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				
02/28/2019	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.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.								
	Х	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								
		Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		3330 State Highway 11B (Number, street, rural roule, apartment, or suite number)								
		Nicholville, NY 12965 (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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		MyEVTV								
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965 Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city. CITY OR TOWN Johnsburg Dickinson Moira Brandon Canton Nicholville Star Lake Piercefield	mmunities within unincorporated areas and including single at will serve as a form of system identification hereafter kno
Area Served i	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 list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city. CITY OR TOWN Johnsburg Dickinson Moira Brandon Canton Nicholville Star Lake Piercefield	mmunities within unincorporated areas and including single at will serve as a form of system identification hereafter known ome parks should be reported in parentheses below the STATE New York New York
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Area Served i	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city. CITY OR TOWN Johnsburg Dickinson Moira Brandon Canton Nicholville Star Lake Piercefield	STATE New York
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	Fine	New York
	Lisbon	New York
	Potsdam	New York
	Pierrepont	New York
	Clifton	New York
	Waddington	New York
	Parishville	New York
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	Bangor	New York
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	Clare	New York
	Madrid	New York
	Norfolk	New York
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965

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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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,331	49.17	Local	137	24.95
Service to additional set(s)	1,584	-	Basic	563	69.95
 FM radio (if separate rate) 			Expanded Basic	758	79.95
Motel, hotel	12	29.95	Commercial	14	29.95
Commercial					
Converter					
Residential	2,915	5.95	No charge first converter		
Non-residential	19	5.95			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE			CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
 Pay cable 		Motel, hotel	149.00			
 Pay cable—add'l channel 		Commercial	149.00			
 Fire protection 		Pay cable				
 Burglar protection 		Pay cable-add'l channel				
Installation: Residential		Fire protection				
 First set 	49.00	Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	25.00			
Converter		Disconnect				
		Outlet relocation	90/hr			
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965

131EW ID

G

Primary
Transmitters:
Television

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
WTEN	10.1	N	Albany, NY
WVNY	22.1	N	Burlington, NY
wwti	50.1	N	Watertown, NY
WCAX	3.1	N	Burlington, NY
WRGB	6.1	N	Albany, NY
WWNY	7.1	N	Watertown, NY
WCWN	45.1	N	Schenectady, NY
WWTI-2	50.2	N-M	Watertown, NY
WFFF	44.1	N	Plattsburgh, NY
WNYF	7.2	N	Watertown, NY
WXXA	23.1	N	Albany, NY
WCWN-2	45.2	N-M	Schenectady, NY
WPTZ-2	5.2	I-M	Plattsburgh, NY
WNYA	51.1	I-M	Albany, NY
WNYT	13.1	N	Albany, NY
WPTZ	5.1	N	Plattsburgh, NY
WXXA-2	23.2	I-M	Albany, NY
WCFE	57.1	E	Plattsburgh, NY
WMHT	17.1	E	Albany, NY
WNPI	18.1	E	Norwood, NY
WRGB-2	6.2	I-M	Albany, NY
СВОТ	4	n	Ottawa, ON
СЈОН	11	N	Ottawa, ON

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965

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).

ALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF

Accounting Period: 2017/2 FORM SA1-2E. PAGE LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID								
Name	Slic Network Solutions			Nicholville, NY 129	65			SYSTEM ID#
Substitute Carriage: Special Statement and Program Log Substitute Special Statement and Program Log Substitute Special Statement and Stateme							nuthorizations. he paper SA1 rision progran YES	For a further -2 form.
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever poss clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, period, was broadcast by a distant station and that your cable system substituted for the progra under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions Do not use general categories like "movies" or "basketball." List specific program titles, for exal "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licen the case of Mexican or Canadian stations, if any, the community with which the station is identicated to the case of Mexican or Canadian stations, if any, the community with which the station is identicated to Golumn 5: Give the month and day when your system carried the substitute program. Use if first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. It to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your delete under FCC rules and regulations in effect during the accounting period; enter the letter was substituted for programming that your system was permitted to delete under FCC rules an effect on October 19, 1976.							eir meaning is ne accounting of another stater information ove Lucy" or le FCC or, in with the more accurate should be new as require le listed programmes.	ition n. nth ly
	SI 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	I 4. STATION'S LOCATIO	5. MONT	•		7. REASON FOR DELETION

Accounting Period:	2017/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SIGN Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965 O
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. Says,259.90 [MPORTANT: You must complete a statement in space P concerning gross receipts.
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • 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.
	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 this six-mon accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	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
	o. malest charge. Enter the amount norm into 4, space Q, page 6
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	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)
	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
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID # 228190438
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Name Section	Accounting Period:	2017/2				FORM SA1-2E. PAGE 7
Management Channels Channel	Name			B, Niche	olville, NY 12965	SYSTEM ID# 0
Individual to Be Contacted for Further Information Address 3330 State Hwy 11b Number, street unal route, apartment or sude number) Nicholville, NY 12965 (City, Cose, 1886, 29) Email Revin.lymch@slic.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. - 1 have examined as a decordance of the complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. - 1 Nave examined by 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. - 1 Title: - CEO (Title of official position held in cooperation or pathership).		Instructions: You to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cable	and (2) the cable system's to umber of channels on which levision broadcast stations. umber of activated channels e system carried television b	the cable	er of activated channels during the accounting period.	. 23
Name Kevin Lynch Telephone 315-328-9050 Address 3330 State Hwy 11b (Number street, run feets, againment, or sufe number) Nicholville, NY 12965 (City, town, state, and 12965 (City, town, st	Individual to				RMATION IS NEEDED (Identify an individual to whom	
Certification Fax (optional)	for Further	Name	Kevin Lynch		Telephon	e 315-328-9050
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, 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 as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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)] X "/s/ Bradley Pattelli" Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Bradley Pattelli Title: CEO (Title of official position held in corporation or partnership)		"(I	Number, street, rural route, apartm		te number)	
• I, 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 as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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)] X "/s/ Bradley Pattelli" Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Bradley Pattelli Title: CEO (Title of official position held in corporation or partnership)				kevin.ly	nch@slic.com Fax (optional)	
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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)] X "/s/ Bradley Pattelli" Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Bradley Pattelli Title: CEO (Title of official position held in corporation or partnership)		in line	e 1 of space B and that the ow or partner) I am an officer (if	vner is no	t a corporation or partnership; or	
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Bradley Pattelli Title: CEO (Title of official position held in corporation or partnership)		I have examined th are true, complete, a	e statement of account and he and correct to the best of my k			1
Title: CEO (Title of official position held in corporation or partnership)				Enter an	electronic signature on the line above to certify this statement.	-
(Title of official position held in corporation or partnership)			Typed or printed	name:	Bradley Pattelli	
Date: Feburary 28, 2019					on held in corporation or partnership)	
			Date:		Feburary 28, 2019	

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 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

Accounting Period: 2017/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	0
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 Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>) </u>
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	<u>i </u>
* 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@copyright.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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