

			Date of remittance	7001	☐ Check	EFT	FILING FEE	
			Date of Territained		- CHECK		G TIENNOTEE	
Cable ID # 28	514					Amount/In	itials	
Examined by	Review	ed by	Date examination completed	Allocation				
1			4/11/17	97	8217	\$126.	30 HE	
Space A Accounting Period								
renou	☐ January 1 – .	June 30, 20_		☐ July 1 – De	cember 31, 20)		
	Letter sent			☐ Informati	on received			
	☐ Accepted ☐ Phone call/Date/Contact							
Space B Owner		III a						
	Letter sent			☐ Informati	on received			
	☐ Accepted	Phone ca	all/Date/Contact					
Space D Area Served	Letter sent			☐ Informati	on received			
	☐ Accepted	☐ Phone ca	all/Date/Contact					
Space E Secondary Transmission								
Service Subscribers:	☐ Letter sent			☐ Informati	ion received			
and Rates	☐ Accepted	Phone ca	all/Date/Contact					
Space G Primary Transmitters: Television								
	Letter sent			☐ Informat	ion received	1		
	☐ Accepted	Phone ca	all/Date/Contact					
Space H Primary Transmitters:								
Radio	☐ Accepted	Phone ca	all/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 ₃ only)
☐ Accepted	☐ Phone call/Date/Contact		
	210846		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'l 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

\$ 126.36

ALLOCATION NUMBER

978217

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 COVERED	BY THIS STATEMENT:		
Accounting Period	July 1 - December 31, 20	016		
B	incorrect information and print or type the cor 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 whi If there were different owners during the	rect information beside it. the cable system. If the owner is a sent corporation. oth the owner conducts the business accounting period, only the owner of a payment covering the entire account	n the last day of the accounting period should submit	002814
	LEGAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM		1
	COMCAST OF THE SOUTH			
				002814 2016/2
	ONE COMCAST CENTER PHILADELPHIA, PA 19103			
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the 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 num	iber)		
	(City, town, state, zip code)			
D Area Served	in FCC rules: "a separate and distinct co areas and including single, discrete unin of system identification hereafter known	mmunity or municipal entitiy (inclucorporated areas)." 47 C.F.R. 70 as the "first community." Please	A "community" is the same as a "community un uding unincorporated communities within unincor 6.5(dd). The first community that list will serve a use it as the first community on all future filings. or mobile home parks should be reported in parallel.	rporated as a form
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community	LIVINGSTON	TN		
,				

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 04/201

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002814 COMCAST OF THE SOUTH 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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Secondary Transmission 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 Service: Subdown by categories of secondary transmission service. In general, you can compute the number of subscribers in scribers and Rates 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. BLOCK 1 BLOCK 2 NO OF RATE SUBSCRIBERS CATEGORY OF SERVICE SUBSCRIBERS CATEGORY OF SERVICE RATE Residential: \$ **HDTV Converters** 156 \$ 0.50 473 58.95 · Service to first set **Digital Converters** \$ 0.50 274 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel \$29.95-58.95 37 Commercial 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, enter only the letters "PP" in the rate column. Secondary 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 ATEGORY OF SERVIC RATE Continuing Services: Installation: Non-residential · Pay cable 15.00 · Motel, hotel 100.00 · Pay cable—add'l channel · Commercial 100.00 · Fire protection · Pay cable ·Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection · Burglar protection · First set 75.00 100.00 · Additional set(s) Other services: · FM radio (if separate rate) Reconnect 75.00 Converter Disconnect Outlet relocation 100.00

· Move to new address

WUXP-DT-HD

WZTV-DT

21

15

I-M

1

NASHVILLE, TN

NASHVILLE, TN

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 002814 COMCAST OF THE SOUTH 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-thje-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. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1 CALL SIGN CHANNEL OF NUMBER STATION E COOKEVILLE, TN WCTE-DT 22 WCTE-DT2 22 E-M COOKEVILLE, TN E-M WCTE-DT-HD 22 COOKEVILLE, TN WKRN-DT 27 N NASHVILLE, TN WKRN-DT2 27 I-M NASHVILLE, TN I-M WKRN-DT3 27 NASHVILLE, TN WKRN-DT-HD 27 N-M NASHVILLE, TN WNPT-DT E 8 NASHVILLE, TN WNPX-DT 36 1 COOKEVILLE, TN I-M WNPX-DT-HD 36 COOKEVILLE, TN WSMV-DT 10 N NASHVILLE, TN WSMV-DT2 10 I-M NASHVILLE, TN WSMV-DT3 10 I-M NASHVILLE, TN WSMV-DT-HD 10 N-M NASHVILLE, TN WTVF-DT 5 N NASHVILLE, TN WTVF-DT2 5 I-M NASHVILLE, TN WTVF-DT3 5 I-M NASHVILLE, TN WTVF-DT-HD 5 N-M NASHVILLE, TN **WUXP-DT** 21 1 NASHVILLE, TN WUXP-DT2 21 I-M NASHVILLE, TN WUXP-DT3 21 I-M NASHVILLE, TN

PAGE 3 - ADDITIONAL PRIMARY TRANSMITTERS: TELEVISION (continued from page 3 part G)

WZTV-DT2	15	I-M		NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
WZTV-DT3	15	I-M		NASHVILLE, TN
WZTV-DT-HD	15	I-M		NASHVILLE, TN
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	+		 	
		• • • • • • • • • • • • • • • • • • • •		
	•		 	
	†		 	
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PRIMARY TRANSMITTERS. RADIO In General: Late very radio station carried on a separate and disorete 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. Special instructions Concorning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable for your cable system during the accounting period. The receivable if (1) is a corned by the system wherever it is received at the aspeties in basicand, and (2) it can be expected, on the basis of monitoring, to be received at the hasbard with the system's FM antierms, during certain stated thereas. Concernal 3: 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 "SIO" column. Column 4: Side the station's location file community to which the station is identified). CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM OR FM SID LOCATION OF STATION CALL SIGN AM OR FM SID LOCATION OF STATION CALL SIGN AM OR FM SID LOCATION OF STATION CALL SIGN AM OR FM SID LOCATION OF STATION CALL SIGN AM OR FM SID LOCATION OF STATION CALL SIGN AM OR FM SID LOCATION OF STATION CALL SIGN AM OR FM SID LOCATION OF STATION CALL SIGN	LEGAL NAME OF			YSTEM:					SYSTEM ID#	Name
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. 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 the Copyright Office regulations on this point, see page (v) of the general instructions. 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).	COMCAST	OF THE SO	UIH						002814	
CALL SIGN AM OF FM S/D LOCATION OF STATION CALL SIGN AM OF FM S/D LOCATION OF STATION CALL SIGN AM OF FM S/D LOCATION OF	In General: Lis all-band basis versions of the basis of For detailed information of the basis of Column 1: In Column 2: Secolumn 3: If signal, indicate Column 4: General colu	t every radio s whose signals ctions Concer it is carried by monitoring, to ormation about dentify the call date whether to the radio stati this by placing sive the station	tation ca were "ge rning All the sys' be recei t the the sign of ϵ he statio on's sign a check i's locatio	enerally receivable" by your care. Band FM Carriage: Under Catem whenever it is received as wed at the headend, with the exact station carried. In is AM or FM. In all was electronically processes mark in the "S/D" column. In the community to which the	Co t t sy or	pyright Office rethe system's heavistem's FM antenthis point, see do by the cable system is licens	g the accounting gulations, an adend, and (2) nna, during copage (v) of the system as a segued by the FCC	ng period FM signa it can be ertain sta e genera parate a	d. al is generally e expected, ated intervals. I instructions.	Primary Transmitters:
CALL SIGN AM OFFM SID LOCATION OF STATION CALL SIGN AM OFFM SID LOCATION OF STATION				[0.15		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Н	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	,									
	7									
	/									

							FORM	1 SA1-2. PAGE 5.
Name	COMCAST OF THE SC		TEM:					002814
Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the ad explanation of the programm	ify every nor	nnetwork televis	ion program broadcast by a cific present and former FC	distant station C rules, regula	tions, or auth		
Carriage: Special Statement and Program Log	SPECIAL STATEMENT During the accounting per broadcast by a distant sta	riod, did you tion?	r cable system	carry, on a substitute basi			□Yes	⊠No
· rog.a.m zog	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA titute progra ice, please of every no distant stat gulations, or ies like "mo Bulls." In was broad sign of the se addast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach additional nnetwork televition and that your authorizations vies" or "basked dcast live, enterstation broadca on's location (thons, if any, the ownen your system substitute program carried listed program ons in effect du	te line. Use abbreviations al pages. sion program (substitute pur cable system substitute s. See page (v) of the genetall." List specific program "Yes." Otherwise enter "Nating the substitute programe community to which the community with which the stem carried the substitute program was carried by your ded by a system from 6:01: was substituted for programing the accounting period	wherever positions of the program) that, do for the program instruction in titles, for example, and its denomination is liden program. Use cable system. 15 p.m. to 6:2 amming that yel; enter the let	sible, if their during the aramming of ns for furthe ample, "I Lownsed by the tified). numerals, volumerals, volum	r meaning is accounting another static r information. ve Lucy" or FCC or, in with the month es accurately hould be was required listed pro	n
,	S	UBSTITUT	E PROGRAM			EN SUBSTI	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T	TIMES TO	TONDELETION
,								
							-	
*							=	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
COMCAST OF THE SOUTH	002814	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tra (as identified in space E) during the accounting period. For a further explanation of how to compute to 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.	nsmission service	K Gross Receipts
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 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.		L 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 faccounting period is \$52.00 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		
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)	
1. Base amount under statutory formula	00_	
2. Enter amount of gross receipts from space K	11	
3. Subtract line 2 from line 1	59	
4. Enter the amount of gross receipts from space K	142,530.41	
5. Enter the amount from line 3	121,269.59	
6. Subtract line 5 from line 4	21,260.82	
7. Multiply line 6 by .005 (enter figure here)	\$ 106.30	
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5	27,600)	
Enter the amount of gross receipts from space K		
2. Base amount under statutory formula	00	
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 <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See general instructions for more information.	page I of the	

Name	COMCAST OF THE SOUTH	SYSTEM ID# 002814						
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.							
	Enter the total number of channels on which the cable system carried television broadcast stations	26						
	Enter the total number of activated channels on which the cable system carried television broadcast stations	142						
	and nonbroadcast services	142						
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	(215) 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 Offce regular as explained in the general instructions.)	ions,						
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 in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	rner 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)]	d herein						
	Handwritten signature: Dimark (S. Tyvie							
	Typed or printed name: DONALD S. TYRIE							
	Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)							
	Date: 2/7/ ₁₇							

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 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Namo
COMCAST OF THE SOUTH 002814	
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. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
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.	Q
	Interest
Line 1 Enter the amount of late payment or underpayment	Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
× 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	-
(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 fling this worksheet covering a statement of account already submitted to the Copyright Offce, 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	

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.

AL NAME C	LING FEE ADDENDUM OF OWNER OF CABLE SYSTEM: FOF THE SOUTH		SYSTEM ID# 002814	Name
CITYO	R TOWN	STATE		First
	IGSTON	TN		Communi
Line 1.	ROYALTY FEE FROM SPACE L		\$ 106.30	Tatal
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 \$20.00		20.00	Total Fee
	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTY And lines 1 and 2 and enter here	INTING PERIOD	\$ 126.30	
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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).