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	Return completed workboo by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	03/01/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	АССС	ACCOUNTING 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.	33029					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		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)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in						
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)						
	I	Leave end and seed						

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.

Γ

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	CNMI Cablevision LLC	33029				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile nome parks should be reported in parentneses below the				
	CITY OR TOWN	STATE				
First	Sinapalo	MP				
Community						
Add Rows as Necessary						
Add Rows as Necessary						

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	CNMI Cablevision LLC								TEM II 3302
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block	pace E should on of television ay cable) in sp (June 30 or D b blocks in spar y transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the	cover all c and radio ace F, no ecember : ce E call f service. Ir gs in that c ndicated- h categor 20/mth"). S for advance e form list	categories of s broadcasts by t here. All the f 31, as the case or the number a general, you ategory (the n -not the numb y of service. In Summarize any ce payment. s the categorie	econdary y your sy- facts you e may be of subsc can com umber of ber of sets clude bo y standar	stem to subscri state must be). ribers to the ca pute the number f persons or org s receiving serv th the amount or d rate variation	bers. Give those exist ble system er of subsci ganizations rice). of the charg s within a p ssion servic	information ing on the , broken ribers in charged ge and the particular rate ex 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							a residential ce to the rom those em, together	
	Sufficient. BLOCK 1						BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	GODOCINID			0A11			SOBSCIUEINS	
	Service to first set		89	89.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrib hose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	er) inform that are no ns: you do nished to r usually bi he cable s stem furnis e was ma	ation with resp ot offered in co o not need to g onsubscribers lled. If any rate system for each shed or offered de or establish	ombinatio live rate i s. Rate in es are ch h of the a d during t	n with any seco nformation con formation shou arged on a vari applicable servi he accounting	ondary tran cerning (1) ld include t able per-pr ces listed. period that	smission services both the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	00.00		on: Non-resic	iential				
	Pay cable Pay cable add'l channel	89.00	Mote Comr						
	Pay cable—add'l channel Fire protection		• Comr • Pay c						
	Burglar protection		,	able-add'l cha	nnel				
	Installation: Residential		-	protection					
	• First set	37.84		ar protection					
	Additional set(s)	01104	Other se	•					
	• FM radio (if separate rate)		 Reco 	nnect					
	FM radio (if separate rate) Converter		Reco Disco						
	· · · /		• Disco						

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE
9	CNMI Cablevision LL	.C		3
	PRIMARY TRANSMITTERS:	TELEVISION		
ry ters: ion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: 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	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial andent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KUAM	8	N	Agana, Guam
				Agana, Odani
	KTGM	14	Ν	Tamuning, Guam
ssary	KTGM KEQI-LP	14 22	N	
essary				Tamuning, Guam
essary				Tamuning, Guam
essary				Tamuning, Guam
essary				Tamuning, Guam
Issary				Tamuning, Guam
essary				Tamuning, Guam
essary				Tamuning, Guam
cessary				Tamuning, Guam
ecessary				Tamuning, Guam
cessary				Tamuning, Guam
ccessary				Tamuning, Guam
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ecessary				Tamuning, Guam

Accounting P	OWNER OF C		/STEM:					I SA1-2E. PAGE SYSTEM II
CNMI Cables	vision LLC							3302
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during o ge (v) of the g system as a so	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								

Accounting Perio	od: 2017/2						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CNMI Cablevision LLC							33029
					•			
	SUBSTITUTE CARRIAGE							
I	In General: In space I, identi							
	substitute basis during the ac explanation of the programm							
Substitute					e general insu			2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting period 	-	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou mu	ist complete th	ne progran	n
	log in block 2.	,		, ,	, ,		1 3	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.			List specific program			2009 01	
			lcast live, enter	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
				e community to which the			CC or, in	
	the case of Mexican or Can Column 5: Give the mon			tem carried the substitute			h the mon	th
	first. Example: for May 7 giv		when your byb			numerais, wit		
	, , , ,		substitute pro	gram was carried by your	cable system.	List the times	accuratel	у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."		lists d was succes	was substituted for sus and				al
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.	0,				0		
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR							
	5					AGE OCCUP		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. TIM FROM —	ES TO	
		100 01 110	ONLE CICIL				10	
					•			
						_		
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						_		
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						_		
1								

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CNMI Cablevision LLC	S	YSTEM ID# 33029
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions 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.	smission services amount, see	e 7,348.00
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 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. 	\$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	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,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	<u>.</u>	
	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)	7,600)	
	1. Enter the amount of gross receipts from space K	<u>.</u>	
	2. Base amount under statutory formula	-	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross 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	·	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CNMI Cablevision LLC	SYSTEM ID# 33029
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. 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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	3 20
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Sean Miles Telephone	+1 671 688 2355
	Address 890 S. Marine Corps Drive (Number, street, rural route, apartment, or suite number) Tamuning, Guam 96913 (City, town, state, zip)	
	Email smiles@docomopacific.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as owner (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	istem as identified
	Typed or printed name:	
	(Title of official position held in corporation or partnership) Date:	

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