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
Accounting	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
	MCC Illinois, LLC (Charleston, IL)
	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)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(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.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MCC Illinois, LLC (Charleston, IL)	77
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including singl I list will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	CHARLESTON	IL.
Community	ASHMORE	IL
	COLES COUNTY	<u> </u>
I Rows as Necessary	KANSAS VILLAGE	IL
	WESTFIELD	IL

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 7729

MCC Illinois, LLC (Charleston, IL)

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	BLOCK 1 BLOCK 2				
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	695	29.99-74.49			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	0	29.99-74.49			
Converter					
Residential					
Non-residential					
		†		1	

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		Variety TV	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	75.00	Burglar protection			
Additional set(s)		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# 7729

MCC Illinois, LLC (Charleston, IL)
PRIMARY TRANSMITTERS: TELEVISION

G

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
WAND/WAND(HD) NBC	17	N	Decatur, IL
WAND-DT2 Cozi TV	17.2	I-M	Decatur, IL
WAWV/WAWV(HD) ABC	39	N	TERRE HAUTE, IN
WAWV-DT Grit	39.2	I-M	TERRE HAUTE, IN
WAWV-DT3 Bounce TV	39.3	I-M	TERRE HAUTE, IN
WBUI/WBUI(HD) CW	22	<u> </u>	Decatur, IL
WBUI-DT2 DABL	22.2	I-M	Decatur, IL
WBUI-DT3 Nest	22.3	I-M	Decatur, IL
WCCU/WCCU(HD) FOX	26	<u> </u>	Urbana, IL
WCCU-DT2 True Crime Ne	26.2	I-M	Urbana, IL
WCCU-DT3 Antenna TV	26.3	I-M	Urbana, IL
WCIA/WCIA(HD) CBS	48	N	Champaign, IL
WCIA-DT3 Bounce TV	48.3	I-M	Champaign, IL
WCIA-DT4 Grit	48.4	I-M	Champaign, IL
WCIX-DT/WCIX (HD) My N	49	l	Springfield, IL
WCIX-DT3 ION Mystery	49.3	I-M	Springfield, IL
WCIX-DT4 Laff	49.4	I-M	Springfield, IL
WEIU/WEIU(HD) PBS	50	E	Charleston, IL
WEIU-DT2 PBS FNX	50.2	E-M	Charleston, IL
WICD/WICD(HD) ABC	41	N	Champaign, IL
WICD-DT2 Comet	41.2	I-M	Champaign, IL
WICD-DT3 TBD	41.3	I-M	Champaign, IL
WICD-DT4 Charge!	41.4	I-M	Champaign, IL
WILL/WILL(HD) PBS	9	E	Urbana, IL

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 7729

MCC Illinois, LLC (Charleston, IL)
PRIMARY TRANSMITTERS: TELEVISION

G

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 70.50(4)(2)] and (4) and (4) and (5) and (6) and (6)

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WILL-DT2 PBS World	9.2	E-M	Urbana, IL
WILL-DT3 PBS Create	9.3	E-M	Urbana, IL
WTHI/WTHI(HD) CBS	10	N	Terre Haute, IN
WTHI-DT2/WTHI-DT2(HD)	10.2	I-M	Terre Haute, IN
WTHI-DT3/WTHI-DT3(HD)	10.3	I-M	Terre Haute, IN
WTWO/WTWO(HD) NBC	36	N	Terre Haute, IN
WTWO-DT2 CW	36.2	I-M	Terre Haute, IN
WTWO-DT3 Laff	36.3	I-M	Terre Haute, IN
WTWO-DT4 Antenna	36.4	I-M	Terre Haute, IN
WUSI/WUSI (HD) PBS	19	E	Onley, IL
WUSI-DT2 PBS World	19.2	E-M	Onley, IL
WUSI-DT3 PBS Create	19.3	E-M	Onley, IL
WUSI-DT4 PBS KIDS	19.4	E-M	Onley, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Illinois, LLC (Charleston, IL)

7729

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).

	T =	a :-	I	1	I		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
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Accounting Davis	nd: 2024/2						F05:	M 841 0F B 0F 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FURI	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	MCC Illinois, LLC (Ch							7729	
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	OG				
	In General: In space I, iden	_	_			ation, that y	our cable sys	tem carried on a	
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	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: Special	1. SPECIAL STATEMEN								
Statement and	t and During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant sta	ition?					YES	× NO	
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer	is "Yes," you	must comp	olete the prog	gram	
	log in block 2.								
	2. LOG OF SUBSTITUT		-						
	In General: List each subsclear. If you need more spa				ns wherever p	ossible, if	their meanin	g is	
				vision program ("substitu	te program")	that. during	the account	ina	
	period, was broadcast by a	a distant sta	tion and that y	our cable system substitu	uted for the p	rogrammin	g of another	station	
	under certain FCC rules, re Do not use general catego								
	"NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progr	am unes, ioi	example,	I Love Lucy	OI	
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter					
				asting the substitute prog the community to which t		icensed by	the ECC or	in	
	the case of Mexican or Cal						tile i CC Oi,		
		,	when your sy	stem carried the substitu	te program. U	Jse numera	als, with the r	nonth	
	first. Example: for May 7 gi		a substituta nr	ogram was carried by yo	ur cahle evete	m list the	times accur	ately	
	to the nearest five minutes							atory	
	stated as "6:00-6:30 p.m."								
	to delete under FCC rules			n was substituted for prog					
	was substituted for program							3grain	
	effect on October 19, 1976	i.							
					WHEN SUBSTITUTE				
	s	UBSTITUT	E PROGRAM	1		IAGE OC		7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION	
	T. TITLE OF TROOTS AND	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO		
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	LEGAL NAME OF OWNER OF CARLE SYSTEM.	SYSTEM I							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Illinois, LLC (Charleston, IL)	77							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pa all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary to (as identified in space E) during the accounting period. For a further explanation of how to compute page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ansmission service							
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 336,724.79 (Amount of gross 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 equa Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 See page (vi) of the general instructions located in the paper SA1-2 form for more information.								
	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 praccounting period is \$52.00	ay 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	0.00							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	· · · · · · · <u> </u>							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$	137,100)							
	1. Base amount under statutory formula	0.00							
	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	4.79							
	2. Base amount under statutory formula	0.00							
	3. Subtract line 2 from line 1	4.79							
	4. Multiply line 3 by .01	729.25							
	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	\$ 2,048.25							
	FILING FEE AND TOTAL REMITTANCE DUE								
Filian Farand									
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,048.25							
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	\$ 2,068.25							

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: C (Charleston, IL)				SYSTEM ID# 7729
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cal	and (2) the cable system's to number of channels on which elevision broadcast stations number of activated channels ble system carried television	n the cables s broadcast	on which the cable system carried to or of activated channels during the a	accounting period.	51 61
N Individual to Be Contacted		BE CONTACTED IF FURTH		MATION IS NEEDED (Identify an in	ndividual to whom	
for Further Information		Kenneth J. Kohrs One Mediacom Way			Telephone	845-443-2762
		(Number, street, rural route, aparti Mediacom Park, NY (City, town, state, zip)		number)		
	Email	Copyrights@me	ediacomcc	:.com	Fax (optional)	
O Certification	I, the undersigned (Owner X (Agent of the interpretation of the interpreta	other than corporation or p of owner other than corporate 1 of space B and that the or or or partner) I am an officer (ne 1 of space B. the statement of account and, and correct to the best of my	partnership, ation or par owner is not if a corporal hereby dec	fied and signed in accordance with one, of the boxes.) I am the owner of the cable system rtnership) I am the duly authorized a a corporation or partnership; or tion) or a partner (if a partnership) of clare under penalty of law that all state, information, and belief, and are marks!	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ow	system as identified vner of the cable system
		Typed or printed Title:	I name:	ectronic signature on the line above to ture using an "/s/ signature" (e.g., /s/ Kenneth J. Kohrs Vice President, Financial F	John Smith)	
		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.

counting Period: 2024/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CC Illinois, LLC (Charleston, IL)	7729
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1	asic de sub- Special Statement
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmismade by satellite carriers to satellite dish owners?	ssions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
	000000000000000000000000000000000000000
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
x 0.0027	74
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 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, list below the owner, address, first community served, ID number, and accounting period as given in the original to	•
Owner Address	
ID number First community served	
Accounting period	

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)