This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/22/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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.
		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
		3700 MONTE VILLA PARKWAY
		(Number, street, rural route, apartment, or suite number) BOTHELL WA 98021
		(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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		WAVE BROADBAND
		MAILING ADDRESS OF CABLE SYSTEM:
	2	3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)
		BOTHELL WA 98021 (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 suffciency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC	2243
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film Note: Entities and properties such as hotels, apartments, condominiums, or m	mmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Served	identified city.	
	CITY OR TOWN	STATE
First	MORTON	WA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	WAVE DIVISION HOLDI	NGS LLC							224
	SECONDARY TRANSMISSION		Deco		TES				
E	In General: The information in s			-	-	v transmission s	ervice of t	he cable	
	system, that is, the retransmissio								
Secondary	about other services (including p	ay cable) in sp	ace F, r	not here. All the	e facts you	u state must be t			
Transmission	last day of the accounting period							hankan	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicate	d—not the num	nber of set	ts receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servio	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 of					d in the count un	der "Servi	ce to the	
	Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the s	service is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential: Service to first set	137		25.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		13	25.95					
	Commercial		13	23.95					
	Converter								
	Residential								
	Non-residential								
	·Non-residentia								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
	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	rate column.	-	-		-		0	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip				SHEU. LISU				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	17.00	• Mo	tel, hotel					
			• Cor	mmercial					
	 Pay cable—add'l channel 		• Pay	/ cable					1
	Pay cable—add'l channel Fire protection								
	,		• Pay	/ cable-add'l ch	nannel				
	Fire protection		-		nannel				
	Fire protection Burglar protection	29.95	• Fire	/ cable-add'l ch					
	• Fire protection •Burglar protection Installation: Residential	<u>29.95</u> 14.95	• Fire • Bur	y cable-add'l ch e protection					
	 Fire protection Burglar protection Installation: Residential First set 		• Fire • Bur Other s	y cable-add'l ch e protection glar protection		29.95			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire • Bur • Bur • Rec	v cable-add'l ch protection glar protection services:		29.95			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bur • Bur • Rec • Dis	y cable-add'l ch protection glar protection services: connect		29.95			

counting Period:	2019/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	WAVE DIVISION HOLI			224
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by enter (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's call sign. <i>Do not</i> report origination with a station according to its over-th	ot (1) stations carried only on a part the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain st carried by your cable system on a si the Special Statement and Program ed both on a substitute basis and al- s, see page (v) of the general instruc- program services such as HBO, ES ne-air designation. For example, rep revision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. st the community to which the statio	 time basis under arrans [sections carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KOMO - ABC	4	N	SEATTLE, WA
Add Rows as Necessary	KOMODT2 - CometTV	4.2	N	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	N	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	ТАСОМА, WA
	KSTWDT2 - Decades	11.2	Ν	TACOMA, WA
	KVOS - Heroes & Icor	12.1	N	BELLINGHAM, WA
	KCPQ - FOX	13	Ν	TACOMA, WA
	KONG - Independent	16	l	EVERETT, WA
	KTBW - TBN	20	Ν	SEATTLE, WA
	KZJO - JOEtv	22	Ν	SEATTLE, WA
	KZJODT3 - Antenna T	22.3	Ν	SEATTLE, WA
	KWPX - ION	33	N	BELLEVUE, WA
	KWDK - Daystar	56	N	TACOMA, WA

ccounting Period:	2019/1			FORM SA1-2E. PAGE
News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
Name	WAVE DIVISION HOL	DINGS LLC		224
	PRIMARY TRANSMITTERS:	TELEVISION		
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 station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe 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	n during the accounting period, except n effect on June 24, 1981, permitting f e)(2) and (4), or 76.63 (referring to 76.15 s explained in the next paragraph. : With respect to any distant stations of iles, regulations, or authorizations: a in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th he form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subst the Special Statement and Program Lu- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over th station, an independent station, or a n (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream me air in its community moncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OI								SYSTEM IE
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to ormation about rm. dentify the call State whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a ved at the headend, with the opyright Office regulations on 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	at the system's he system's FM ante this point, see pa sed by the cable s ne 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 i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
0411 0/51		0.15		0411 0101		0 /5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1						

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WAVE DIVISION HOLD	DINGS LLO	C					2243
	SUBSTITUTE CARRIAG				G			
	In General: In space I, identi		-		-	on that your	cable syste	am carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	work televis	ion progran	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Neter If your anowar is "No	" loovo tho	root of this nos	o block, if your onewer in '	Waa " yay mu		-	
	Note: If your answer is "No	, leave the	rest of this pag	je blank. If your answer is	res, you mu	ist complete	the program	m
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sible if their	meaning is	
	clear. If you need more spa						inouning io	
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o ies like "mo	r autnorization: vies" or "baske	s. See page (V) of the gene thall " List specific program	n titles for example	ample "I I ov	r informatioi ve Lucv" or	n.
	"NBA Basketball: 76ers vs.			List specific program				
				r "Yes." Otherwise enter "N				
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			FUC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv	ve "5/7."			_			
				gram was carried by your				ely
	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:	15 p.m. to 6:2	8:30 p.m. sn	ould be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system v	was require	ed
	to delete under FCC rules a							am
	was substituted for program	nming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	FE 1 0 1 1 10 1070					U U		
	effect on October 19, 1976.		,			Ū		
	effect on October 19, 1976.						TUTE	
			E PROGRAM	·	WHE	-		7. REASON FOR
		SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	7. REASON FOR DELETION
	s	SUBSTITUT	E PROGRAM	·	WHE CARRI	N SUBSTIT	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	
	s	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL 6. TI	JRRED MES	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	S	YSTEM ID# 2243
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 3,121.00
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		hts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ION HOLDINGS LLC	SYSTEM ID 2243
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broad ers, and (2) the cable system's total number of activated channels during the accounting perio tal number of channels on which the cable ed television broadcast stations	
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to who t about this statement of account.)	om
for Further Information	Name	OXANA SOSKOVA	Telephone 425-217-4000
	Address	3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip)	
	Email	tax.dept@wavebroadband.com Fax (optional	al) <u>425-217-4001</u>
O Certification		N (This statement of account must be certified and signed in accordance with Copyright Office gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	e regulations)
	(Age x (Off • I have examin are true, complete (Complete)	ner other than corporation or partnership) I am the owner of the cable system as identified in lir ent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity id in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact cor lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	r of the cable system as identified entified as owner of the cable system
		Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ement.
		Typed or printed name: JOHN FEEHAN	
		Title: CFO (Title of official position held in corporation or partnership)	

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 lay

Inting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
/E DIVISION HOLDINGS LLC	224
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 fol- lowing 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 sub- scribers 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.	P Special Statement Concerning Gross Receipts Exclusion
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?	
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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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