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							
01/16/2018	\$ 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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		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
В		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
		ELONE HAME OF OTHER MINISTERS ADDRESS OF SABLE STOTEM
		CNMI Cablevision LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		DOCOMO PACIFIC
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		890 S. Marine Corps Drive
		(Number, street, rural route, apartment, or suite number)
		Tamuning, Guam 96913 (City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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)
	-	premion, succe, rotal rotae, apartment, or some Humber)
		(City, town, state, zip code)

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

Accounting Period:	2017/1								
	T	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	CNMI Cablevision LLC	33029							
Area Served	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated cold discrete unincorporated areas). 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	mmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter known							
Serveu									
	CITY OR TOWN	STATE							
First	Sinapalo	MP							
Community									
Add Rows as Necessary									

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

33029

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CNMI Cablevision LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	98	89.00					
Service to additional set(s)							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
					•		

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	89.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	37.84	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

unting Period:	2017/1			FORM SA1-2E. PAGE					
	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM II					
Name	CNMI Cablevision LL	_C		3302					
	PRIMARY TRANSMITTERS:	TELEVISION							
•		lentify every television station (including t							
G		em during the accounting period, except	• •						
Primary	· ·	in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61		•					
ansmitters:		as explained in the next paragraph.	(0)(2) and (1))], and (2) contain o	addition damed on a					
elevision		s: With respect to any distant stations ca	rried by your cable system on a s	ubstitute program					
		rules, regulations, or authorizations: re in space G—but do list it in space I (th	e Special Statement and Program	n Log_if the					
	station was carried only o		e opecial otatement and i rogial						
	• List the station here, and	also in space I, if the station was carried							
		ion concerning substitute basis stations,							
		on's call sign. Do not report origination pred with a station according to its over-the-	-	•					
	"WETA-2" as the same on	•	an acoignation. Tor example, re	port maidotteam					
		nel number the FCC assigned to the telev	vision station for broadcasting over	er the air in its community					
		VRC is channel 4 in Washington, D.C.	tation an independent station of	a noncommercial					
	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 independent multicast	• • • • • • • • • • • • • • • • • • • •	,	•					
	For the meaning of these t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc	r "E-M" (for noncommercial educations in the paper SA1-2 form.	tional multicast).					
	For the meaning of these to Column 4: Give the location), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc on of each station. For U.S. stations, list	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	n is licensed by the					
	For the meaning of these to Column 4: Give the location), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	n is licensed by the					
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	For the meaning of these to Column 4: Give the location), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc on of each station. For U.S. stations, list	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	n is licensed by the					
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal), "E" (for noncommercial educational), of terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list adian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the static	ntional multicast). In is licensed by the on is identified.					
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN), "E" (for noncommercial educational), of terms, see page (iv) of the general instruction of each station. For U.S. stations, list adian stations, if any, give the name of the comment o	r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static at the static stat	tional multicast). In is licensed by the con is identified. 4. LOCATION OF STATION					
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ws as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal Call Sign 1. CALL SIGN KUAM KTGM), "E" (for noncommercial educational), or terms, see page (iv) of the general instruction of each station. For U.S. stations, list adian stations, if any, give the name of the commercial education	T'E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static s. TYPE OF STATION N	titional multicast). In is licensed by the on is identified. 4. LOCATION OF STATION Agana, Guam					
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CNMI Cablevision LLC

33029

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).

	1	1 -	[T 2	1		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
	l						
							
	l						
					 		
					 		
	 						
							
							
	l						
					 		
							
					 		
					 		
					 		
	l				l		

Associating Dovin	.d. 2017/1						FOR	A CA1 OF DACE F
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#
Name								33029
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carries substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a 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 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 2. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							ns. For a further A1-2 form. ram X NO gram g is ting station tion. or in month ately
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulati	ions in effect d	luring the accounting perio	ed; enter the I	etter "P" it	f the listed pr lations in	
	S	UBSTITUT	E PROGRAM	1		AGE OC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CNMI Cablevision LLC	S	7STEM ID# 33029
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you par all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary treatment (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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ansmission service this amount, see	2,065.00 ss receipts)
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	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.25
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	s	52.25
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$		
	1. Base amount under statutory formula	0.00	
	2. Enter amount of gross receipts from space K	<u> </u>	
	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)	
	BEOOK C. CHOOC RECEIF TO OF MORE THAN \$200,000 (Sacross than	φο21,000)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	0.00	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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	· · · · · <u> </u>	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.25	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.25
	Important: Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form for more info		nts!

Accounting Period:	2017/1										FC	DRM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER O CNMI Cablevision LLC											SYSTEM ID# 33029
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2) 1. Enter the total number	the cable system's	total numb	nber of a		•						
	system carried television										3	
	Enter the total number on which the cable syste and nonbroadcast service.	em carried television	broadcas								20	
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORMATI	ION IS NEE	DED (Identify	y an indi	vidual to who	om			
for Further Information	Name Sean	Miles							Telephon	e 1 671 68	88 2355	
	Address 890 S (Number,	. Marine Corps street, rural route, apart	Drive tment, or su	suite numbe	er)							
		ning, Guam 96	913									
	Email	smiles@docom	nopacific.	c.com				Fax (option	al)			
	CERTIFICATION (This stat	tement of account m	nust be ce	ertified a	ınd signed in	accordance	with Co	pyright Offic	e regulations)		
O Certification	• I, the undersigned, hereby	y certify that (Check o	one, <i>but or</i>	only one,	of the boxes	i.)						
	(Owner other th	nan corporation or p	partnersh	hip) I am	the owner o	f the cable s	ystem as	identified in	line 1 of spac	e B; or		
		er other than corpor pace B and that the						nt of the own	er of the cabl	e system as	identified	
	(Officer or part in line 1 of s	tner) I am an officer pace B.	(if a corpo	oration) o	or a partner (i	if a partnersh	nip) of the	e legal entity	identified as o	owner of the	cable system	
	I have examined the state are true, complete, and coi [18 U.S.C., Section 1001(1	rrect to the best of m	-							ein		
			X	/s/ J	James W.	Hofman,	II			_		
					nic signature o using an "/s/ s				ement.			
		Typed or printer	d name:									
		Title: (Title of c	official positi	ition held ir	n corporation or	r partnership)						
		Date:										

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: 2017/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NMI Cablevision LLC	33029
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	P Special Statement Concerning Gross Receipts Exclusion
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? NO YES. Enter the total here and list the satellite carrier(s) below.	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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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