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	T OFFICE USE ONLY	Return completed workbool 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	08/29/2018	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))	
Accounting		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20181 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.	25615
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ULTRA COMMUNICATIONS GROUP, 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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is	
-	name	s 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: ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	210 E. EARLL DRIVE	
	2	(Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012	
		(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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hallic	ULTRA COMMUNICATIONS GROUP, LLC	25615
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.	
First	CITY OR TOWN KINGSVILLE	TX
Community	KINGOTIELE	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	ULTRA COMMUNICATIO		, LLC						2561
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sy system, that is, the retransmissic 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 nu separately for the particular servi 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 systems most commonly provide that applies to your system. Note	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or Dr blocks in space (transmission umber of billing ice at the rate i harged for eacl (Example: "\$2 ounts allowed in space E, the to their subsci	BSCRII cover al and rad ace F, nd ecembe ce E call service. s in that ndicated h catego 20/mth"). for adva e form list ribers. G	I categories of io broadcasts ot here. All the r 31, as the ca for the number In general, you category (the I—not the num ory of service. Summarize a nce payment. sts the categor sive the number	secondary by your sy e facts you se may be er of subsc u can com number of nber of set Include bo ny standar ries of seco	stem to subscrit state must be t). ribers to the cat pute the numbe f persons or org s receiving serv th the amount o rd rate variations ondary transmis ribers and rate f	pers. Give i hose existin ole system, r of subscri anizations ice). f the charge s within a p sion service for each list	nformation ng on the broken bers in charged e and the articular rate e that cable ed category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a nce again undo has rate catego iers of services	nted as a additiona er "Serv pries for that inc	a subscriber in al sets would b ice to addition secondary tra lude one or m	each appl e included al set(s)." nsmission ore second	icable category. in the count un service that are dary transmissio	Example: der "Servic different fro ns), list the	a residential e to the om those m, together	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	GOBOOKIDI			UAT		WICE	SOBSCINIBLING	
	Service to first set		1,635	\$36.30					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		576	\$36.30					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of 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 s brief (two- or three-word) descrip	e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ns: you ished to usually ne cable stem furr e was m	mation with re not offered in of do not need to nonsubscribe billed. If any ra system for ea hished or offer nade or establi	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during f	in with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pro ces listed. ceriod that v	emission services oth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	\$9-\$18.00	Installa	tion: Non-res	idential				
	• Pay cable		• Mot	el, hotel					
	 Pay cable—add'l channel 		• Con	nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l cl	nannel				
	Installation: Residential		• Fire	protection					
	First set	40.00	• Bur	glar protection	l				
	 Additional set(s) 		Other s	ervices:					
	• FM radio (if separate rate)		• Rec	onnect		\$25.00			
	• Converter			connect					
			• Out	let relocation		\$25.00			
				e to new addr					

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name				25
	PRIMARY TRANSMITTERS:	•		
G	In General: In space G, ide carried by your cable syste	entify every television station (including term during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	(1) stations carried only on a part	-time basis under
rimary		e)(2) and (4), or 76.63 (referring to 76.67		
smitters:		as explained in the next paragraph. s: With respect to any distant stations ca	the vour coble system on a si	the life to program
levision		ules, regulations, or authorizations:	Ined by your cable system on a st	
	• Do not list the station her	e in space G—but do list it in space I (th	ne Special Statement and Program	n Log)—if the
	 station was carried only on List the station here, and 	also in space I, if the station was carried	both on a substitute basis and als	so on some other
	basis. For further information	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruct	ctions.
		d with a station according to its over-the	•	
	"WETA-2" as the same on		-	- the sis in its community
		el number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	VISION Station for broadcasting over	r the air in its community
	Column 3: Indicate in each	h case whether the station is a network s		
		ering the letter "N" (for network), "N-M" (for network), "N-M" (for noncommercial educational), o		
	For the meaning of these te	erms, see page (iv) of the general instru	ctions in the paper SA1-2 form.	
		on of each station. For U.S. stations, list adian stations, if any, give the name of th	5	5
		aldit stations, ir arry, give the name of a	to community with which the state	in Bidenanee.
		·		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K22JA-D	47	l	CORPUS CHRISTI, TX
	K22JA-D KEDT	47 23	E	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary		•	I E N	
vs as Necessary	KEDT	23		CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII	23 8		CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO	23 8 27	N	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS	23 8 27 13	N	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ws as Necessary	KEDT KIII KORO KRIS KSCC	23 8 27 13 38	N 1 N 1	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX

Accounting P	Period: 2018	/1					FORM	A SA1-2E. PAGE
LEGAL NAME OF								SYSTEM ID
ULTRA CON	IMUNICAT	IONS G	ROUP, LLC					2561
	t every radio	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of	it is carried b monitoring, to	y the sys	I-Band FM Carriage: Under stem whenever it is received a ved at the headend, with the opyright Office regulations on	at the system's he system's FM ante	eadend, and (2 enna, during c	?) it can ertain st	be expected, tated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate	dentify the cal State whether the radio stat this by placing	the static tion's sig g a checl	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					
			on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					·			
		+						

Accounting Perio	od: 2018/1					FOR	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	ULTRA COMMUNICAT	IONS GR	OUP, LLC				25615
	SUBSTITUTE CARRIAGE				<u> </u>		
I	In General: In space I, identi substitute basis during the a	fy <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN				0.000		~
Statement and	During the accounting period	-	r cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant stat					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations v	wherever nos	sible if their meaning is	
	clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad	ce, please a of every no distant stat gulations, o es like "mo Bulls." n was broad sign of the s dcast statio	add additional i nnetwork telev ion and that yo r authorization: vies" or "baske dcast live, ente station broadca on's location (th	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra ne community to which the	brogram") tha d for the prog eral instruction n titles, for exa lo." m. station is lice	t, during the accounting ramming of another sta ns for further informatio ample, "I Love Lucy" or nsed by the FCC or, in	g ition n.
	the case of Mexican or Can			community with which the tem carried the substitute			nth
	first. Example: for May 7 giv		when your sys				iiui
				gram was carried by your o			ely
	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:	15 p.m. to 6:2	8:30 p.m. should be	
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.	inning that y	our system wa	s permitted to delete unde			
	s	UBSTITUT	E PROGRAM	1		IN SUBSTITUTE AGE OCCURRED	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. TIMES FROM — TO	DELETION
						_	
						<u> </u>	
						<u> </u>	
						_	
						_	

Accounting Period:	2018/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC			ç	6YSTEM ID# 25615
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanat 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	system's s ion of how	econdary trans to compute this	mission servi s amount, see \$ 27	ce
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 • 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	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	ies 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	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				
	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	\$	277,405.30		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	13,605.30		
	4. Multiply line 3 by .01		\$	136.05	
	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 .		\$	1,455.05
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,455.05	
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			\$	1,475.05
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: MUNICATIONS GROUP, LL	c	SYSTEM ID# 25615
M Channels	 to its subscribe 1. Enter the tol system carrie 2. Enter the tol on which the 	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	ls	7
N Individual to Be Contacted	we can contac	t about this statement of accou		600.004.0405
for Further Information	Name	EMERSON YEARWO		602-364-6195
	Address	210 E. EARLL DRIVE (Number, street, rural route, apar		
		PHOENIX, AZ 85012 (City, town, state, zip)		
	Email	EMERSON.YE	ARWOOD@CABLEONE.BIZ Fax (optional) 602-364-60	13
	CERTIFICATIO	N (This statement of account m	nust be certified and signed in accordance with Copyright Office regulations)	
O Certification	(Own (Age X (Off • I have examin are true, completion	ent of owner other than corpora in line 1 of space B and that the of icer or partner) I am an officer (in line 1 of space B. ed the statement of account and	ne, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of space B ation or partnership) I am the duly authorized agent of the owner of the cable s owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as own hereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	ystem as identified
		Typed or printed	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) d name: RAYMOND STORCK	-
		Title: (Title of	VICE PRESIDENT official position held in corporation or partnership)	
		Date:	08/28/2018	

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

ounting Period: 2018/1		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
TRA COMMUNICATIONS GROUP, LLC		256
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syst scribers and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the gene located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for smade by satellite carriers to satellite dish owners?	e system for the basic tem shall not include sub- rsuant to section 119." eral instructions	P Special Statemen Concerning Gross Receipts Exclusio
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late particular for an explanation of interest assessment, see page (viii) of the general instructions located in		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	the paper SA1-2 form. x xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x days - - x 0.00274 -	Q Interest Assessme
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