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	02/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 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.	63300
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Starpower Communications, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 650 College Road East, Suite 3100	
		(Number, street, rural route, apartment, or suite number) Princeton, NJ 08540	
		(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 a 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)	
l			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Starpower Communications, LLC	63300
D Area	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated condiscrete 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 h	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Bristow	AV
Community		
Add Rows as Necessary		

							FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF CA						313	6330
	Starpower Communicat	ions, LLC						0330
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBERS AND	RATES				
E	In General: The information in s							
0	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period	, ,				iose existin	g on the	
Service: Sub-	Number of Subscribers: Both					le system, l	broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n						harged	
	separately for the particular serv Rate: Give the standard rate c						and the	
	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							
	systems most commonly provide							
	that applies to your system. Note categories, that person or entity							
	subscriber who pays extra for ca							
	first set" and would be counted o	nce again und	er "Service to additi	onal set(s)."				
	Block 2: If your cable system I							
	printed in block 1 (for example, the with the number of subscribers a							
	sufficient.		e fight hand block.					
	BLC	DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:							
	Service to first set		2,124 8.6	7				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
_	SERVICES OTHER THAN SEC In General: Space F calls for rat				l vour cable syst	em's servic	es that were	
F	not covered in space E, that is, t	•	,	•	• •			
- ·	service for a single fee. There ar							
Services Other Than	furnished at cost or (2) services							
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually billed. If ally	rales are cr	largeu on a vana	ible bei-bio	graffi basis,	
ransmissions:	Block 1: Give the standard rat		he cable system for	each of the a	applicable servic	es listed.		
Rates	Block 2: List any services that							
	listed in block 1 and for which a s brief (two- or three-word) descrip				these other serv	ices in the t	form of a	
	CATEGORY OF SERVICE	BLO RATE	CATEGORY OF S	FRVICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE
	Continuing Services:		Installation: Non-			0/11200		
	• Pay cable		Motel, hotel			See Nex	t Tab	
	• Pay cable—add'l channel		Commercial					
	Fire protection		Pay cable					1
	•Burglar protection		• Pay cable-add'	channel				
	Installation: Residential		Fire protection					
			Burglar protecti	on				Τ
	First set		Dangiai protoot			[
	First setAdditional set(s)	35.00	Other services:					
		35.00						
	Additional set(s)	35.00	Other services:					
	Additional set(s)FM radio (if separate rate)	35.00	Other services: • Reconnect	n	35.00			

RCN Telecom Services - Starpower Page 2 - Section F- Block 2 Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Re	tail Rate
Playboy-Adult	Adult Premium	\$	14.95
Aapka Colors	International Premium	\$	14.95
ART-Arabic	International Premium	\$	12.95
CCTV4	International Premium	\$	9.95
CTI Zhong Tian	International Premium	\$	11.95
CCTV4/CTI Zhong Tian	International Premium	\$	11.95
The Filipino Channel (TFC)	International Premium	\$	11.95
GMA Pinoy TV	International Premium	\$	12.95
GMA Life TV	International Premium	\$	9.95
GMA Pinoy/TFC	International Premium	\$	19.95
GMA Life/GMA Pinoy/TFC	International Premium	\$	29.95
GMA Pinoy/TFC/Filipino On Demand	International Premium	\$	29.95
GMA Life/GMA Pinoy/TFC/Filipino On Demand	International Premium	\$	35.95
TV-5 Monde	International Premium	\$	9.95
Antenna Satellite	International Premium	\$	14.95
Mega Cosmos	International Premium	\$	11.95
Antenna Satellite/Mega Cosmos	International Premium	\$	25.95
RAITALIA	International Premium	\$	9.95
TV Japan	International Premium	\$	24.95
MBC (Muhwa Broadcasting Corporation)	International Premium	\$	12.95
TVK24	International Premium	\$	12.95
TVK24/MBC	International Premium	\$	19.95
MYX	International Premium	\$	4.95
TVN24	International Premium	\$	9.95
iTVN	International Premium	\$	14.95
TVN24/iTVN	International Premium	\$	19.95
RTPi	International Premium	\$	9.95
TV Globo	International Premium	\$	19.99
PFC	International Premium	\$	19.95
TV Globo/PFC	International Premium	\$	29.95
RTVI	International Premium	\$	9.95
RTVI Plus	International Premium	\$	9.95
RTVI/RTVI Plus	International Premium	\$	14.95
Channel One Russia (C1R)	International Premium	\$	14.95
Russian Television Network (RTN)	International Premium	\$	15.95
NTV America	International Premium	\$	15.95
C1R/RTN/NTV America/RTVI/RTVI Plus	International Premium	\$	28.95
ITV Gold	International Premium	\$	9.95
Star India Gold	International Premium	\$	9.95
Star One (name change to LifeOK in 2012)	International Premium	\$	9.95
Star India Plus	International Premium	\$	11.95
TV Asia	International Premium	\$	14.95
Zee TV	International Premium	\$	14.95
ITV/TV Asia	International Premium	\$	17.95
ITV/Zee TV/Aapka Colors	International Premium	\$	19.95
Star Gold/Life OK/Star Plus/Aapka Colors	International Premium	\$	21.95
TV Asia/Zee TV	International Premium	\$	19.95
		Ŷ	10.00

Service	Туре	Re	etail Rate
Star Gold/Life OK/Star Plus/ITV	International Premium	\$	26.95
Star Gold/Life OK/Star Plus/TV Asia	International Premium	\$	27.95
Star Gold/Life OK/Star Plus/Zee TV/Aapla Colors	International Premium	\$	34.95
Star Gold/Life OK/Star Plus/ITV/Tv Asia/Zee TV/Aapka Colors	International Premium	\$	39.95
MiVision Lite	International Premium	\$	12.00
MiVision Plus	International Premium	\$	22.95
Premiere Sports	Premiere Packages	\$	8.99
Premiere News & Information	Premiere Packages	\$	5.99
Premiere Children & Family	Premiere Packages	\$	5.99
Premiere Movies & Entertainment	Premiere Packages	\$	10.99
Premiere Total (includes all 4)	Premiere Packages	\$	18.95
НВО	Premium	\$	19.95
Showtime/The Movie Channel (TMC)	Premium	\$	16.95
Cinemax	Premium	\$	8.95
Starz	Premium	\$	11.95
Showtime/TMC/Starz	Premium	\$	21.95
HD Tier	High Definition Package	\$	9.95
HD Expanded Tier	High Definition Package	\$	8.99
The Jewish Channel	Subscription VOD	\$	6.50
Bollywood Hits On Demand	Subscription VOD	\$	9.95
Filipino On Demand	Subscription VOD	\$	7.95
here! On Demand	Subscription VOD	\$	8.95
Anime Network On Demand	Subscription VOD	\$	6.99
Too Much for TV On Demand	Subscription VOD	\$	17.99
Disney Channel Video On Demand	Subscription VOD	\$	4.99
Fox Soccer Plus	Sports Premium	\$	14.95
MLB Extra Innings (Regular Season)	Sports Package	\$	164.99
MLB Extra Innings (Half Season)	Sports Package	\$	119.99
MLB Extra Innings (Pennant Race)	Sports Package	\$	37.49
MLS Direct Kick (Full Season)	Sports Package	\$	89.00
MLS Direct Kick (Half Season)	Sports Package	\$	59.00
NFL Redzone (Full Season)	Sports Package	\$	54.95
NHL Center Ice (Regular Season)	Sports Package	\$	139.56
NBA League Pass (Early Bird Season)	Sports Package	\$	189.00
NBA League Pass (Full Season)	Sports Package	\$	199.00
NBA League Pass (Holiday Offer)	Sports Package	\$	169.00
NBA League Pass (Half Season)	Sports Package	\$	99.00
NBA League Pass (Race to Playoffs)	Sports Package	\$	49.00

	2017/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	Starpower Communic	· · · · · · · · · · · · · · · · · · ·		6330
G Primary nsmitters: elevision	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 her station was carried <i>only</i> on • List the station here, and b 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 enter (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c lles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra S1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepo- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDCA	20		Washington, DC
	WDCW	50	I	Washington, DC
ows as Necessary	WETA	26	E	Washington, DC
·	WFDC	14	I	Washington, DC
	WGN	27	l	Chicago, IL
	WHUT	32	Е	Washington, DC
	WHUT	<u>32</u> 7	<u>Е</u>	Washington, DC Washington, DC
	WJLA	7	E I	Washington, DC
			<u>l</u>	Washington, DC Washington, DC
	WJLA WMDO WMPT	7 17	 	Washington, DC Washington, DC Annapolis, MD
	WJLA WMDO	7 17 22 56	<u>l</u>	Washington, DC Washington, DC Annapolis, MD Fairfax, VA
	WJLA WMDO WMPT WNVC (MHz2)	7 17 22	 E	Washington, DC Washington, DC Annapolis, MD Fairfax, VA Manassas, VA
	WJLA WMDO WMPT WNVC (MHz2) WPXW WRC	7 17 22 56 66 4	 E 	Washington, DC Washington, DC Annapolis, MD Fairfax, VA Manassas, VA Washington, DC
	WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG	7 17 22 56 66 4 5	I I I E I N I	Washington, DC Washington, DC Annapolis, MD Fairfax, VA Manassas, VA Washington, DC Washington, DC
	WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA	7 17 22 56 66 4 5 9	I I I E I N I N N	Washington, DC Washington, DC Annapolis, MD Fairfax, VA Manassas, VA Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC
	WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG	7 17 22 56 66 4 5	I I I E I N I	Washington, DC Washington, DC Annapolis, MD Fairfax, VA Manassas, VA Washington, DC Washington, DC
	WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA WWPB	7 17 22 56 66 4 5 9 31	I I I E I N I N E	Washington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCHagerstown, MD

Accounting F							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF Starpower C								SYSTEM ID# 63300
	ommunica	luons,						63300
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the opyright 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 th	t the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Starpower Communica	ations, LL	.C					63300
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion that your	cable syste	m carried on a
-	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 SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	<u>ion</u> program	1
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is '	Yee " vou mi	ust complete	-	
	-	, leave life	rest of this pag	e biank. Il your answer is	res, you mu	ist complete	the program	
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their	meaning is	
	clear. If you need more spa					,	J	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	es like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample. "I Lov	e Lucv" or	1.
	"NBA Basketball: 76ers vs.							
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nead by tha	ECC or in	
	the case of Mexican or Can							
				tem carried the substitute			ith the mor	nth
	first. Example: for May 7 give				-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	ouid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCL	JRRED	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. TI FROM –	MES – TO	DELETION
		100 01 110						
							_ 	
						_	_	
						_	_	
						-	-	
						-	_	
						_	_	
							-	

Accounting Period:	2017/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Starpower Communications, LLC				8YSTEM ID# 63300
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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 explana 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	system's stion of how	secondary trans to compute this	mission serv s amount, ser \$ 40	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	0 but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	, ,			ו
	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 li	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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				
	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	7 and 8	· · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	461,590.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	197,790.00		
	4. Multiply line 3 by .01		\$	1,977.90	-
	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	1, 5, and 6 .		\$	3,296.90
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,296.90	
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			\$	3,316.90
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ights!

Accounting Period:	2017/2						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: mmunications, LLC					SYSTEM ID# 63300
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the o	You must give (1) the number of rs, and (2) the cable system's t al number of channels on which d television broadcast stations al number of activated channel cable system carried television icast services	total numb h the cabl ls i broadcas	e t stations	during the accounting pe	eriod.	16 302
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accourt		RMATION IS NEEDED (Identify an individual to v		
for Further Information	Name	Jacqueline Mathis				Telephone	609-751-9316
	Address	650 College Road Ea (Number, street, rural route, apart Princeton, NJ 08540 (City, town, state, zip)	tment, or su				
	Email	Jacqueline.Mat	this@rcn.	net	Fax (opti	onal)	
O Certification	I, the undersign (Own (Ager in X (Offic in in I have examine	I (This statement of account m ned, hereby certify that (Check o er other than corporation or p nt of owner other than corpora n line 1 of space B and that the o cer or partner) I am an officer (in n line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	ane, but oni partnership ation or pa owner is no if a corpora hereby de knowledg	y one, of the boxes.) b) I am the owner of the ca artnership) I am the duly a at a corporation or partners ation) or a partner (if a par clare under penalty of law e, information, and belief, /s/ John Rusak	able system as identified in authorized agent of the ow ship; or thership) of the legal entity that all statements of fact and are made in good faith	h line 1 of space B; ner of the cable sy / identified as owne contained herein h.	stem as identified
		Typed or printed Title: (Title of d	Senio	John Rusak			
		Date:			2/2	8/18	

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

special state P special state Special state constraints The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." P 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. Special state 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 Maling Address Maling Address Maling Address No YES. Enter the total here and list the satellite carrier(s) below. \$ No YES. Enter the total here and list the satellite carrier(s) below. \$ Nume Maling Address Maling Address You must complete this worksheet for those royally 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. <t< th=""><th>unting Period: 2017/2</th><th></th><th></th><th></th><th>FORM SA1-2E. PAG</th></t<>	unting Period: 2017/2				FORM SA1-2E. PAG
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite home Viewer Act of 1988 amended Title 17, section 111(b)(1)(A), of the Copyright Act by adding the following secondary transmissions of primary broadcast transmitters, the system shall not include autoescribers and amounts boliced 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 located in the paper SA1-2 form. No YES. Enter the total here and list the satellite carrier(s) below. Secondary transmissions Maning Actress No YES. Enter the total here and list the satellite carrier(s) below. Secondary transmissions Secondary transmissions Maning Actress Name Actress tassessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. Core an explanation of interest rate* and enter the sum here	L NAME OF OWNER OF CAR	BLE SYSTEM:			SYSTEM
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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 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are 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	For an explanation of inter Line 1 Enter the amount	erest assessment, see page (viii) of the g	eneral instructions loc	cated in the paper SA1-2 form.	Q Interest Assessme
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