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>
General instructions are located in the first tab of this workbook	08/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	32279
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		AW Broadband	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		203 SW 8Th Ave. STE 601 (Number, street, rural route, apartment, or suite number)	
		Amarillo, TX, 79101 (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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	~	(Number, Sireet, 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:	SYSTEM ID#
Hamo	Innovative Financial Technologies	32279
D Area	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yu 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 mob identified city.	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Served	identined city.	
	CITY OR TOWN	STATE
First	CROSBYTON	TX
Community		
d Rows as Necessary		

Secondary Transmission Service: Sub- scribers and Rates	CATEGORY OF SERVICE	SERVICE: SU bace E should on of television ay cable) in sp (June 30 or D b blocks in space v transmission umber of billing ice at the rate i harged for eace (Example: "\$2 ounts allowed in space E, the should be cour ble service to a nce again und has rate catego ers of services	cover a and rac ace F, i ecembe ce E cal service is in tha ndicate h categ 20/mth") for adva e form li ribers. (dividual nted as addition er "Serv- pries for that im-	Il categories of dio broadcasts not here. All the er 31, as the ca Il for the number . In general, yo it category (the d—not the num ory of service. .). Summarize a ance payment. ists the categor Give the number or organization a subscriber in al sets would b vice to additional secondary traised clude one or me and block. A tw	secondary by your syster facts your se may be er of subsc u can com number of subsc of number of sets Include boin ony standar ries of sector er of subsc on is receivin e ach appl be included al set(s)."	stem to subscrib state must be the ribers to the cab pute the number f persons or orga s receiving servit th the amount of rd rate variations ondary transmiss ribers and rate for ng service that fa- icable category. I in the count unco service that are dary transmission	pers. Give in nose existing anizations of ce). If the charge swithin a p sion service or each list alls under of Example: : der "Service different fro ns), list the	e cable nformation ng on the broken bers in charged e and the articular rate e that cable ed category different a residential e to the om those m, together ervice is	TEM ID 3227
Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissio about other services (including pa- 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 cf unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity s subscriber who pays extra for call first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, tii with the number of subscribers an sufficient. BLC CATEGORY OF SERVICE	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or D blocks in space transmission umber of billing ice at the rate in harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc to their subsc where an ind should be cour ble service to a nce again und has rate categor ers of services nd rates, in the DCK 1	cover a and rac ace F, i ecembe ce E cal service is in tha ndicate h categ 20/mth") for adva e form li ribers. (dividual nted as addition er "Serv- pries for that im-	Il categories of dio broadcasts not here. All the er 31, as the ca Il for the number . In general, yo it category (the d—not the num ory of service. .). Summarize a ance payment. ists the categor Give the number or organization a subscriber in al sets would b vice to additional secondary traised clude one or me and block. A tw	secondary by your syster facts your se may be er of subsc u can com number of subsc of number of sets Include boin ony standar ries of sector er of subsc on is receivin e ach appl be included al set(s)."	stem to subscrib state must be the ribers to the cab pute the number f persons or orga s receiving servit th the amount of rd rate variations ondary transmiss ribers and rate for ng service that fa- icable category. I in the count unco service that are dary transmission	pers. Give in nose existing of subscri- anizations of ce). If the charge swithin a po- sion service or each list alls under of Example: : der "Service different from ns), list the pon of the se	nformation ng on the broken bers in charged e and the articular rate e that cable ed category different a residential e to the om those m, together ervice is	
	that applies to your system. Note categories, that person or entity s subscriber who pays extra for cal first set" and would be counted of Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers an sufficient. BLC CATEGORY OF SERVICE	Where an ind should be cour ble service to a nce again und has rate catego ers of services nd rates, in the DCK 1 NO. OF	dividual addition er "Serv pries for that ind e right-h	or organizatior a subscriber in al sets would b vice to additiona secondary tran clude one or me and block. A tw	n is receivir each appl e included al set(s)." nsmission ore second	ng service that fa icable category. I in the count und service that are dary transmission	alls under of Example: a der "Service different fro ns), list the on of the se	different a residential e to the om those m, together ervice is	
	CATEGORY OF SERVICE	NO. OF						2	
							DLOCK	NO. OF	1
			ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
-	Residential: • Service to first set		29	25.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		13	25.99					
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rate not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the uni enter only the letters "PP" in the r Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	er) info that are ns: you ished to usually he cable stem fur e was r	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offer- nade or establi	spect to all combinatio o give rate i ers. Rate in ates are ch ach of the a ed during t	in with any secon information conc formation should arged on a varia applicable service the accounting p	ndary trans ærning (1) : d include b able per-pro es listed. æriod that v	emission services oth the ogram basis, were not	
Ī		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	Pay cable	13.95		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection			y cable	I				
	•Burglar protection			y cable-add'l ch	iannel				
	Installation: Residential	40.05		e protection					
	First set	49.95		rglar protection					
	Additional set(s) EM radio (if separate rate)			services:		20.05			
	 FM radio (if separate rate) Converter 			connect connect		29.95			
				tlet relocation		20.05			
				ve to new addr	222	29.95 29.95			

				OVOTEM ID
ne	LEGAL NAME OF OWNER OF			SYSTEM ID 3227
	Innovative Financial T			··
hary hitters: ision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	Ilso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he 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 indepe pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КАМС	28	N	LUBBOCK, TX
	KCBD	11	Ν	LUBBOCK, TX
		34	I	
essary	KJTV	• •		LUBBOCK, TX
essary	KLBK	13	N	LUBBOCK, TX LUBBOCK, TX
ssary				m
ssary	KLBK	13	N	LUBBOCK, TX
essary	KLBK KTXT	13 5	N E	LUBBOCK, TX LUBBOCK, TX
essary	KLBK KTXT KUPT	13 5 22	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
ssary	KLBK KTXT KUPT KPTB	13 5 22 16	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
ecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
ecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
lecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
ecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
ecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
ecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
ecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
lecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
lecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
lecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
ecessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
Necessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX
Necessary	KLBK KTXT KUPT KPTB KLCW	13 5 22 16 43	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX

all-band basis w Special Instruct receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	t every radio s whose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the call tate whether the radio stat this by placing Sive the station	station ca were ge rning A y the syst be rece ut the Co I sign of the static tion's sig g a chec n's locat	arried on a separate and discrementally receivable by your cal II-Band FM Carriage: Under a stem whenever it is received a sived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process is mark in the "S/D" column. ion (the community to which the the community with which the LOCATION OF STATION	ble system during Copyright Office at the system's h system's FM and this point, see pa sed by the cable he station is licer	g the accounti regulations, a eadend, and (tenna, during age (v) of the system as a s nsed by the FC fied).	ing perio n FM si (2) it car certain s general separate	od. gnal is generally h be expected, stated intervals. instructions in the.	H Primary Transmitters Radio
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf bignal, indicate Column 4: G Mexican or Can	it is carried b monitoring, to ormation abou rm. dentify the call state whether the radio stat this by placing Sive the station hadian stations	y the sys be rece at the Co I sign of the station is sig g a chec n's locat s, if any,	stem whenever it is received a sived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process of mark in the "S/D" column. ion (the community to which the the community with which the	at the system's h system's FM and this point, see p sed by the cable he station is licer e station is identi	eadend, and (tenna, during age (v) of the system as a s nsed by the F0 fied).	(2) it car certain s general separate	h be expected, stated intervals. instructions in the.	Transmitters
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					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Innovative Financial To	echnolog	ies				32279
	SUBSTITUTE CARRIAGE				G		
I	In General: In space I, identi substitute basis during the a	fy every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat C rules, regul	ations, or authorizatio	ons. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN						
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television prog	
Program Log	broadcast by a distant sta	tion?				YES	
	Note: If your answer is "No'	' leave the	rest of this pag	e blank. If your answer is '	"Yes " vou mi	ist complete the proc	
	-	, ieuve trie	rest of this pag		res, you me		jian
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever nos	sible if their meaning	a is
	clear. If you need more spa						y 10
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categori "NBA Basketball: 76ers vs.		vies of baske	toall. List specific program	1 titles, for exa	ample, TLove Lucy	or
			dcast live, enter	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
				e community to which the			in
	the case of Mexican or Can	adian static	ons, if any, the o	community with which the	station is ider	ntified).	
			when your syst	tem carried the substitute	program. Use	e numerals, with the r	nonth
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	List the times accur	ately
	to the nearest five minutes.						utery
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a						ogram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
					WHE	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO)
						_	
]	
						_	
] [
						_	
						_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Innovative Financial Technologies		32279
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.	smission servic is amount, see	e 5,850.12
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	<u>.</u>	
	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:	2018/1			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: ncial Technologies		SYSTEM ID# 32279
M Channels	to its subscribers, 1. Enter the total	, and (2) the cable system's number of channels on which	of channels on which the cable system carried television broadca total number of activated channels during the accounting period.	
	on which the ca	number of activated channe ble system carried television ast services		43
N Individual to Be Contacted		BE CONTACTED IF FURT bout this statement of account	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)	1
for Further Information	Name	Matthew Carpenter		Telephone 806-316-5071
	Address	203 SW 8Th Ave. ST (Number, street, rural route, apa Amarillo, TX, 79101 (City, town, state, zip)		
	Email	mcarpenter@a	marillowireless.net Fax (optional))
O Certification	I, the undersigned (Owner (Agent in li X (Office in li I have examined	d, hereby certify that (Check of other than corporation or of owner other than corpor ne 1 of space B and that the er or partner) I am an officer ne 1 of space B. the statement of account and , and correct to the best of m	nust be certified and signed in accordance with Copyright Office is one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line ation or partnership) I am the duly authorized agent of the owner o owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity iden hereby declare under penalty of law that all statements of fact conta y knowledge, information, and belief, and are made in good faith.	1 of space B; or of the cable system as identified ntified as owner of the cable system
			X /s/ Matthew Carpenter Enter an electronic signature on the line above to certify this statem Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nent.
		Typed or printe Title: (Title of	d name: Matthew Carpenter President/Owner official position held in corporation or partnership)	
		Date:	08/29/201	8

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

unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ovative Financial Technologies	322
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." 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. 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	P Special Statemen Concerning Gros Receipts Exclusio
Name 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 Assessme
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 Assessme
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 Assessme
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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 Assessme
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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 th 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 Office'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.