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 08/27/2019 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20191 Barcode Data Filing Period (optional - see instructions)
Accounting 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		WASHINGTON CABLE SYSTEMS INC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		BUSINESS NAME(S) OF OWNER OF CABLE STSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		700 7TH ST SW STE S3
		(Number, street, rural route, apartment, or suite number) WASHINGTON DC 20024-2484
		(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 is 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:
		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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WASHINGTON CABLE SYSTEMS INC	39945
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
First	CITY OR TOWN WASHINGTON	DC STATE
Community	US GOVERNMENT	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	WASHINGTON CABLE	SYSTEMS IN	IC						3994
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB		ATES				
E	In General: The information in s			-	-	v transmission s	ervice of th	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission	last day of the accounting period Number of Subscribers: Both							brokon	
Service: Sub- scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate in	ndicated	-not the num	nber of set	s 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	articular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					a in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	and rates, in the	right-ha	nd block. A tv	vo- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1			1		BLOCK	· •	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	ERS	RATE	CAI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set								
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		3	7 375 00		ovt. special b			
			3	7,375.00			JUIN		
	Converter				rates (a	avg.)			
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: 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								
	brief (two- or three-word) descrip				Shea. List				
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installat	ion: Non-res	idential				
	• Pay cable		• Mote	el, hotel					
	 Pay cable—add'l channel 		• Com	mercial		150.00			
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	nannel				
			• Fire	protection					
	Installation: Residential		• Buro	lar protection					
	• First set		- Durg	ial protection					
			Other se	•					
	First set		Other s	•					
	First setAdditional set(s)		Other so • Reco	ervices:					
	 First set Additional set(s) FM radio (if separate rate) 		Other so • Reco • Disc	ervices:					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
ne	WASHINGTON CABL			399
	PRIMARY TRANSMITTERS:			
ary itters: sion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s 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 e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st irried by your cable system on a su the Special Statement and Program I both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" titional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WRC-4.1	48.1	N-M	Washington, DC
	COZI-4.2	48.2	N-M	Washington, DC
				J J J J J J J J J J
	WZDC-4.3	48.3	N-M	Washington, DC
Vecessary	WZDC-4.3 XITOS-4.4	48.3 48.4	N-M N-M	
Necessary				Washington, DC
Necessary	XITOS-4.4	48.4	N-M	Washington, DC Washington, DC
Necessary	XITOS-4.4 WTTG-5.1	48.4 36.1	N-M N-M	Washington, DC Washington, DC Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2	48.4 36.1 36.2	N-M N-M N-M	Washington, DC Washington, DC Washington, DC Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3	48.4 36.1 36.2 36.3	N-M N-M N-M N-M	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1	48.4 36.1 36.2 36.3 7.1	N-M N-M N-M N-M N-M	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2	48.4 36.1 36.2 36.3 7.1 7.2	N-M N-M N-M N-M N-M N-M	Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2 COMET-7.3	48.4 36.1 36.2 36.3 7.1 7.2 7.3	N-M N-M N-M N-M N-M N-M N-M	Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2 COMET-7.3 TBD-7.4	48.4 36.1 36.2 36.3 7.1 7.2 7.3 7.4	N-M N-M N-M N-M N-M N-M N-M N-M	Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2 COMET-7.3 TBD-7.4 WUSA-9.1	48.4 36.1 36.2 36.3 7.1 7.2 7.3 7.4 9.1	N-M N-M N-M N-M N-M N-M N-M N-M	Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2 COMET-7.3 TBD-7.4 WUSA-9.1 Justice-9.2	48.4 36.1 36.2 36.3 7.1 7.2 7.3 7.4 9.1 9.2	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2 COMET-7.3 TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-LATV-9.3	48.4 36.1 36.2 36.3 7.1 7.2 7.3 7.4 9.1 9.2 9.3	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2 COMET-7.3 TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-LATV-9.3 WDCA-20.1	48.4 36.1 36.2 36.3 7.1 7.2 7.3 7.4 9.1 9.2 9.3 35.1	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2 COMET-7.3 TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-LATV-9.3 WDCA-20.1 MOVIES-20.2	48.4 36.1 36.2 36.3 7.1 7.2 7.3 7.4 9.1 9.2 9.3 35.1 35.2	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2 COMET-7.3 TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-LATV-9.3 WDCA-20.1 MOVIES-20.2 HEROES-20.3	48.4 36.1 36.2 36.3 7.1 7.2 7.3 7.4 9.1 9.2 9.3 35.1 35.2 35.3	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Washington, DC Washington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2 COMET-7.3 TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-LATV-9.3 WDCA-20.1 MOVIES-20.2 HEROES-20.3 LIGHTV-20.4	48.4 36.1 36.2 36.3 7.1 7.2 7.3 7.4 9.1 9.2 9.3 35.1 35.2 35.3 35.4	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Washington, DCWashington, DC
Necessary	XITOS-4.4 WTTG-5.1 BUZZR-5.2 METV-5.3 WJLA-7.1 CHG-7.2 COMET-7.3 TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-LATV-9.3 WDCA-20.1 MOVIES-20.2 HEROES-20.3 LIGHTV-20.4 MPT-22.1	48.4 36.1 36.2 36.3 7.1 7.2 7.3 7.4 9.1 9.2 9.3 35.1 35.2 35.3 35.4 22.1	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Washington, DCWashington, DC

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM ID#
Name	WASHINGTON CABL			39945
	PRIMARY TRANSMITTERS:			
G rimary ssmitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a si e Special Statement and Program both on a substitute basis and all see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form, the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" ttional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WETA-26.1	27.1	E-M	Washington, DC
	WETA-UK-26.2	27.2	E-M	Washington, DC
vs as Necessary	WETA-UK-26.2 WETA-KIDS-26.3	27.2 27.3	E-M	Washington, DC Washington, DC
vs as Necessary				
as Necessary	WETA-KIDS-26.3	27.3	E-M	Washington, DC
as Necessary	WETA-KIDS-26.3 WETA-26.4	27.3 27.4	E-M E-M	Washington, DC Washington, DC
as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1	27.3 27.4 33.1	E-M E-M N-M	Washington, DC Washington, DC Washington, DC
as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2	27.3 27.4 33.1 33.2	E-M E-M N-M E-M	Washington, DC Washington, DC Washington, DC Washington, DC
as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1	27.3 27.4 33.1 33.2 34.1	E-M E-M N-M E-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2	27.3 27.4 33.1 33.2 34.1 34.2	E-M E-M N-M E-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3	27.3 27.4 33.1 33.2 34.1 34.2 34.3	E-M E-M N-M E-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.4	E-M E-M N-M E-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
vs as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4 HSN-66.5	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.3 34.4 34.5	E-M E-M N-M E-M I-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
vs as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4 HSN-66.5	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.3 34.4 34.5	E-M E-M N-M E-M I-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
vs as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4 HSN-66.5	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.3 34.4 34.5	E-M E-M N-M E-M I-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
vs as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4 HSN-66.5	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.3 34.4 34.5	E-M E-M N-M E-M I-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
vs as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4 HSN-66.5	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.3 34.4 34.5	E-M E-M N-M E-M I-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
vs as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4 HSN-66.5	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.3 34.4 34.5	E-M E-M N-M E-M I-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
vs as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4 HSN-66.5	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.3 34.4 34.5	E-M E-M N-M E-M I-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
vs as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4 HSN-66.5	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.3 34.4 34.5	E-M E-M N-M E-M I-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
vs as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4 HSN-66.5	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.3 34.4 34.5	E-M E-M N-M E-M I-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC
vs as Necessary	WETA-KIDS-26.3 WETA-26.4 WHUT-32.1 WHUT-32.2 WPXW-ION-66.1 Quobo-66.2 ION Life-66.3 Shop-66.4 HSN-66.5	27.3 27.4 33.1 33.2 34.1 34.2 34.3 34.3 34.4 34.5	E-M E-M N-M E-M I-M I-M I-M I-M I-M	Washington, DC Washington, DC Washington, DC Washington, DC

Accounting P							FORM	I SA1-2E. PAGE
LEGAL NAME OF								SYSTEM IE 3994
		01012						3994
	t every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein to the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright 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 th	t the system's he system's FM ante his point, see pa ed by the cable s he station is licent	eadend, 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, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
						0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
none)								
	L							

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WASHINGTON CABLE	SYSTEM	IS INC					39945
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv no	nnetwork televis	<i>sion program.</i> broadcast by	a distant stat	ion. that vour	cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute basi	s, any nonnet	twork televisi	on program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	'Yes," you mu	ist complete	the prograr	n
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			ision program ("substitute	orogram") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	information	۱.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Lov	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			-CC or, in	
				tem carried the substitute			ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."	, , , , , , , , , , , , , , , , , , ,		0			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	buid be	
	Column 7: Enter the letter			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	is in	
					П			1
			E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
	(none)							
						_	-	
			·				-	
							-	
						_	-	
							- 	
							-	
							-	
						_	-	
							-	
						_	-	
							-	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WASHINGTON CABLE SYSTEMS INC	S	STEM ID# 39945
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 2,746.00
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)		0.00
	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!

	2019/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: DN CABLE SYSTEMS INC		SYSTEM ID# 39945
M Channels			channels on which the cable system carried television broadcast stand	ations
		tal number of channels on which the television broadcast stations	he cable	34
	on which the	otal number of activated channels a cable system carried television br adcast services	roadcast stations	51
N Individual to Be Contacted		TO BE CONTACTED IF FURTHEI ct about this statement of account.)	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Perry I. Klein, Vice-Pre	resident Tele	ephone 202-646-1600
	Address	700 Seventh St SW (Number, street, rural route, apartme	nt, or suite number)	
		Washington, DC 20024 (City, town, state, zip)	4	
	Email	pk@washcable.tv	/Fax (optional) 202-	479-4396
	CERTIFICATIO	N (This statement of account mus	t be certified and signed in accordance with Copyright Office regula	ations)
0				auons)
Certification		gned, hereby certify that (Check one,		Space Di ar
		ner other than corporation or part	tnership) I am the owner of the cable system as identified in line 1 of s	space B; or
	(Ag		on or partnership) I am the duly authorized agent of the owner of the ner is not a corporation or partnership; or	cable system as identified
	<u> </u>	ficer or partner) I am an officer (if a in line 1 of space B.	corporation) or a partner (if a partnership) of the legal entity identified	as owner of the cable system
	are true, comp		reby declare under penalty of law that all statements of fact contained nowledge, information, and belief, and are made in good faith.	herein
		-	X /s/ Perry I. Klein	
			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 n	ame: Perry I. Klein	
			Vice-President cial 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 telephoi 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. PAG
NAME OF OWNER OF CABLE SYSTEM:			SYSTEM
HINGTON CABLE SYSTEMS INC			399
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 gro service of providing secondary transmissions of primary br scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any a	a 111(d)(1)(A), of the C oss amounts paid to the roadcast transmitters, secondary transmission note on page (vii) of t	Copyright Act by adding the fol- ne cable system for the basic the system shall not include sub- ions pursuant to section 119." the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?			
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 sub			
			Q
For an explanation of interest assessment, see page (viii) of the g	eneral instructions loc		Q
	eneral instructions loc		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment	eneral instructions loc	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g	eneral instructions loc	x	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	eneral instructions loc	x day	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment	eneral instructions loc	x day	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	eneral instructions loc	xday	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su	eneral instructions loc	x day: x	
 For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 	eneral instructions loc	x day x day x 0.00274 \$ (interest charge)	
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