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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	by email to:	
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	02/28/2019	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	3Y THIS STATEMENT: (YY	YY/(Period))	
Accounting Period	2010/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)	
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 cor	rporate title
Owner	List any other name or names under which If there were different owners during the a single statement of account and royalty fee Check here if this is the system's first filing	accounting period, only the owner on the payment covering the entire accounti	ne last day of the accounting period should s ng period.	submit a 30050
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	TELECOMMUNICATIONS MANAGEM BUSINESS NAME(S) OF OWNER OF			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite nu	imber)		
	PHOENIX, AZ 85012 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busing names already appear in space B. In line 2			
System	IDENTIFICATION OF CABLE SYSTEM:			
			NEWWAVE COMMUNICATION	ONS
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 604 E. NATIONAL AVENUE (Number, street, rural route, apartment, or suite nu	imber)		
	BRAZIL, IN 47834 (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	TELECOMMUNICATIONS MANAGEMENT, LLC	300
	Instructions: List each separate community served by the cable system. A "commun	ity" is the same as a "community unit" as defined in FCC rule
	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	as the "first community." Please use it as the first community on all future filings.	st win serve us a form of system identification hereafter kne
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	JASONVILLE	IN
Community	DUGGER	IN
Community		
	VIGO	IN
d Rows as Necessary	COALMONT	IN
,	FARMERSBURG	IN
	WILFRED	IN
	GREEN(N)	IN
	HYMERA	IN
	WORTHINGTON	IN
	ROCKVILLE	IN
	MARSHALL	IN
	PARKE COUNTY	IN
	GREEN(S)	IN
	SHELBURN	IN
	MONTEZUMA	IN
	BLOOMINGDALE	IN
	MECCA	IN

								FORM SA1	-2E. PAGE
Name	LEGAL NAME OF OWNER OF C							515	3005
	TELECOMINIONICATION			LLC					
Е	SECONDARY TRANSMISSION								
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	, , ,	,		,			g en uie	
Service: Sub-	Number of Subscribers: Both						•		
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv		,	0,0			,	schargeu	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	•	,			rd rate variatior	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondany transmi	ssion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					d in the count u	nder "Servi	ce to the	
	Block 2: If your cable system	0			· · ·	service that are	e different f	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-ha	ind block. A t	wo- or thre	e-word descript	ion of the	service is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		000	¢07.00					
	Service to first set		888	\$27.00					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial		43	\$27.99					
	Converter			ΨZ1.33					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			•		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
•	Block 1: Give the standard rat							were not	
ransmissions:	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
•		brief (two- or three-word) description and include the rate for each.							
ransmissions:	listed in block 1 and for which a		the the rat	e for each.					
ransmissions:	listed in block 1 and for which a	otion and includ		e for each.				BLOCK 2	
ransmissions:	listed in block 1 and for which a		CK 1	e for each. DRY OF SER	VICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip	otion and includ BLO	CK 1 CATEGO			RATE	CATEG		RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ BLO	CK 1 CATEGO Installat	DRY OF SER		RATE			RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and includ BLO(RATE	CK 1 CATEGO Installat • Mote	DRY OF SER ion: Non-res		RATE	EXPAN	ORY OF SERVICE	
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and includ BLO(RATE	CK 1 CATEGO Installat • Mote	DRY OF SER ion: Non-res I, hotel mercial		RATE	EXPAN DIGITA	DRY OF SERVICE	60.(13.(
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and includ BLO(RATE	CK 1 CATEGO Installat • Mote • Com • Pay	DRY OF SER ion: Non-res I, hotel mercial	idential	RATE	EXPAN DIGITA DIGITA	DRY OF SERVICE	60.0 13.0 9.0
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and includ BLO(RATE	CK 1 CATEGO Installat • Mote • Com • Pay	DRY OF SER ion: Non-res il, hotel mercial cable	idential	RATE	EXPAN DIGITA DIGITA STARZ	DRY OF SERVICE IDED BASIC IL FAM PLUS IL SPRTS PACI	60.(13.(
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	otion and includ BLO(RATE	CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch	idential	RATE	EXPAN DIGITA DIGITA STARZ SHOW	DRY OF SERVICE IDED BASIC IL FAM PLUS IL SPRTS PACI SUPER PAK	60.0 13.0 9.0 15.0 17.0 27.0
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	botion and includ BLOO RATE \$9-\$18.00	CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch protection lar protection	idential	RATE	EXPAN DIGITA DIGITA STARZ SHOW HBO T CINEM	DRY OF SERVICE IDED BASIC IL FAM PLUS IL SPRTS PACI SUPER PAK TIME UNLTD HE WORKS	60.0 13.0 9.0 15.0 17.0 27.0 9.0
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	botion and includ BLOO RATE \$9-\$18.00	CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other se	DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch protection lar protection	idential	RATE	EXPAN DIGITA DIGITA STARZ SHOW HBO TI CINEM HBO	DRY OF SERVICE IDED BASIC IL FAM PLUS IL SPRTS PAC SUPER PAK TIME UNLTD HE WORKS AX	60.0 13.0 9.0 15.0 17.0 27.0 9.0 18.0
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	botion and includ BLOO RATE \$9-\$18.00	CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other so • Reco	DRY OF SER ion: Non-res il, hotel mercial cable cable-add'l ch protection lar protection ervices:	idential		EXPAN DIGITA DIGITA STARZ SHOW HBO T CINEM	DRY OF SERVICE IDED BASIC IL FAM PLUS IL SPRTS PAC SUPER PAK TIME UNLTD HE WORKS AX	60.0 13.0 9.0 15.0 17.0 27.0 9.0 18.0
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	botion and includ BLOO RATE \$9-\$18.00	CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other se • Recc • Disc	DRY OF SER ion: Non-res il, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	idential		EXPAN DIGITA DIGITA STARZ SHOW HBO TI CINEM HBO	DRY OF SERVICE IDED BASIC IL FAM PLUS IL SPRTS PAC SUPER PAK TIME UNLTD HE WORKS AX	60.0 13.0 9.0 15.0

ccounting Period:	1			FORM SA1-2E. PAGE 3.
Name				SYSTEM ID# 30050
				50050
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 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 statior multicast stream associated "WETA-2" as the same on t 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	also 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-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a ions carried on a i
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAWV	39	N	TERRA HAUTE, IN
	WTHI	10	Ν	TERRA HAUTE, IN
d Rows as Necessary	WTHR	13	N	INDIANAPOLIS, IN
	WTIU	14	Е	BLOOMINGTON, IN
	wтwo	36	N	TERRA HAUTE, IN
	WTHI-2	10	I-M	TERRA HAUTE, IN
	WTHI-3	10	I-M	TERRA HAUTE, IN

EGAL NAME OF			NAGEMENT, LLC					SYSTEM I 300
	every radio s	tation ca	nrried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	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 c 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 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in 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	
						·	·	
							·	
						·	·	

Accounting Perio	od: 2018/2							FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SYSTEM ID#
Name	TELECOMMUNICATIO	NS MANA	AGEMENT, I	LLC					30050
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC)G				
	In General: In space I, ident	tify every nor	nnetwork televi	<i>ision program,</i> broadcast by	y a <i>distant</i> sta	tion, that y	our c	able syst	em carried on a
	substitute basis during the a	•••		•					
Substitute	explanation of the programm	ning that mus	st be included	in this log, see page (v) of t	the general ins	structions	in the	paper S/	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network te	elevisi	ion progr	am
Program Log	broadcast by a distant sta	tion?						YES	NO
r rogram zog	2				<i></i>			-	
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you i	must com	plete	the prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs				s wherever p	ossible, if	their	meaning	lis
	clear. If you need more spa			rows to the tables. vision program ("substitute	e program") t	hat durin	a tha	accounti	na
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, '	ʻl Lov	e Lucy" (or
	"NBA Basketball: 76ers vs.			(b) () (b) (b) (b) (b) (b) (b) (b) (b)					
				er "Yes." Otherwise enter					
				asting the substitute prog the community to which th		censed hy	/ the F	ECC or i	in
	the case of Mexican or Car							1 00 01, 1	
				stem carried the substitute			als, w	ith the m	nonth
	first. Example: for May 7 gi								
				ogram was carried by you					ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example: a	a program car	ried by a system from 6:07	1:15 p.m. to 6	:28:30 p.i	m. sno	ouia be	
		or "D" if the	listed program	n was substituted for prog	ramming that	t vour eve	tem w	vas requ	ired
	Column /: Enter the lett		insteu prourai	n was substituted for brod					
	Column 7: Enter the lett to delete under FCC rules a								
	to delete under FCC rules a was substituted for program	and regulation	ons in effect d	uring the accounting perio	od; enter the	letter "P" i	f the I	listed pro	
	to delete under FCC rules a	and regulation nming that y	ons in effect d	uring the accounting perio	od; enter the	letter "P" i	f the I	listed pro	
	to delete under FCC rules a was substituted for program	and regulation nming that y	ons in effect d	uring the accounting perio	od; enter the l der FCC rules	letter "P" i s and regu	f the I Ilatior	listed pro	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation nming that y	ons in effect d your system w	luring the accounting period as permitted to delete und	d; enter the der FCC rules	letter "P" i s and regu	f the I Ilatior	listed pro	ogram
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation nming that y	ons in effect d your system w E PROGRAM	luring the accounting period as permitted to delete und	d; enter the der FCC rules WHE CARRI	N SUBS	f the I Ilatior	listed pro ns in TE RED	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation ming that y	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting periods as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBS AGE OCC	f the I Ilation	listed pro ns in TE RED S	ogram
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Accounting Period:	2018/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC	S	YSTEM ID# 30050
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	6,518.02
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 \$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-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	00)	
	1. Base amount under statutory formula \$ 263,800.00	<u>.</u>	
	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 Foc and			
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		hts!

Accounting Period:	2018/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: IICATIONS MANAGEMEN	T, LLC		SYSTEM ID# 30050
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	and (2) the cable system's to number of channels on which	s broadcast stations	ng the accounting period.	11 291
N Individual to Be Contacted		bout this statement of accour			
for Further Information	Name	EMERSON YEARWO		Telephone	602-364-6195
	Address	210 E. EARLL DRIVE (Number, street, rural route, aparte PHOENIX, AZ 85012 (City, town, state, zip) EMERSON.YE	nent, or suite number)	Fax (optional) <u>602-364-60</u> 1	3
O Certification	I, the undersigned (Owne (Agenti in I X (Offici in I . I have examined	ed, hereby certify that (Check or r other than corporation or p t of owner other than corpora- ine 1 of space B and that the or er or partner) I am an officer (ine 1 of space B. I the statement of account and e, and correct to the best of my on 1001(1986)] Typed or printeo Title: (Title of or	ust be certified and signed in accordar one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable ation or partnership) I am the duly auth woner is not a corporation or partnership if a corporation) or a partner (if a partne hereby declare under penalty of law that 'knowledge, information, and belief, and knowledge, information, and knowledge, information, and knowledge, information,	e system as identified in line 1 of space norized agent of the owner of the cable y; or rship) of the legal entity identified as ow at all statements of fact contained herei d are made in good faith. RCK above to certify this statement. (e.g., /s/ John Smith)	system as identified vner of the cable system
		Date:		2/28/2019	

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

unting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ECOMMUNICATIONS MANAGEMENT, LLC	300
 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 Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
A	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274	-
x	-
x	-
x	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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