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

STATEM	- МТ	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ctions	are located	02/21/2019	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
		2018/2	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 th of the subsidiary, not that of the parent co		liary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	the owner conducts the business of th	e cable system.	
		If there were different owners during the a single statement of account and royalty fere		ne last day of the accounting period should ing period.	submit a
		Check here if this is the system's first filing	If not, enter the system's ID number a	ssigned by the Licensing Division.	24264
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		WAVE DIVISION HOLDINGS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		401 KIRKLAND PARKPLAC			
		KIRKLAND WA 98033			
		(City, town, state, zip)			
С		RUCTIONS: In line 1, give any busing s already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	1	WAVE BROADBAND			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	401 KIRKLAND PARKPLAC (Number, street, rural route, apartment, or suite nu			

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 fling, a determination that would be made by a court of law.

KIRKLAND WA 98033 (City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC	24264
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	community" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter knowr
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	
Served	identified city.	
	CITY OR TOWN	STATE
First	PACKWOOD	WA
Community		
d Rows as Necessary	/	

	LEGAL NAME OF OWNER OF C						FORM SA1	TEM ID
Name	WAVE DIVISION HOLDI						515	2426
Е	SECONDARY TRANSMISSION In General: The information in s				ru transmission .	onvice of	the achie	
-	system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Bot					-		
scribers and Rates	down by categories of secondar each category by counting the n							
Rates	separately for the particular serv						onargea	
	Rate: Give the standard rate of							
	unit in which it is generally billed				ard rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				condary transmis	sion servi	ce that cable	
	systems most commonly provide	•		0				
	that applies to your system. Not	e: Where an in	idividual or organiz	ation is receiv	ving service that	falls unde	r different	
	categories, that person or entity					•		
	subscriber who pays extra for ca first set" and would be counted of					ider "Servi	ce to the	
	Block 2: If your cable system					different	rom those	
	printed in block 1 (for example, t	tiers of services	s that include one o	or more secor	ndary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-hand block.	A two- or three	ee-word descript	ion of the	service is	
	sufficient.	OCK 1				BLOCK	(2	
		NO. OF		0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS RATE 25.		EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set	202	25.	95				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel		23 25.9	5				
	Commercial		23 23.3	· <b>J</b>				
	Converter							
	Residential							
	Non-residential							
	Honrooldonidi							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: R	TES				
F	In General: Space F calls for ra	,	,		• •			
Г	not covered in space E, that is, t				,	,		
Services	service for a single fee. There a furnished at cost or (2) services	•		•		• •	,	
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.		•	0		0	
ransmissions:	Block 1: Give the standard ra							
Rates	Block 2: List any services tha listed in block 1 and for which a			-	-			
	brief (two- or three-word) descri		•					
		BLO	<u><u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> </u>				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	FRVICE	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:		Installation: Non			0/1120		
	• Pay cable	17.00	<ul> <li>Motel, hotel</li> </ul>					
	Pay cable—add'l channel		Commercial					
	• Fire protection		• Pay cable					
	•Burglar protection		• Pay cable-add	'l channel				
	Installation: Residential		Fire protection					
	First set	29.95	• Burglar protec					
	1		Other services:					1
	<ul> <li>Additional set(s)</li> </ul>	14.95						
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	14.95	<ul> <li>Reconnect</li> </ul>		29.95			
		14.93	Reconnect     Disconnect		29.95			
	• FM radio (if separate rate)	14.55	Disconnect	on	29.95			
	• FM radio (if separate rate)	14.93			29.95			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM	
Name	WAVE DIVISION HOLD	DINGS LLC		24	
	PRIMARY TRANSMITTERS:	TELEVISION			
<b>G</b> Primary	carried by your cable system FCC rules and regulations ir	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.0	of (1) stations carried only on a part he carriage of certain network prog	t-time basis under grams [sections	
Transmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC rul	explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (i	arried by your cable system on a s	ubstitute program	
	basis. For further information	a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	, see page (v) of the general instruc	ctions.	
	"WETA-2" as the same on the <b>Column 2:</b> Give the channe of license. For example, WF	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting ove	er the air in its community	
	educational station, by enter (for independent multicast),	case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr	(for network multicast), "I" (for inde or "E-M" (for noncommercial educa	pendent), "I-M"	
	Column 4: Give the location	in of each station. For U.S. stations, lis lian stations, if any, give the name of t	t the community to which the statio	5	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	КОМО - АВС	4	Ν	SEATTLE, WA	
d Rows as Necessary	KOMODT2 - CometTV	4.2	Ν	SEATTLE, WA	
	KOMODT3 - Charge!	4.3	Ν	SEATTLE, WA	
	KING - NBC	5	Ν	SEATTLE, WA	
	KINGDT2 - Justice Ne	5.2	Ν	SEATTLE, WA	
	KINGDT3 - Quest	5.3	Ν	SEATTLE, WA	
	KIRO - CBS	7	Ν	SEATTLE, WA	
	KIRODT2 - getTV	7.2	Ν	SEATTLE, WA	
	KIRODT3 - Laff	7.3	Ν	SEATTLE, WA	
	KCTS - PBS	9	E	SEATTLE, WA	
	KCTSDT2 - PBS Kids	9.2	E	SEATTLE, WA	
	KCTSDT3 - Create	9.3	E	SEATTLE, WA	
	KSTW - CW	11	Ν	TACOMA, WA	
	KSTWDT2 - Decades	11.2	Ν	TACOMA, WA	
	KVOS - Heroes & Icor		Ν	BELLINGHAM, WA	
	KCPQ - FOX	13	Ν	TACOMA, WA	
	KONG - Independent	16	I	EVERETT, WA	
	KTBW - TBN	20	N	SEATTLE, WA	
	KZJO - JOEtv	23	N	SEATTLE, WA	
			N	SEATTLE, WA	
	KZJODT3 - Antenna T	22.3			
	KZJODT3 - Antenna T KWPX - ION	22.3			
	KWPX - ION	33	N	BELLEVUE, WA	
				BELLEVUE, WA TACOMA, WA	

ccounting Period:	2018/2			FORM SA1-2E. PAGE 3			
Nama	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTEM ID#			
Name	WAVE DIVISION HOLDINGS L	LC		24264			
	PRIMARY TRANSMITTERS: TELEVISIO	N					
G	In General: In space G, identify every carried by your cable system during the FCC rules and regulations in effect on	e accounting period, excep	ot (1) stations carried only on a part-tin	ne basis under			
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e)(2) and (4 substitute program basis, as explained <b>Substitute Basis Stations</b> : With resp	), or 76.63 (referring to 76. in the next paragraph.	61(e)(2) and (4))]; and (2) certain station	ons carried on a			
	basis under specific FCC rules, regula • Do <i>not</i> list the station here in space ( station was carried <i>only</i> on a substitut	G—but do list it in space I (	the Special Statement and Program Lo	og)—if the			
	List the station here, and also in space basis. For further information concerning Column 1: List each station's call sign	ng substitute basis stations	s, see page (v) of the general instructio	ons.			
	multicast stream associated with a stat "WETA-2" as the same on the form.			•			
	<b>Column 2:</b> Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.						
	<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).						
	For the meaning of these terms, see p. <b>Column 4:</b> Give the location of each s	age (iv) of the general instr	ructions in the paper SA1-2 form.	,			
	FCC. For Mexican or Canadian station	s, if any, give the name of	the community with which the station i	s identified.			
	1. CALL SIGN 2. B'CAS	ST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

								242
all-band basis v	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stat this by placing Sive the station	y the sys be recein the Co sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 his point, see pa ed by the cable s le station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL GION		0,0		UALL OIGH	AWOTIW	0/D		
							·	
							·	

Accounting Perio	od: 2018/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	WAVE DIVISION HOLD	DINGS LL	С				24264
	SUBSTITUTE CARRIAG	E: SPECIA			G		
		-	-			tion that was a -1 !	o ovotom comis d
•	In General: In space I, ident						
Cubatituta	substitute basis during the a explanation of the programm						
Substitute Carriage:					ne general ins		
Special	1. SPECIAL STATEMEN	-					
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network television	program
Program Log	broadcast by a distant sta	tion?				YE	S NO
	NI-1-15 (A)				"X "		
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	must complete the	program
	log in block 2.						
	2. LOG OF SUBSTITUTI						
	In General: List each subs				s wherever p	ossible, if their me	aning is
	clear. If you need more spa						
				vision program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	guiations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for further info	ormation.
	"NBA Basketball: 76ers vs.		JVIES OF DASK	elball. List specific progra		example, TLOVE L	ucy of
			dcast live, ent	er "Yes." Otherwise enter '	'No."		
				asting the substitute progr			
				the community to which th		censed by the FC0	C or, in
	the case of Mexican or Car						
			when your sy	stem carried the substitute	e program. U	se numerals, with	the month
	first. Example: for May 7 gi						
				ogram was carried by you			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m. snouid	d be
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour system was	required
	to delete under FCC rules						
	was substituted for program						
	effect on October 19, 1976		, ,	·		0	
					1		
						N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCURREI	D 7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то
						-	
						_	
						-	
						_	
						_	
						_	
						_	
						_	
1			<u> </u>			F	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	S	YSTEM ID# 24264
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	9,345.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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-mon	
	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 \$137,1		
	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 Due	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!

Namo	Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Monor       Instructions: You must give (1) the number of duamate to dual nucle dual set system carried set system carried set system.	Name						SYSTEM ID# 24264
Individual is       we can contact about this statement of account.)         We can contact about this statement of account.)         In may       OXANA SOSKOVA         Address       A1 KIRKLAND PARKPLACE SUITE 500         Mutters       Mathematication account muster of sale number)         KIRKLAND VA 98033       City was used.         Centrification       Fax (optional) 425.576 8221         Email       Inx. deep/@giveswebroactbaand.com         Fax       Fax (optional) 425.576 8221         Centrification       Centrification         Centrification       Fax (optional) 425.576 8221         Centrification       Centrification         Centrification       Fax (optional) 425.576 8221         Centrification       Centrification         Centrification       Centrification         Centrification       Centrification         Centrification       Conserve other than corporation or partnership) 1 am the ouver of the cable system as identified         In the 1 of space 8       Centrification         Centrification       Conter other than corporation or partnership) 1 am the ouver of the cable system as identified         In the 2 space 8 and the ower of and a concount on the eavier of the cable system as identified         In the 2 space 8 and the ower of the cable of my knowidege, information, and belef, and are made in		Instructions: Y to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the o	rs, and (2) the cable system's t al number of channels on which d television broadcast stations al number of activated channel cable system carried television	otal number of activated chan n the cable s s broadcast stations	nnels during the ac	counting period.	
Information Address Ad	Individual to				DED (Identify an inc		
Image: Instruction of the statement of account must be certified and signed in accordance with Copyright Office regulations)         Contrinition         Christian of the statement of account must be certified and signed in accordance with Copyright Office regulations)         Contrinition         Christian of the operation of partnership) I am the owner of the cable system as identified in line 1 of space B; or         Contrinition         Control (Mage: Copyright Office regulations)		Name	OXANA SOSKOVA			Telephone 4	25-576-8200
Certification       Certification         Certification       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)		Address	(Number, street, rural route, apart	ment, or suite number)			
• the undersigned, hereby certify that (Check one, but only one, of the boxes.) • the undersigned, hereby certify that (Check one, but only one, of the boxes.) • (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B and that the owner is not a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (B) U.S.C., Section 1001(1986) • Letter an electronic signature on the line above to certify this statement. Enter signature using an '/s/ signature'' (e.g., /s/ John Smith) • Typed or printed merric • OWN FEEHAN • The or official position held in corporation or partnership)		Email	tax.dept@wave	ebroadband.com		Fax (optional) 425-576-8221	
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: JOHN FEEHAN Title: CFO (Title of official position held in corporation or partnership)	-	I, the undersign     (Own     (Ager     in     X     (Offi     in     true, comple	ned, hereby certify that (Check of er other than corporation or p nt of owner other than corpor- l line 1 of space B and that the of cer or partner) I am an officer ( l line 1 of space B. ed the statement of account and ete, and correct to the best of my	bone, <i>but only one</i> , of the boxes <b>partnership)</b> I am the owner o <b>ation or partnership)</b> I am the owner is not a corporation or p if a corporation) or a partner ( hereby declare under penalty	.) f the cable system a e duly authorized ag artnership; or if a partnership) of th of law that all stated	is identified in line 1 of space B; ent of the owner of the cable sy he legal entity identified as owne ments of fact contained herein	stem as identified
(Title of official position held in corporation or partnership)				Enter an electronic signature of Enter signature using an "/s/ s	on the line above to d ignature" (e.g., /s/ J		
Date: 2/15/19				-	partnership)		
			Date:			2/15/19	

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 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 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 filing, a determination that would be made by a court of law.

ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
VE DIVISION HOLDINGS LLC	2426
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address     Name	
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.	Q Interest Assessmen
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 Assessmen
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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