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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/22/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1     Period 1 = January 1 - June 30     Period 2 = July 1 - December 31	
		Percede Data Filing Period (antional accoinstructions)	
		20171 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.	63661
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Scott Telecom & Electronics Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		149 Woodland St., P.O. Box 489 (Number, street, rural route, apartment, or suite number)	
		Gate City, VA 24251 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Scott Telecom & Electronics Inc.	636
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Gate City	VA
Community	Weber City	VA
	Hiltons	VA
d Rows as Necessary	Yuma	VA
	Daniel Boone	VA
	Duffield	VA
	Nickelsville	VA
	Dungannon Constru Distance	VA
	Sandy Ridge	VA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	
Name	Scott Telecom & Electro						010	6366
Е	SECONDARY TRANSMISSION			-				
<b>L</b>	In General: The information in s system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary							
Rates	each category by counting the n							
	separately for the particular serv	ice at the rate	indicated-not the n	umber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c unit in which it is generally billed							
	category, but do not include disc	ounts allowed	for advance paymer	nt.				
	Block 1: In the left-hand block	in space E, the	e form lists the cate	gories of seco				
	systems most commonly provide that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca	ble service to a	additional sets would	d be included				
	first set" and would be counted of Block 2: If your cable system				sonvice that are	difforant fr	om thoso	
	printed in block 1 (for example, t							
	with the number of subscribers a							
	sufficient.	2014					( <b>0</b>	
	BLU	OCK 1 NO. OF				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:							
	Service to first set		4,633 20.9	5				
	Service to additional set(s)     EM radio (if concrete rate)							
	• FM radio (if separate rate) Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
								I
	SERVICES OTHER THAN SEC	-		-		4		
F	In General: Space F calls for rat not covered in space E, that is, t	•	,	•	• •			
	service for a single fee. There ar	e two exceptio	ns: you do not need	to give rate i	nformation cond	cerning (1)	services	
Services	furnished at cost or (2) services							
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually billed. If any	rates are ch	argeu on a vana	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t						
Rates	Block 2: List any services that							
	listed in block 1 and for which a brief (two- or three-word) descrip			DIISHEU. LISI	linese oliner serv		IOTTI OF a	
	CATEGORY OF SERVICE	BLO RATE	CATEGORY OF SI	RVICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:		Installation: Non-			0.1120		
	• Pay cable		Motel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			HBO/C		35.
	Fire protection		Pay cable			Starz/E		15.
	•Burglar protection		• Pay cable-add'	channel			me/TMC	15.
	Installation: Residential	100.00	Fire protection			Digital	Package	67.
	First set	100.00	Burglar protecti	on				
	<ul> <li>Additional set(s)</li> </ul>		Other services:		75.00			
	• EM radio (if concrete rate)		Doconnoct					
	FM radio (if separate rate)     Converter		Reconnect     Disconnect		75.00			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>		Reconnect     Disconnect     Outlet relocatio	n	75.00			

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM II
ame	Scott Telecom & Elec			6366
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, represent vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. IPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WETP-TV	41	E	SNEEDVILLE, TN
	EPT3	41.3	E-M	SNEEDVILLE, TN
cessary	WLFG	49	l	GRUNDY, VA
	WCYB-TV	5	Ν	BRISTOL, VA
	WBCW	5.2	N-M	BRISTOL, VA
		5.3	NI NA	
	DECADES	5.5	N-M	BRISTOL, VA
	<b>WEMT</b>	39	N-M	BRISTOL, VA GREENEVILLE, TN
	WEMT	39	N	GREENEVILLE, TN
	WEMT WJHL-TV	39 11.1	N N	GREENEVILLE, TN JOHNSON CITY, TN
	WEMT WJHL-TV WJHL-TV	39 11.1 11.2	N N	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN
	WEMT WJHL-TV WJHL-TV WKPT.1	39 11.1 11.2 19.1	N N N I	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN
	WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2	39 11.1 11.2 19.1 19.2	N N N I I-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN
	WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2 WKPT.3	39 11.1 11.2 19.1 19.2 19.3	N N N i i-M i-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2 WKPT.3	39 11.1 11.2 19.1 19.2 19.3	N N N i i-M i-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2 WKPT.3	39 11.1 11.2 19.1 19.2 19.3	N N N i i-M i-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2 WKPT.3	39 11.1 11.2 19.1 19.2 19.3	N N N i i-M i-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2 WKPT.3	39 11.1 11.2 19.1 19.2 19.3	N N N i i-M i-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2 WKPT.3	39 11.1 11.2 19.1 19.2 19.3	N N N i i-M i-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2 WKPT.3	39 11.1 11.2 19.1 19.2 19.3	N N N i i-M i-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2 WKPT.3	39 11.1 11.2 19.1 19.2 19.3	N N N i i-M i-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2 WKPT.3	39 11.1 11.2 19.1 19.2 19.3	N N N i i-M i-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN

EGAL NAME OF COTT Teleco								SYSTEM II
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei It the Cc sign of e	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the opyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
ignal, indicate t <b>Column 4:</b> G	this by placing ive the statior	g a checl n's locati	nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D		CALL SIGN	AM or FM	S/D		
GALL SIGN		S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	

	od: 2017/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Scott Telecom & Elect	ronics Inc	C.					63661
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnei	twork televisi	on progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No"	". leave the	rest of this pac	e blank. If vour answer is '	'Yes." vou mu	ist complete t	the program	
	log in block 2.	,	reet of and pag		, jeue		and program	
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst	titute progra	im on a separa		wherever pos	sible, if their	meaning is	3
	clear. If you need more spa							
	period, was broadcast by a			ision program ("substitute p ur cable system substitute				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs.		decet live onto	r "Vaa " Otharwiga antar "N	lo."			
				r "Yes." Otherwise enter "N Isting the substitute progra				
	Column 4: Give the broa	adcast static	on's location (th	ne community to which the	station is lice		FCC or, in	
	the case of Mexican or Can							- 41-
	first. Example: for May 7 give		when your sys	tem carried the substitute p	brogram. Use	numerais, w	ith the mor	nm
			e substitute pro	gram was carried by your o	cable system.	List the time	s accurate	ly
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that y	our ovetom v	ion roquiro	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT	IRRED	7. REASON FOR
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			IRRED MES	7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	

Accounting Period:	2017/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Scott Telecom & Electronics Inc.			ę	63661
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts	system's ion of hov	secondary trans v to compute this	mission servi s amount, sec \$ 30	ice
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00				1
	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 lin	es 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			-	
	1. Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	- 3. Subtract line 2 from line 1				
	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				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (bu	t less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	301,030.68		
	2. Base amount under statutory formula		263,800.00		
	2. Subtract line 2 from line 1		·		
	4. Multiply line 3 by .01			372.31	
	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			8.06	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	, 5, and 6		\$	1,699.37
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,699.37	
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			\$	1,719.37
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	2017/1									FORM	M SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: a & Electronics Inc.									SYSTEM ID# 63661
M Channels	<ul><li>to its subscriber</li><li>1. Enter the tota system carried</li><li>2. Enter the tota on which the o</li></ul>	You must give (1) the number of rs, and (2) the cable system's f al number of channels on whic d television broadcast stations al number of activated channel cable system carried television cast services	total numb th the cabl ls broadcas	ber of activations	ed channels du	uring the a	ccounting perio			13 195	
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of account		DRMATION IS	S NEEDED (Ido	entify an in	dividual to who	m			
for Further Information	Name	Daniel Odom						Telephone	276-452-9	119	
	Address	149 Woodland St., P (Number, street, rural route, apart Gate City, VA 24251 (City, town, state, zip)									
	Email	dano@sctc.org	3				Fax (optiona	l)			
O Certification		I (This statement of account m ed, hereby certify that (Check o		_	-	ance with (	Copyright Office	regulations)			
	(Own	er other than corporation or p	partnershi	<b>ip)</b> I am the ov	wner of the cabl	le system a	s identified in lin	e 1 of space B	; or		
	in X (Officini • I have examine	t of owner other than corpora line 1 of space B and that the o cer or partner) I am an officer (i line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	owner is no if a corpora hereby de	ot a corporation ration) or a pare eclare under p	on or partnershi rtner (if a partne enalty of law th	p; or ership) of th at all staten	e legal entity ide	entified as own			
				-			certify this state John Smith)	ment.			
		Typed or printed	d name:	Daniel (	Odom						
		Title: (Title of o		Financial tion held in corp	oration or partner	ship)					
		Date:					02/21/20	18			

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2017/1			FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM
tt Telecom & Electronics Inc.			636
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSE The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to service of providing secondary transmissions of primary broadcast transmitters scribers and amounts collected from subscribers receiving secondary transmiss For more information on when to exclude these amounts, see the note on page (vii) of located in the paper SA1-2 form.	Copyright Act to the cable system s, the system sh ssions pursuant f the general ins	m for the basic hall not include sub- to section 119." structions	P Special Statemer Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross record made by satellite carriers to satellite dish owners?           X         NO           YES. Enter the total here and list the satellite carrier(s) below.		ary transmissions	
Name     Name       Mailing Address     Mailing Address			- - - -
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of	f a late payment	t or undernavment	
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment			Q Interest Assessm
	\$	aper SA1-2 form.	
Line 1 Enter the amount of late payment or underpayment	\$ x	aper SA1-2 form. 1,691.31 1%	
	\$x	aper SA1-2 form. 1,691.31 1% 16.91	
Line 1 Enter the amount of late payment or underpayment	\$X	aper SA1-2 form. 1,691.31 1%	
Line 1 Enter the amount of late payment or underpayment         Line 2 Multiply line 1 by the interest rate* and enter the sum here	\$XX	aper SA1-2 form. 1,691.31 1% 16.91 174 days 2,942.88 x 0.00274 8.06	
Line 1       Enter the amount of late payment or underpayment	\$ 	aper SA1-2 form. 1,691.31 1% 16.91 16.91 4ays 2,942.88 x 0.00274 8.06 (interest charge)	
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum here</li> <li>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</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate</i>.</li> </ul>	\$ x 	aper SA1-2 form. 1,691.31 1% 16.91 16.91 4ays 2,942.88 x 0.00274 8.06 (interest charge)	
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