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				
02/26/2018	\$ 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
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		RB3, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Reach Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 370 (Number, street, rural route, apartment, or suite number)
		Schleswig, IA 51461 (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 unless these salready 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:
	<u> </u>	
		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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RB3, LLC	SYSTEM 241
	Instructions: List each separate community served by the cable system. A "coi	
D	"a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing.	ted communities within unincorporated areas and including single you list will serve as a form of system identification hereafter knongs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	WEST ODESSA	TX
Community		
d Rows as Necessary		

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

RB3, LLC

SYSTEM ID#

24191

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1			BLOCK	< 2	
CATEGORY OF SERVICE	NO. OF	RATE	CATEGORY OF SERVICE	NO. OF	RATE
	SUBSCRIBERS	RAIE	CATEGORY OF SERVICE	SUBSCRIBERS	RAIE
Residential:					
Service to first set	287	27.20			
 Service to additional set(s) 					
FM radio (if separate rate)					
Motel, hotel	10	27.20			
Commercial					
Converter					
Residential					
Non-residential					
					T

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 1				BLOCK 2	
CATEGORY OF SERVICE	OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable	13.70	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	49.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	29.95		
Converter		Disconnect			
		Outlet relocation	29.95		
		Move to new address	29.95		

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24191

RB3, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMID	26	N	MIDLAND, TX
KMLM	42	l	ODESSA, TX
KOSA	7	N	ODESSA, TX
КРВТ	38	E	MIDLAND, TX
KPEJ	23	N	ODESSA, TX
KUPB	18	I	ODESSA, TX
KWES	9	N	ODESSA, TX
KWWT	30	l	ODESSA, TX
KTLE	6	l	ODESSA, TX

Acco	untina	Period:	2017/2

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

RB3, LLC

24191

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
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Accounting Perio	d: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	RB3, LLC							24191
1	In General: In space I, identi substitute basis during the a	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 carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Substitute					ie general insti	uctions in the	e paper SAT	-2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting period 	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televis	ion program	
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No"	'. leave the	rest of this pag	e blank. If your answer is	"Yes." vou mi	ust complete	the program	n
	log in block 2.	,		,	, ,			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	
	clear. If you need more spa-							
	Column 1: Give the title							ion
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori	ies like "mo	vies" or "baske	tball." List specific progra	m titles, for ex	ample, "I Lo	ve Lucy" or	··
	"NBA Basketball: 76ers vs.							
	Column 2: If the program							
	Column 3: Give the call s Column 4: Give the broa					nsed by the	FCC or in	
	the case of Mexican or Can	adian statio	ns, if any, the	community with which the	station is ider	ntified).		
	Column 5: Give the mon		when your syst	tem carried the substitute	program. Use	numerals, v	vith the mor	nth
	first. Example: for May 7 giv					1 :a4 4la a 4:aa		h.,
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example: a	program cam	ca by a system nom s.o.	. 10 p.111. to 0.2	.o.oo p.m. o	iodia be	
	Column 7: Enter the letter							
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete und	ei FCC fules a	iliu regulatio	115 111	
								1
						EN SUBSTI		
	S		E PROGRAM		1 1	IAGE OCCI	JRRED IMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	TO	
							— 	
							_	
						·		
						-	_	
							_	

ccounting Period:	2017/2	FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RB3, LLC	\$	SYSTEM II 2419
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	asmission servinis amount, see	ce
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 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 located in the paper SA1-2 form for more information.	o \$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 fee that you must pay for accounting period is \$52.00	or this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	7,100)	
	1. Base amount under statutory formula	<u> </u>	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	Enter the amount of gross receipts from space K		
	Base amount under statutory formula	-	
	3. Subtract line 2 from line 1	<u> </u>	
	4. Multiply line 3 by .01	_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	TILINGT LE AND TOTAL REWITTANCE DUL		
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more inform:		ghts!

: 2017/2					FORM SA1-2E. PAGE 7
RB3, LLC	NER OF CABLE SYSTEM:				SYSTEM ID# 24191
to its subscribers, ar 1. Enter the total nur system carried tele 2. Enter the total nur on which the cable	nd (2) the cable system's to mber of channels on which evision broadcast stations. mber of activated channels e system carried television I	otal number on the cable	of activated channels during the a	ccounting period.	9 51
			IATION IS NEEDED (Identify an ir	ndividual to whom	
Name Je	effery Lowe			Telephone 3	303-944-9455
(Ni	umber, street, rural route, apartn		umber)		
(Ci	ity, town, state, zip)		ıt	Fax (ontional)	
Email	100000000000000000000000000000000000000			Tax (optional)	
I, the undersigned, h (Owner of in line X (Officer of in line I have examined the are true, complete, are	nereby certify that (Check on ther than corporation or pa owner other than corporat 1 of space B and that the over partner) I am an officer (if 1 of space B.	artnership) I a tion or partne wner is not a c f a corporation	am the owner of the cable system a ership) I am the duly authorized ag corporation or partnership; or end or a partner (if a partnership) of the under penalty of law that all states	es identified in line 1 of space B; of ent of the owner of the cable system legal entity identified as owner ments of fact contained herein	tem as identified
	Title:	Enter an elec Enter signatu name: Jo	ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s/		
	LEGAL NAME OF OWN RB3, LLC CHANNELS Instructions: You into its subscribers, and its subscribers, and its subscribers and its subscribers and its subscribers. All its subscribers and its subscribers and its subscribers and its subscribers and its subscribers. All its subscribers and its subscribers and its subscribers and its subscribers and its subscribers. All its subscribers are subscribers and its subscribers are subscribers. All its subscribers are subscribers are subscribers. All i	LEGAL NAME OF OWNER OF CABLE SYSTEM: RB3, LLC CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to to its subscribers, and (2) the cable system's to the system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services	RB3, LLC CHANNELS Instructions: You must give (1) the number of channels or to its subscribers, and (2) the cable system's total number. 1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: RB3, LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the at 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an invector contact about this statement of account.) Name Jeffery Lowe Address PO Box 370 [Number, street, rural route, spartment, or suite number) Schleswig, IA 51461-1014 (City, town, state, zip) Email Jiowe@reachbroadband.net CERTIFICATION (This statement of account must be certified and signed in accordance with 1, 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 of in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partnership) and the file partnership of the inline 1 of space B and that the owner is not a corporation or partnership; or Inline 1 of space B and that the owner is not a corporation or partnership; or Inline 1 of space B and that the owner is not a corporation or partnership; or Inline 1 of space B and that the owner is not a corporation or partnership; or Inline 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all states are true, complete, and correct to the best of my knowledge, information, and belief, and are med [18 U.S.C., Section 1001(1986)] Typed or printed name: Jeffery Lowe Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ Interesting the partnership) of the interesting the partnership.	LEGAL NAME OF OWNER OF CABLE SYSTEM: RB3, LLC 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. 1. Enter the total number of activated channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Address PO Box 370 (Pounter, states, and doue, appriment, or state number) Schleswig, IA 51461-1014 (City, town, state, 2p) Email jlowe@reachbroadband.net Fax (optional) (City, town, state, 2p) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; in a 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identifi

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ccounting Period: 2017/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
B3, LLC	24191
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."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
For all explanation of interest assessment, see page (viii) of the general monactions located in the paper of the 2 form.	Lutana di Assassana di
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
xx	_
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	
x 0.00274	
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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