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@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright 8/5/19 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

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			
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.	62560
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Oneida Cablevision Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P O Box 445 (Number, street, rural route, apartment, or suite number)	
		Oneida IL 61467 (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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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 fing, a determination that would be made by a court of law.

NI.	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Oneida Cablevision Inc.	625
	Instructions: List each separate community served by the cable system. A "community"	
-	"a separate and distinct community or municipal entity (including unincorporated comm	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v	
		will serve as a form of system identification hereafter kin
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Oneida	IL
Community	Rio	IL
	Viola	IL
ld Rows as Necessary	New Windsor	IL
a nows as necessary	Reynolds	і IL
	Unincorporated Taylor Ridge	IL
	Unincorporated Milan	IL
	Unincorporated Aledo	IL
	Woodhull	IL
	Alpha	IL
	North Henderson	IL
	Keithsburg	IL
	New Boston	
	Little York	IL
	Lake Warren-Monmouth	ÎL.
	Kirkwood	IL
	Cameron	IL
	Lake Bracken-Galesburg	IL
	Gladstone	IL
	Joy	<u>IL</u>
	Cuba	IL
	Canton	IL
	Fiatt	IL
	Weematuk	IL
	Biggsville	IL
	Seaton	IL
	Astoria	IL
	Vermont	IL
	Ipava	IL

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM I
Name								515	625
	Oneida Cablevision Inc.								020
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	h blocks in space	ce E ca	II for the numbe	er of subsc	ribers to the cat			
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serv							cnarged	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service.	Include bo	th the amount o	f the charg		
	unit in which it is generally billed				ny standar	d rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ndary 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					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	ind rates, in the	e right-h	nand block. A tv	vo- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:		044	04 50/mth	Lifeline			4 447	20-36
	Service to first set     Service to additional act/a)		211	21.50/mth	Liteline			1,447	mth
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	• FM radio (il separate rate) Motel, hotel								
	Commercial		373	3/mth					
	Converter		0/0	5/1111					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cabl	e system for ea	ich of the a	unnlicable servic	has listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.			1		
		BLO						BLOCK 2	-
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEG	DRY OF SERVICE	RA
	Continuing Services:			ation: Non-res	idential		Expand	lad Cabla	2
		12-19/mth		otel, hotel mmercial				led Cable led Digital	n 52
	Pay cable     Pay cable     add'l channel		-00				слранс		J2'
	• Pay cable—add'l channel		• Do	v cable					
	Pay cable—add'l channel     Fire protection			y cable v cable-add'l cl	nannel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		• Pa	y cable-add'l cl	nannel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pa • Fir	y cable-add'l cl e protection					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Pa • Fir • Bu	y cable-add'l cl					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pa • Fire • Bu Other	y cable-add'l ch e protection rglar protection					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Pa • Fir • Bu • Bu Other • Re	y cable-add'l cł e protection rglar protection <b>services:</b>					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pa • Fire • Bu • Bu • Re • Dis	y cable-add'l ch e protection rglar protection <b>services:</b> connect					

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Indille	Oneida Cablevision In	IC.		625
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary ransmitters: Television	In General: In space G, ide 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 not list the station here station was carried only 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, Wi Column 3: Indicate in each educational station, by ente (for independent multicast),	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations s's call sign. <i>Do not</i> report origination I with a station according to its over-the	at (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 the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M"
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, lis dian stations, if any, give the name of t	t the community to which the station i the community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHBF-DT	4.1	N	
	KWQC	6.1	N	
Rows as Necessary	KWQC-COZI TV	6.3	I-M	
	WQAD	8.1	N	
	WQAD-ATV	8.2	I-M	
	WQAD-DT LP	8.3	I-M	
	JUSTICE	8.4	I-M	
	KLJB	18.1	N	DAVENPORTIA
	KGCW-ME TV	18.2	I-M	
	COMET	19.1	<b>N</b>	
	WQPT	24.1	E	
	WQPT-DT2	24.2	E-M	
	WEEK	25.1	N	
	WEEK ABC	25.2	I-M	PEORIA IL
	WEEK CW	25.3	I-M	PEORIA IL
	WMBD	31.1	N	PEORIA IL
	BOUNCE TV	31.2	I-M	PEORIA IL
	KQIN	36.1	E	DAVENPORT IA
	KQIN-DT2	36.2	E-M	DAVENPORT IA
	KQIN-DT3	36.3	E-M	DAVENPORT IA
	KGCW-DT1	41.1	I	BURLINGTON IA
	KGCW-DT2	41.2	I-M	BURLINGTON IA
	WYZZ	43.1	I	BLOOMINGTON IL
	WTVP	47.1	Е	PEORIA IL
	VVIVE	41.1		

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II
Name	Oneida Cablevision I	nc.		6256
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary rransmitters: Television	In General: In space G, id 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 not list the station here station was carried only or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by entit	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.1 s: With respect to any distant stations of ules, regulations, or authorizations: re in space G—but do list it in space I (fin a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations in's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. lel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"	t (1) stations carried only on a part-ti the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen-	ime basis under ims [sections tions carried on a postitute program Log)—if the o on some other ons. 'N, etc. Identify each rt multistream the air in its community noncommercial
	For the meaning of these t Column 4: Give the location	, "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis	uctions in the paper SA1-2 form. t the community to which the station	is licensed by the
	For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	erms, see page (iv) of the general instr	uctions in the paper SA1-2 form. t the community to which the station	is licensed by the
	For the meaning of these t Column 4: Give the location	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis	uctions in the paper SA1-2 form. t the community to which the station	is licensed by the
	For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station the community with which the station	is licensed by the is identified.
	For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	uctions in the paper SA1-2 form. t the community to which the station the community with which the station <b>3. TYPE OF STATION</b>	is licensed by the is identified.  4. LOCATION OF STATION
	For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	uctions in the paper SA1-2 form. t the community to which the station the community with which the station <b>3. TYPE OF STATION</b>	is licensed by the is identified.  4. LOCATION OF STATION
	For the meaning of these t Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN WTVP-DT3	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 47.3	uctions in the paper SA1-2 form. t the community to which the station the community with which the station <b>3. TYPE OF STATION</b>	is licensed by the is identified.  4. LOCATION OF STATION PEORIA IL
	For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	uctions in the paper SA1-2 form. t the community to which the station the community with which the station <b>3. TYPE OF STATION</b>	is licensed by the is identified.  4. LOCATION OF STATION

.egal name of <b>Dneida Cab</b> l			YSTEM:					SYSTEM I 625
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried b monitoring, to prmation abour m. dentify the call tate whether the radio stat this by placing	y the sys be recein at the Co l sign of the static ion's sig g a check	I-Band FM Carriage: Under of stem whenever it is received a ived 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.	It the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		<u> </u>						

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Oneida Cablevision Inc	C.						62560
	SUBSTITUTE CARRIAGE				G			
I	In General: In space I, identi				-	ion that your (	able sveto	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT				0			
Special	During the accounting period				s any nonnet	twork televisio	on program	
Statement and		-	cable system	carry, on a substitute bas				
Program Log	broadcast by a distant stat	.1011?					YES	X NO
	Note: If your answer is "No"	, leave the r	est of this pag	e blank. If your answer is	"Yes," you mu	ist complete t	he progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their r	meaning is	
	clear. If you need more spa							
	period, was broadcast by a			sion program ("substitute				ion
	under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.				,	• •	,	
				"Yes." Otherwise enter "N				
				sting the substitute progra		nood by the E	CC or in	
	the case of Mexican or Can			e community to which the				
	Column 5: Give the mon	th and day v	when your syst	tem carried the substitute	program. Use	numerals, wi	th the mon	th
	first. Example: for May 7 giv	e "5/7."						
				gram was carried by your				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shc	ould be	
	stated as "6:00–6:30 p.m."	er "R" if the l	isted program	was substituted for progra	mming that v	our system w	as require	4
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
	0		E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Oneida Cablevision Inc.	62560
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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
	COPYRIGHT ROYALTY FEE	
L 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 \$2     Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600     See page (vi) of the general instructions located in the paper SA1-2 form for more information.     BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	this six-mon
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	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       \$ 334,563.86	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	707.64
	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	\$ 2,026.64
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,026.64
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,046.64
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Oneida Cablevision Inc.	SYSTEM ID# 62560
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	28 149
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address 129 W HIGHWAY	309-483-3111
	(Number, street, rural route, apartment, or suite number) ONEIDA IL 61467 (City, town, state, zip)	
	Email elaine@oneidatel.com Fax (optional) 309-483-777	7
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> X /s/ Gary Peterson Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	rstem as identified
	Typed or printed name: Gary Peterson Title: President (Title of official position held in corporation or partnership)	
	Date: August 5, 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 lave

inting Period: 2019/1	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ida Cablevision Inc.	625
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 Statemen Concerning Gross Receipts Exclusio
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	
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.	
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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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 th 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.