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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8/24/2018 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	63416
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		COMMUNITY FIBER SOLUTIONS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 1805 N DIXIE HWY	
		(Number, street, rural route, apartment, or suite number)	
		LIMA, OH 45801-3255 (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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	l	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
		6341
D	Instructions: List each separate community served by the cable system. A "community" is t "a separate and distinct community or municipal entity (including unincorporated commun discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will as the "first community." Please use it as the first community on all future filings.	ities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home p identified city.	parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ADAMS COUNTY	
Community	BERNE	IN
	DECATUR	IN
dd Rows as Necessary	VILLAGE OF GENEVA	IN
	VILLAGE OF MONROE	IN
	MONROE TWP (UNINCORPORATED)	IN
	PREBLE TWP (UNINCORPORATED)	IN
	ROOT TWP (UNINCORPORATED)	IN
	WABASH TWP (UNINCORPORATED)	IN
	WASHINGTON TWP (UNINCORPORATED)	IN
	ALLEN COUNTY	
		IN
	ADAMS TWP (UNINCORPORATED) MARION TWP (UNINCORPORATED)	IN
		IN
	BLACKFORD COUNTY JACKSON TWP (UNINCORPORATED)	IN
	HUNTINGTON COUNTY	IN
	VILLAGE OF MARKLE	IN
	UNION TWP (UNINCORPORATED)	IN IN
	JAY COUNTY	in
	VILLAGE OF DUNKIRK	IN
	VILLAGE OF BRYANT	IN
	PORTLAND	IN
	BEARCREEK TWP (UNINCORPORATED)	IN IN
	GREENE TWP (UNINCORPORATED)	IN
	JEFFERSON TWP (UNINCORPORATED)	IN
	NOBLE TWP (UNINCORPORATED)	IN IN
	RICHLAND TWP (UNINCORPORATED)	
	WAYNE TWP (UNINCORPORATED)	IN
	WELLS COUNTY	
	VILLAGE OF MARKLE	IN
	UNION TWP (UNINCORPORATED)	IN
	ALLEN COUNT	
	BLUFFTON	ОН
	RICHLAND TWP (UNINCORPORATED)	ОН
	AUGLAIZE COUNTY	
	ST. MARY TWP (UNINCORPORATED)	ОН
	HANCOCK COUNTY	
	LIBERTY TWP (UNINCORPORATED)	ОН
	LOGAN COUNTY	
	BELLEFONTAINE	OH
	HARRISON TWP (UNINCORPORATED)	ОН

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	COMMUNITY FIBER SO	LUTIONS IN	С						6341
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	service of the	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•		,	,	,	hla svetam	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				iy standal	rd rate variation	s within a p	barticular rate	
	Block 1: In the left-hand block				es of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					I in the count un	ider "Servic	ce to the	
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a	ind rates, in the	right-h	and block. A tw	o- or thre	e-word descript	ion of the s	ervice is	
	sufficient.						DI OOI	<u> </u>	
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		100						
	Service to first set		400	20.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;				
Б	In General: Space F calls for rat	e (not subscrib	er) infor	mation with res	pect to al	l your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		acaany			a gou on a ran	able per pi	og.a 200.0,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				inea. List	these other services	vices in the	e ionn of a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	/ICF	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi			0.1120		
	• Pay cable	64.00		tel, hotel			ADDITI	ONAL STB	6.0
	Pay cable—add'l channel			nmercial			DVR		6.0
	Fire protection			cable					
	•Burglar protection			v cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set			glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		29.00			
	Converter			connect		23.00			
	Converter			let relocation					
			• ()) T				1		
				ve to new addre	200				

nting Period: 2	-			FORM SA1-2E. P/
Name				SYSTEN 63
	COMMUNITY FIBER S			
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sum the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educated actions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WISH	8.1	N	INDIANAPOLIS, IN
	WISH	8.2	N-M	INDIANAPOLIS, IN
as Necessary	WGN	9.1	N	CHICAGO, IL
is Necessary	WGN	9.3	N-M	CHICAGO, IL
	WINM	12.1		ANGOLA, IN
	WANE	15.1	Ν	FORT WAYNE, IN
	WANE	15.3	I-M	FORT WAYNE, IN
	WPTA	21.1	Ν	FORT WAYNE, IN
	WPTA WPTA	21.1	N-M	FORT WAYNE, IN FORT WAYNE, IN
	WPTA	21.2	N-M	FORT WAYNE, IN
	WPTA WPTA	21.2 21.3	N-M N-M	FORT WAYNE, IN FORT WAYNE, IN
	WPTA WPTA WNDY	21.2 21.3 32.1	N-M N-M N	FORT WAYNE, IN FORT WAYNE, IN INDIANAPOLIS, IN
	WPTA WPTA WNDY WISE	21.2 21.3 32.1 33.2	N-M N-M N N-M	FORT WAYNE, IN FORT WAYNE, IN INDIANAPOLIS, IN FORT WAYNE, IN
	WPTA WPTA WNDY WISE WFWA	21.2 21.3 32.1 33.2 39.1	N-M N-M N N-M E	FORT WAYNE, IN FORT WAYNE, IN INDIANAPOLIS, IN FORT WAYNE, IN FORT WAYNE, IN
	WPTA WPTA WNDY WISE WFWA WFWA	21.2 21.3 32.1 33.2 39.1 39.2	N-M N-M N N-M E E-M	FORT WAYNE, IN FORT WAYNE, IN INDIANAPOLIS, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN
	WPTA WPTA WNDY WISE WFWA WFWA WFWA	21.2 21.3 32.1 33.2 39.1 39.2 39.3	N-M N-M N N-M E E-M E-M	FORT WAYNE, IN FORT WAYNE, IN INDIANAPOLIS, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN
	WPTA WPTA WNDY WISE WFWA WFWA WFWA WFWA	21.2 21.3 32.1 33.2 39.1 39.2 39.3 39.4	N-M N-M N N-M E E E-M E-M E-M	FORT WAYNE, IN FORT WAYNE, IN INDIANAPOLIS, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN
	WPTA WPTA WNDY WISE WFWA WFWA WFWA WFWA WFWA	21.2 21.3 32.1 33.2 39.1 39.2 39.3 39.4 44.1	N-M N-M N N-M E E E-M E-M E-M I	FORT WAYNE, IN FORT WAYNE, IN INDIANAPOLIS, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN LIMA, OH
	WPTA WPTA WNDY WISE WFWA WFWA WFWA WFWA WFWA WFWA	21.2 21.3 32.1 33.2 39.1 39.2 39.3 39.4 44.1 55.1	N-M N-M N N-M E E-M E-M E-M I N	FORT WAYNE, IN FORT WAYNE, IN INDIANAPOLIS, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN LIMA, OH FORT WAYNE, IN
	WPTA WPTA WNDY WISE WFWA WFWA WFWA WFWA WFWA WFWA WFFT WTOL	21.2 21.3 32.1 33.2 39.1 39.2 39.3 39.4 44.1 55.1 11.1	N-M N-M N N-M E E E-M E-M E-M I N N	FORT WAYNE, INFORT WAYNE, INLIMA, OHFORT WAYNE, INTOLEDO, OH
	WPTA WPTA WNDY WISE WFWA WFWA WFWA WFWA WFWA WFWA WTLW WFFT WTOL	21.2 21.3 32.1 33.2 39.1 39.2 39.3 39.3 39.4 44.1 55.1 11.1 11.2	N-M N-M N-M E E E-M E-M I N N N N N N	FORT WAYNE, INFORT WAYNE, INTOLEDO, OHTOLEDO, OH

EGAL NAME OF								SYSTEM II 634
	t every radio s	station ca	arried on a separate and discre					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of o the static ion's sig g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	0/D		CALL SIGN		ę/p		
CALL SIGN	AIVI OF FIM	S/D	LOCATION OF STATION	GALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2018/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	COMMUNITY FIBER SO	OLUTIONS	INC					63416
	SUBSTITUTE CARRIAGE		STATEMEN		G			
I I	In General: In space I, identi				-	on that your a	able eveto	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	• •		•				
Carriage:	1. SPECIAL STATEMENT				0	•		
Special	During the accounting period				s any nonnet	work televisio	n program	
Statement and		-	cable system	carry, on a substitute basi	s, any nonner			
Program Log	broadcast by a distant stat	.1011 ?					YES	X NO
	Note: If your answer is "No"	, leave the re	est of this pag	e blank. If your answer is '	'Yes," you mu	ist complete tl	ne progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRAM	IS					
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa							
	period, was broadcast by a			sion program ("substitute				ion
	under certain FCC rules, re							
	Do not use general categori							•
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				"Yes." Otherwise enter "N				
				sting the substitute progra			00 an in	
	the case of Mexican or Can			e community to which the			CC or, in	
				em carried the substitute			th the mon	th
	first. Example: for May 7 giv					,		
	Column 6: State the time	es when the s		gram was carried by your				у
	to the nearest five minutes.	Example: a p	orogram carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	r "D" if the lie	atod program	was substituted for progra	mming that w	our oveters w	n roquiro	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.		-			-		
						N SUBSTITU		
	5					AGE OCCUF 6. TIN		 REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? 3 Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	ТО	
						-		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMUNITY FIBER SOLUTIONS INC	SI	/STEM ID# 63416
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 ,160.00
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	(,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		nts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Y FIBER SOLUTIONS INC		SYSTEM ID 63416
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	ers, and (2) the cable system's to otal number of channels on which ed television broadcast stations otal number of activated channel e cable system carried television		
N Individual to Be Contacted		ct about this statement of accour	ER INFORMATION IS NEEDED (Identify an individual to w t.)	
for Further Information	Name	AUDREY MARTIN		Telephone 419-859-2144
	Address	1805 N DIXIE HWY (Number, street, rural route, apart LIMA, OH 45801 (City, town, state, zip)	nent, or suite number)	
	Email	brtinfo@bright.	et Fax (optic	onal) 419-859-2150
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	gned, hereby certify that (Check o mer other than corporation or p ent of owner other than corpora in line 1 of space B and that the o ficer or partner) I am an officer (i in line 1 of space B. hed the statement of account and	ist be certified and signed in accordance with Copyright Off e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as identified in ion or partnership) I am the duly authorized agent of the own wher is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity ereby declare under penalty of law that all statements of fact of knowledge, information, and belief, and are made in good faith X /s/ Audrey Martin	line 1 of space B; or ner of the cable system as identified identified as owner of the cable system contained herein
		Typed or printed Title: (Title of o	Enter an electronic signature on the line above to certify this st. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) name: AUDREY MARTIN SECRETARY/OFFICER ficial position held in corporation or partnership)	atement.
		Date:	8/24	//18

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, 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
IMUNITY FIBER SOLUTIONS INC	634
 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 services 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 transmission 	sub- Sub- Concerning Gros Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 for an explanation of interest assessment 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	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
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	
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	Interest Assessm
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