FCC	or, in		
	the case of Mexican or Car Column 5: Give the mo			stem carried the substitut			als, with th	ne month		
	first. Example: for May 7 g	ive "5/7."								
				ogram was carried by you ried by a system from 6:0						
	stated as "6:00–6:30 p.m."		to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."							
	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i>									
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program									
	to delete under FCC rules	ter "R" if the and regulati	ions in effect o	during the accounting perio	od; enter the I	etter "P" if	f the listed			
		ter "R" if the and regulati mming that y	ions in effect o	during the accounting perio	od; enter the I	etter "P" if	f the listed			
	to delete under FCC rules was substituted for program	ter "R" if the and regulati mming that y	ions in effect o	during the accounting perio	od; enter the l der FCC rules	etter "P" if and regu	f the listed lations in			
	to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulati mming that <u>y</u> 3.	ions in effect o	during the accounting perion as permitted to delete und	od; enter the l der FCC rules WHE	etter "P" if	f the listed lations in	7. REASON F		
	to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y b. SUBSTITUT	ions in effect o your system w	during the accounting perion vas permitted to delete und	od; enter the l der FCC rules WHE	etter "P" if and regu N SUBST AGE OCC	f the listed lations in	7. REASON F		
	to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y S. SUBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	during the accounting period	bd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed lations in TTUTE CURRED TIMES	7. REASON F		
	to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y S. SUBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	during the accounting perion vas permitted to delete und	bd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed lations in TTUTE CURRED TIMES	7. REASON F		
	to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y S. SUBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	during the accounting perion vas permitted to delete und	bd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed lations in TTUTE CURRED TIMES	7. REASON F		
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	to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y S. SUBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	during the accounting perion vas permitted to delete und	bd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed lations in TTUTE CURRED TIMES	7. REASON F		
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Accounting Period:	2024/2			FORM S	GA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Keokuk, IA)			ç	SYSTEM ID# 7284
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and fall amounts (gross receipts) paid to your cable system by subscribers for the syst (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	tem's sec of how to	condary transm compute this a	ission service amount, see \$ 52	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	t less tha	n \$527,600	263,800	
	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 for accounting period is \$52.00	ee that yo	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mo	re than \$137,1	00)	
	1. Base amount under statutory formula\$	5	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 ar	nd 8	······		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	00 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	6	520,598.91		
	2. Base amount under statutory formula	6	263,800.00		
	3. Subtract line 2 from line 1	6	256,798.91		
	4. Multiply line 3 by .01		\$	2,567.99	
	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	5, and 6 .	· · · · · · · · · · · · · · · · · · ·	\$	3,886.99
	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)	· · · · · · · · · <u>·</u>	\$	3,886.99	
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			\$	3,906.99
	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:	2024/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Keokuk, IA)	SYSTEM ID# 7284
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels	19
	on which the cable system carried television broadcast stations and nonbroadcast services	70
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	-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)	
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 X (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 or 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)] 	
	X /s/ Kenneth J. Kohrs 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: Kenneth J. Kohrs Title: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	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.

ounting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Iowa, LLC (Keokuk, IA)	728
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 Name Name	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address INTEREST ASSESSMENT Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	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	
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	
ID number First community served	
Accounting period	

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