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> 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

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	9882
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TELECOMMUNICATIONS MANAGEMENT, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MONTGOMERY PLAZA, 4TH FLOOR (Number, street, rural route, apartment, or suite number)	
		SIKESTON, MO 63801 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s 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:	
		TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012 (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 suffciency of the fing, a determination that would be made by a court of law.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	TELECOMMUNICATIONS MANAGEMENT, LLC	9882
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area	as the "first community." Please use it as the first community on all future film Note: Entities and properties such as hotels, apartments, condominiums, or me	
Served	identified city.	
	CITY OR TOWN	STATE
First	ASHDOWN	AR
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name								515	988
	TELECOMMUNICATION	5 MANAGE	MENI,	LLC					500
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RA	ATES				
E	In General: The information in s								
Secondam/	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary	y transmission	service. I	n general, yo	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the n							charged	
	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				,				
	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 of								
	Block 2: If your cable system								
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	ind rates, in the	rignt-na	nd DIOCK. A tv	vo- or thre	e-wora descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF		DATE	0.47			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		266	\$36.30					
	Service to additional set(s)		200	<b>\$30.30</b>					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		16	\$36.30					
	Converter		10	<b>\$30.30</b>					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS		s				
-	In General: Space F calls for rat					l your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, t								
<b>.</b> .	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually c	incu: ir arry re				gram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by the							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	lices in the	form of a	
		BLOO					0.175.00	BLOCK 2	<b>D</b> • <b>T</b>
	CATEGORY OF SERVICE			DRY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			ion: Non-res	Idential				
	• Pay cable	\$9-\$18.00		el, hotel					
	Pay cable—add'l channel     Fire protection			mercial					
	Fire protection     Purglar protection		• Pay		annal				
	•Burglar protection			cable-add'l ch	annen				
	Installation: Residential	£40.00		protection					
	• First set	\$40.00		lar protection					
	Additional set(s)		Other so			¢05.00			
			<ul> <li>Reco</li> </ul>	prinect		\$25.00	l		
	• FM radio (if separate rate)								
	Converter			onnect					
	· · · /		• Outle			\$25.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	TELECOMMUNICATIO	ONS MANAGEMENT, LLC		988
	PRIMARY TRANSMITTERS:	TELEVISION		
G smitters: evision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: <b>Substitute Basis Stations</b> 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 a basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin the 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 d 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, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent of 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 undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARK	32	N	LITTLE ROCK, AR
	KATV	22	N	
	NATV	<b>LL</b>		LITTLE ROCK, AR
s Necessary	KETG	13	E	LITTLE ROCK, AR ARKADELPHIA, AR
Necessary				
Necessary	KETG	13	E	ARKADELPHIA, AR
Vecessary	KETG KMSS	13 34	E	ARKADELPHIA, AR SHREVEPORT, LA
Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	I	MINDEN, LA
Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	I	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	I	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
s Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
5 as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
s as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
<i>i</i> s as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
<i>i</i> s as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
<i>is</i> as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
<i>is</i> as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
<i>is</i> as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA
<i>is</i> as Necessary	KETG	13	E	ARKADELPHIA, AR
	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	N	MINDEN, LA
	KSLA	17	N	SHREVEPORT, LA
	KTAL	15	N	TEXARKANA, TX
	KTBS	28	N	SHREVEPORT, LA

Accounting F	Period: 2017	/2					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF			YSTEM: NAGEMENT, LLC					SYSTEM ID# 9882
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S	t every radio s vhose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the call state whether	station ca were ge rning Al y the syst be recein to the Co l sign of of the static	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the opyright Office regulations on the each station carried. on is AM or FM.	ble system during Copyright Office r t the system's he system's FM ante this point, see pa	the accountir regulations, ar adend, and (2 enna, during c ge (v) of the g	ng period n FM sig 2) it can ertain s general i	d. Inal is generally be expected, tated intervals. nstructions in the.	H Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
·								
		L	·			I	I	

Accounting Perio	d: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TELECOMMUNICATIO	NS MANA	GEMENT, L	LC				9882
	SUBSTITUTE CARRIAGI							
I I	In General: In space I, identi					ion that you	r cahla svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork televis	sion progran	1
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ust complete	the program	n
	log in block 2.	,			, <b>,</b> , ,		p 3	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their	meaning is	i
	clear. If you need more spa				vrogrom") the	t during the		
	period, was broadcast by a			sion program ("substitute p ur cable system substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for furthe	r informatior	
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lov	ve Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	"Yes." Otherwise enter "N	٥"			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the s			with the mor	nth
	first. Example: for May 7 giv		inion you eye			namoralo, i		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sł	nould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulatio	ns in	
								1
	_					N SUBSTI		
	S	1	E PROGRAM			AGE OCCI		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. FROM -	IMES — TO	5222.1011
						<u>-</u>		
						-	_	
							_	
						-	_	
1	1	1	1		I I	1		1

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC	S	YSTEM ID# 9882
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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.	mission service s amount, see	e 85516.44 <b>5,475.52</b>
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		
	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 \$527	7,600)	
	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)	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		FOWNER OF CABLE SYSTEM: JNICATIONS MANAGEMEN	T, LLC	SYSTEM ID# 9882
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the tot system carrie</li> <li>2. Enter the tot on which the</li> </ol>	ers, and (2) the cable system's tal number of channels on whic ed television broadcast stations tal number of activated channe cable system carried televisior	s	t stations 9 137
N Individual to Be Contacted	we can contac	t about this statement of accou		
for Further Information	Name	EMERSON YEARWO		Felephone 602-364-6195
	Address	(Number, street, rural route, apar		
		PHOENIX, AZ 85012 (City, town, state, zip)		
	Email	EMERSON.YE	ARWOOD@CABLEONE.BIZ Fax (optional) 6	02-364-6013
0	CERTIFICATIO	N (This statement of account m	ust be certified and signed in accordance with Copyright Office reg	gulations)
Certification	• I, the undersig	ned, hereby certify that (Check o	ne, but only one, of the boxes.)	
	(Owr	ner other than corporation or p	artnership) I am the owner of the cable system as identified in line 1	of space B; or
			tion or partnership) I am the duly authorized agent of the owner of t wner is not a corporation or partnership; or	he cable system as identified
	X (Off		f a corporation) or a partner (if a partnership) of the legal entity identif	ied as owner of the cable system
	<ul> <li>I have examine are true, completion</li> </ul>	ed the statement of account and	nereby declare under penalty of law that all statements of fact contain knowledge, information, and belief, and are made in good faith.	ed herein
			X /s/ RAYMOND STORCK Enter an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nt.
		Typed or printe	name: RAYMOND STORCK	
		Title:	VICE PRESIDENT fficial position held in corporation or partnership)	
		Date:	February 28, 20	118

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 telephoi 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 lav

unting Period: 2017/2	FORM SA1-2E.	PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYST	EM IC
ECOMMUNICATIONS MANAGEMENT, LLC		988
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 fo lowing 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 s scribers and amounts collected 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.	sub- Special Stater	ross
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissio made by satellite carriers to satellite dish owners?	ons	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
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 see page (viii) of the general instructions located in the paper SA1.2 form		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form		
		smer
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	n. 🔍	smer
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	n. 🔍	smer
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	n. Q Interest Assess 	smer
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	n. 🔍	smer
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