

\$ 27, 243, 899.37 | 21 B.D.

Total amount of remittance Number of SAs rec'd Initials

2 /25/216

Date of remittance ☐ Check ☐ FILING FEE

Cable ID # 2	5904				Amount/Initials RIC
Examined by	Review	ed by	Date examination	Allocation nu	mber
C	9		completed 4 - 15 - 1	6 96)	8226 \$67.00
<b>Space A</b> Accounting Period					
	☐ January 1 –	nber 31, 20			
	Letter sent	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		☐ Information i	eceived
	Accepted	Phone call/D	Date/Contact		
<b>Space B</b> Owner					
	Letter sent			Information 1	eceived
	Accepted	☐ Phone call/[	Date/Contact	Information received	
<b>Space D</b> Area Served					
	Letter sent			☐ Information	eceived
	☐ Accepted	Phone call/	Date/Contact		
<b>Space E</b> Secondary Transmission					
Service Subscribers:	Letter sent			☐ Information	received
and Rates	Accepted	Phone call/	Date/Contact		
<b>Space G</b> Primary Transmitters: Television					
	Letter sent			Information	received
	Accepted	Phone call/	Date/Contact		
Transmitters:					
Primary Transmitters: Radio	☐ Accepted	Phone call/	Date/Contact		

			Space I Substitute Carriage
☐ Letter sent		☐ Information received	
Accepted	Phone call/Date/Contact		
			Space J Part-time Carriage Log
☐ Letter sent		☐ Information received	(SA <sub>3</sub> only)
Accepted	☐ Phone call/Date/Contact		
	960226		Space K Gross Receipts
☐ Letter sent		☐ Information received	
Accepted	☐ Phone call/Date/Contact		
			Space L Copyright Filing and Royalty Fees
Royalty Fee s	hould be \$	Refund request to fiscal	
☐ Letter sent		☐ Information received	
Accepted	Phone call/Date/Contact		
			Space M Channels
Letter sent		☐ Information received	
Accepted	☐ Phone call/Date/Contact		
			Space O Certification
Letter sent		☐ Information received	
Accepted	☐ Phone call/Date/Contact		
			Space P Statement of Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space Q Interest Assessment
Letter sent		☐ Info/add'I fee received	
Accepted	☐ Phone call/Date/Contact		

## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED
AMOUNT C.5

LICENSING DIVISION
\$ 67.00

ALLOCATION NUMBER

RECEIVED
968226

Return to: Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:		
Accounting Period	July 1 - December 31, 2	015		
B	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fe	prrect information beside it. If the cable system. If the owner is a serent corporation. In the owner conducts the business a accounting period, only the owner of the payment covering the entire accounting the entire acc	on the last day of the accounting period should submit	025904
	LEGAL NAME OF OWNER/MAILING ADD			
	COMCAST OF GEORGIA/SO	OUTH CAROLINA II, LLC		
	ONE COMCAST CENTER PHILADELPHIA, PA 19103		029	5904 2015/2
С		siness or trade names used to ide	entify the business and operation of the system unle	ss these
C	names already appear in space B. In line	e 2, give the mailing address of the	ne system, if different from the address given in spa	ce B.
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:  (Number, street, rural route, apartment, or suite number, street, rural route, apartment, street, rural route, rural			
Area Served	in FCC rules: "a separate and distinct co areas and including single, discrete unin of system identification hereafter known	ommunity or municipal entitly (incl acorporated areas)." 47 C.F.R. 7 as the "first community." Please	A "community" is the same as a "community unit" luding unincorporated communities within unincorpor 6.5(dd). The first community that list will serve as a use it as the first community on all future filings. or mobile home parks should be reported in parather	orated a form
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First	DARIEN	GA		
Community	CRECENT	GA		
	EULONIA	GA		
	MCINTOSH COUNTY	GA		
	SHELLMAN'S BLUFF	GA		
	TOWNSEND	GA		

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 effects 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.

Form SA1-2c Rev 04/2011

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 025904 COMCAST OF GEORGIA/SOUTH CAROLINA II, LLC 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 system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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. BLOCK 1 BLOCK 2 NO OF NO. OF CATEGORY OF SERVICE CATEGORY OF SERVICE SUBSCRIBERS RATE SUBSCRIBERS RATE Residential: **DTA CONVERTER** 1,324 0.50 · Service to first set 811 25.05 **HDTV CONVERTER** 667 0.50 · Service to additional set(s) DIGITAL CONVERTER 431 0.50 • FM radio (if separate rate) Motel, hotel Commercial 18 25.05-32.95 Converter · Residential · Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: 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 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 Installation: Non-residential **Continuing Services:** · Pay cable 5.99-14.99 · Motel, hotel • Commercial 50.00 · Pay cable—add'l channel · Fire protection · Pay cable · Pay cable-add'l channel ·Burglar protection Installation: Residential · Fire protection 20.00 · Burglar protection · First set 15.00-30.00 Other services: Additional set(s) · FM radio (if separate rate) Reconnect Converter Disconnect

Outlet relocationMove to new address

FORM SA1-2. PAGE 3 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 025904 COMCAST OF GEORGIA/SOUTH CAROLINA II, LLC 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 substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thie-air designation. For example, report multicast stream "WETA-2" as the same on the form 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. 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 identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION CHANNEL OF SIGN NUMBER STATION **WGSA-DT** 35 BAXLEY, GA WGSA-HD 35 I-M BAXLEY, GA WGSA-DT2 35 I-M BAXLEY, GA WGSA-DT3 35 I-M BAXLEY, GA WJCL-DT 22 N SAVANNAH, GA WJCL-HD 22 N-M SAVANNAH, GA WJWJ-HD E 44 SAVANNAH, GA WJWJ-DT3 44 E-M SAVANNAH, GA WJWJ-DT2 E-M 44 SAVANNAH, GA WSAV-DT 39 N SAVANNAH, GA WSAV-HD 39 N-M SAVANNAH, GA WSAV-DT2 39 I-M SAVANNAH, GA WSAV-DT3 39 I-M SAVANNAH, GA WTGS-DT 28 HARDEEVILLE, SC WTGS-DT2 28 I-M HARDEEVILLE, SC WTGS-HD 28 I-M HARDEEVILLE, SC WTLV-DT 13 N JACKSONVILLE, FL WTOC-DT 11 N SAVANNAH, GA WTOC-HD 11 N-M SAVANNAH, GA WTOC-DT2 11 I-M SAVANNAH, GA WTOC-DT3 11 I-M SAVANNAH, GA

9

9

**WVAN-DT** 

WVAN-HD

E

E-M

SAVANNAH, GA

SAVANNAH, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 025904 COMCAST OF GEORGIA/SOUTH CAROLINA II, LLC 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. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thie-air designation. For example, report multicast stream "WETA-2" as the same on the form. 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. 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 identifed. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER STATION WVAN-DT2 9 E-M SAVANNAH, GA WVAN-DT3 9 E-M SAVANNAH, GA

LEGAL NAME OF	FOWNER OF	CABLE S'	YSTEM:					SYSTEM ID#	Name
COMCAST	OF GEORG	IA/SOU	TH CAROLINA II, LLC					025904	
	t every radio s	tation ca	rried on a separate and discrence and discrence and discrence and discrence are also as a second case and discrence are also as a second and a second and a second are are as a second and a second are are as a second and a second are are as a second are are are as a second are are are are as a second are						Н
receivable if (1) on the basis of it For detailed info Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to primation about dentify the call tate whether the radio stat this by placing tive the station	y the system be receifuld the the sign of each he station ion's sign of a check has located to the system.	tem whenever it is received at wed at the headend, with the scopyright Office regulations of each station carried.  In is AM or FM.  In all was electronically processing mark in the "S/D" column.  In the community to which the the community with which the	it the sylvanian	the system's hear stem's FM anternation this point, see partial by the cable systation is license.	adend, and (2) nna, during ce page (v) of the vstem as a sep ed by the FCC	it can bertain state genera	e expected, ated intervals. Il instructions.  Ind discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#			
Name	COMCAST OF GEORG	IA/SOUTI	H CAROLINA	II, LLC			025904			
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG						
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	counting pe	eriod, under spec	cific present and former FC	C rules, regula	tions, or authorizations.				
Carriage:	1. SPECIAL STATEMENT									
Special Statement and Program Log	producest by a distant station?									
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute prograce, please; of every no distant stat gulations, of ies like "mo Bulls." In was broad sign of the sidcast static th and day re "5/7." es when the Example: a er "R" if the and regulatiogramming	am on a separa attach additional nnetwork televition and that your authorizations vies" or "basked dcast live, enterstation broadca on's location (thous, if any, the owner your system substitute program carried listed program ons in effect du	al pages. Ision program (substitute pur cable system substitutes. See page (v) of the genetall." List specific program "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purpose gram was carried by your ded by a system from 6:01:  was substituted for programing the accounting period	rogram) that, d for the program instruction in titles, for example.  It is a station is licenstation is idenstruction is idenstruction in the program. Use cable system. If p.m. to 6:2 amming that yell; enter the let	during the accounting ramming of another stans for further information ample, "I Love Lucy" or unsed by the FCC or, in tified).  The standard of the times accurate 8:30 p.m. should be our system was require ter "P" if the listed pro	tion n. nth ly			
	S	UBSTITUI	TE PROGRAM	No.		EN SUBSTITUTE	7. REASON			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
						_				
4.7										
						<del></del>				
						_				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  COMCAST OF GEORGIA/SOUTH CAROLINA II, LLC	SYSTEM 0259	Namo
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions.  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.	mission service	
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 for more information.	\$263,800	Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00		
Line 1. Royalty fee for accounting period	\$ 52.00	2
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	<u> </u>
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,		
1. Base amount under statutory formula		
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	<u>)</u>
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 \$52'	7,600)	
Enter the amount of gross receipts from space K	_	
2. Base amount under statutory formula	-	
3. Subtract line 2 from line 1	-	
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross recepits (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		
IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights. See pageneral instructions for more information.	age I of the	

Name	COMCAST OF GEORGIA/SOUTH CAROLINA II, LLC	SYSTEM ID# 025904
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tions
	Enter the total number of channels on which the cable     system carried television broadcast stations	25
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	310
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information	Name MARY KANE, COMCAST CABLE COMMUNICATIONS, LLC. Telephone (2	:15) 286-3345
	Address ONE COMCAST CENTER (Number, street, rural route, apartment, or suite number)	
	PHILADELPHIA, PA 19103	
	(City, town, state, zip)	
	Email (optional) licensing_office_inquiries@comcast.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation as explained in the general instructions.)	ons,
Certification	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 as identifed in line 1 of space B	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable so in line 1 of space B and that the owner is not a corporation or partnership; or	/stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	er of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)]	herein
	Handwritten signature: Dinald S. Tyrie	
	Typed or printed name: DONALD S. TYRIE	
	Title: VICE PRESIDENT OF ACCOUNTING  (Title of official position held in corporation or partnership)	
	Date: 2/9/16	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
COMCAST OF GEORGIA/SOUTH CAROLINA II, LLC		025904	Name
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:  "In determining the total number of subscribers and the graservice of providing secondary transmissions of primary by scribers and amounts collected from subscribers receiving  For more information on when to exclude these amounts, see the During the accounting period did the cable system exclude any armade by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	on 111(d)(1)(A), of the Copyright Act by adding oss amounts paid to the cable system for the roadcast transmitters, the system shall not inc g secondary transmissions pursuant to section e note on page (vii) of the general instructions mounts of gross receipts for secondary transm	basic clude sub- n 119."	P Special Statement Concerning Gross Receipts Exclusion
Name	Name		
Mailing Address	Mailing Address		
INTEREST ASSESSMENTS			
You must complete this worksheet for those royalty payments sub For an explanation of interest assessment, see page (viii) of the g		payment.	Q
Line 1 Enter the amount of late payment or underpayment			Interest Assessment
	x		Addeddinent
Line 2 Multiply line 1 by the interest rate* and enter the sum here	9		
	x	days	
Line 3 Multiply line 2 by the number of days late and enter the su			
	× 0.00	0274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, bloc			
space L, (page 7)	(interest	charge)	
	*	,	
* To view the interest rate chart click on www.copyright.gov/lic contact the Licensing Division at (202) 707-8150 or licensing		ce please	
** This is the decimal equivalent of 1/365, which is the interest	t assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account list below the owner, address, first community served, ID number,			
Owner			
Address			
ID number			
First community served  Accounting period			
Accounting period			

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MCAST	F OWNER OF CABLE SYSTEM:  OF GEORGIA/SOUTH CAROLINA II, LLC		025904	Name
0.774.0	D. TOWN	STATE		_
DARI	R TOWN EN	GA		First
Line 1.	ROYALTY FEE FROM SPACE L			
Line 2.	FILING FEE If Line 1 is from Space L, Block 1, enter \$15.00 If Line 1 is from Space L, Block 2 or Block 3, enter \$	F20 00	\$ 52.00 15.00	Total Fee

Effective January 1, 2014, pursuant to the Satellite Television Extension and Localism Act of 2010 (STELA), which granted authority to the Copyright Office to establish fees for the filing of statements of account (SOAs) under the section 111, 119, and 122 statutory licenses, the Office now assesses filing fees for ALL SOAs for current, past and future accounting periods. For details, see the Federal Register, November 29, 2013 (78 FR 71498). Please be advised that the filing fee is deducted before the royalty payment is credited; thus the omission of the appropriate filing fee will result in an underpayment of royalty fees. Please remit the royalty fee and filing fee in one EFT payment. (SOA1 filing fee: \$15; SOA2 filing fee: \$20).