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: 8-28-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	2007
		LECAL NAME OF OWNER/MAILING ADDRESS OF CARLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		COMMZOOM COMMUNICATIONS, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number)	
		SAN ANTONIO, TX 78217	
		(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 unle as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	СОММZООМ	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, 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 suffciency of the fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	COMMZOOM COMMUNICATIONS, LLC	022007
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
First	CITY OR TOWN THREE RIVERS	TX
Community		
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	COMMZOOM COMMUN	CATIONS, LL	_C						02200
-	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIE	ERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	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				ny standar	o rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscrib	bers. G	ve the number	er of subsc	ribers and rate f	or each list	ed category	
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the r	right-ha	nd block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	0	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		~						
	Service to first set		22	88.06					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		8	88.06					
	Commercial		1	88.06					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATE	s				
Б	In General: Space F calls for rat	e (not subscriber	r) inforr	nation with re	spect to al	l your cable sys	tem's servi	ces 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	•	,		0		0.,		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-			•		<b>3</b> • • • • • ,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip				SHEU. LISI			IOTTI OF A	
							1		
	CATEGORY OF SERVICE	BLOCH RATE C		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ion: Non-res		TUTE	ONTEOC		TUTE
	• Pay cable			el, hotel					
	Pay cable—add'l channel			mercial					
	Fire protection		• Pay						1
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set			lar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect					
	• Converter			onnect					
	Converter			et relocation					
			- Outle	erreiocation			l		
				e to new addr	~~~				

I	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
lame	соммгоом сомм	UNICATIONS, LLC		02200
	PRIMARY TRANSMITTERS:	TELEVISION		
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here, station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the charn of license. For example, V <b>Column 3:</b> Indicate in eact educational station, by ent (for independent multicast); For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part- le carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial hendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KABB	29	I	SAN ANTONIO, TX
	KENS	5	N-M	SAN ANTONIO, TX
cessary	KENS KEDT	5 16	N-M E	SAN ANTONIO, TX CORPUS CHRISTI, TX
essary				
essary	KEDT	16	E	CORPUS CHRISTI, TX
essary	KEDT WOAI	16 4	E	CORPUS CHRISTI, TX SAN ANTONIO, TX
essary	KEDT WOAI KPXL	16 4 26	E N-M I	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX
cessary	KEDT WOAI KPXL KMYS	16 4 26 35	E N-M I I	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX
Cessary	KEDT WOAI KPXL KMYS KSAT	16 4 26 35 12	E N-M I I N-M	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX
essary	KEDT WOAI KPXL KMYS KSAT KWEX	16 4 26 35 12 41	E N-M I I N-M N-M	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
lecessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII	16 4 26 35 12 41 3	E N-M I I N-M N-M N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX
lecessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
Vecessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
Necessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
Necessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
Necessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
Necessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
s Necessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
lecessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
Necessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
as Necessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
IS Necessary	KEDT WOAI KPXL KMYS KSAT KWEX KIII KRIS	16 4 26 35 12 41 3 6	E N-M I I N-M N-M N-M N N N	CORPUS CHRISTI, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX

COMMZOO		NICATI	ONS, LLC					0220
	t every radio s	station c	) arried on a separate and disc merally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the call state whether the radio state this by placing Sive the station	y the system be recent it the Contract of l sign of the station ition's sign g a checon i's locat	II-Band FM Carriage: Under stem whenever it is received vived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. anal was electronically process is 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 an this point, see p sed by the cable the station is licer	eadend, and tenna, during age (v) of the system as a s nsed by the F	(2) it car certain general separate	h be expected, stated intervals. instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3/0	LOCATION OF STATION	GALL SIGN		310	LUCATION OF STATION	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	COMMZOOM COMMU	NICATION	IS, LLC					022007
	SUBSTITUTE CARRIAG				2			
I I	In General: In space I, ident					ion that you	ir cablo sveto	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork telev <u>i</u>	sion program	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
rogram Log	Note: If your answer is "No	" leave the	rest of this pac	e blank. If your answer is "	Yes " vou mi	ist complete	-	
	log in block 2.	, 10010 110	root of the pag		roo, you me	lot complet	e the program	
	2. LOG OF SUBSTITUTI		MS					
	In General: List each subs	titute progra	im on a separa		wherever pos	sible, if the	ir meaning is	;
	clear. If you need more spa					ما بي مان بي م		
	period, was broadcast by a			ision program ("substitute p ur cable system substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	er informatio	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		dcast live ente	r "Yes." Otherwise enter "N	lo "			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
				ne community to which the			e FCC or, in	
	the case of Mexican or Car			community with which the s tem carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when your sys			numerais,	with the mor	
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period;	enter the let	ter "P" if the	e listed progr	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulation	ons in	
		•						
				_		N SUBST		
		1	E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	
							-	
							_	
								"
							_	
								·
								·
							= 	
								· · · · · · · · · · · · · · · · · · ·

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	S	YSTEM ID# 022007
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 servic s amount, see	e ),919.12
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 • 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	<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)	<u> </u>	
	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		hts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: I COMMUNICATIONS, LLC		SYSTEM ID# 022007
M Channels	to its subscrit 1. Enter the t system carr 2. Enter the t	ers, and (2) the cable system's total nu		11
N		Adcast services	IFORMATION IS NEEDED (Identify an individual to whom	
IN Individual to Be Contacted		ct about this statement of account.)		
for Further Information	Name	JACOB T. GRAY	Telephone	210-736-3376, EXT 1004
	Address	2438 BOARDWALK ST (Number, street, rural route, apartment, o SAN ANTONIO, TX 78217 (City, town, state, zip)		
	Email	CF0@COMMZOOM	.COM Fax (optional) 210-403-26	88
O Certification		<b>DN</b> (This statement of account must be gned, hereby certify that (Check one, <i>but</i>	certified and signed in accordance with Copyright Office regulations)	)
	(0)	vner other than corporation or partners	ship) I am the owner of the cable system as identified in line 1 of space I	B; or
		in line 1 of space B and that the owner is		
	<ul> <li>I have exami are true, comp</li> </ul>	in line 1 of space B. ned the statement of account and hereby	poration) or a partner (if a partnership) of the legal entity identified as own declare under penalty of law that all statements of fact contained herein edge, information, and belief, and are made in good faith.	
		Enter	/s/ JACOB T. GRAY	-
		Typed or printed name	e: JACOB T. GRAY	
			D/COO osition held in corporation or partnership)	
		Date:	AUGUST 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 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 law

unting Period: 2019/1			FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM
IMZOOM COMMUNICATIONS, LLC			0220
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gr service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receiving</li> <li>For more information on when to exclude these amounts, see the located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any a made by satellite carriers to satellite dish owners?</li> <li>X NO</li> </ul>	111(d)(1)(A), of the Copyright Act by oss amounts paid to the cable system oadcast transmitters, the system sha secondary transmissions pursuant to note on page (vii) of the general inst	n for the basic III not include sub- o section 119." ructions	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below			
Name	Name Mailing Address		
INTEREST ASSESSMENT			
You must complete this worksheet for those royalty payments sul	mitted as a result of a late payment of	or underpayment	•
For an explanation of interest assessment, see page (viii) of the gluine 1 Enter the amount of late payment or underpayment	eneral instructions located in the pap	er SA1-2 form.	Q Interest Assessme
	eneral instructions located in the pap		Q
Line 1 Enter the amount of late payment or underpayment	eneral instructions located in the pap	er SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	eneral instructions located in the pap	er SA1-2 form. 1%	Q
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her	eneral instructions located in the pap	er SA1-2 form. 1% - days -	Q
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s Line 4 Multiply line 3 by 0.00274** and enter here	eneral instructions located in the pap	er SA1-2 form. 1% - days - x 0.00274 - nterest charge)	Q Interest Assessm
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum her</li> <li>Line 3 Multiply line 2 by the number of days late and enter the s</li> <li>Line 4 Multiply line 3 by 0.00274** and enter here</li> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or bl</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/line</i></li> </ul>	eneral instructions located in the pap	er SA1-2 form. 1% - days - x 0.00274 - nterest charge)	Q Interest Assessm
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