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	HT OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	2/25/2020	\$ 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))	
		2019/2 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 asingle 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.	1049
	-	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		C & W CABLE INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 490 (Number, street, rural route, apartment, or suite number)	
		ANNVILLE, KY 40402-0490 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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)	
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 sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: C & W CABLE INC	SYSTEM ID# 1049
D Area Served	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	y" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First		
Community		
Add Rows as Necessary		
	PEOPLES	KY
	BOND	KY
	ANNVILLE	KY
	GREENMOUNT	KY.

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM
Name	C & W CABLE INC	ADEE OT OT EIVI.						010	10
Е	SECONDARY TRANSMISSION In General: The information in s	pace E should	cover all	categories of	secondary				
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h catego	ry of service. I	nclude bo	th the amount c	f the charg		
	unit in which it is generally billed				ny standar	d rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondarv transmis	sion servic	e that cable	
	systems most commonly provide	e to their subsc	ribers. Gi	ve the numbe	r of subsc	ribers and rate	for each list	ted 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								
	Block 2: If your cable system	has rate catego	ories for s	secondary trar	smission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	na diock. A tw	o- or three	e-word descript	ion of the se	ervice is	
		OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		102	18.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	6				
F	In General: Space F calls for rat	`	,			, ,			
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the ur		usually b	oilled. If any ra	tes are ch	arged on a vari	able per-pro	ogram basis,	
Casandani	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ch of the s	unnlicable servi	nes listed		
Secondary								were not	
	DIOCK 2: List any services that								
ransmissions:	Block 2: List any services that listed in block 1 and for which a service serv				shed. List	inese other service			
ransmissions:					shed. List	inese other ser			
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip	otion and includ BLO	le the rat	e for each.				BLOCK 2	
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip	otion and includ BLO	le the rat CK 1 CATEG	e for each. ORY OF SER'	/ICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RA
ransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and includ BLOC RATE	le the rat CK 1 CATEGO Installat	e for each. DRY OF SER' : ion: Non-res	/ICE		CATEGO		RA
ransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and includ BLO	CK 1 CATEGO Installat	e for each. ORY OF SER i on: Non-res el, hotel	/ICE		CATEGO		RA
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	btion and includ BLOC RATE	le the rat CK 1 CATEGO Installat • Mote • Com	e for each. DRY OF SER' t ion: Non-res el, hotel imercial	/ICE		CATEGO		RA
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and includ BLOC RATE	le the rat CK 1 CATEGO Installat • Mote • Com • Pay	e for each. DRY OF SER' cion: Non-res el, hotel mercial cable	/ICE dential		CATEGO		RA
ransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	btion and includ BLOC RATE	e the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay	e for each. DRY OF SER ion: Non-res el, hotel imercial cable cable-add'l ch	/ICE dential		CATEGO		RA
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and includ BLOC RATE	le the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	e for each. DRY OF SER' ion: Non-res el, hotel imercial cable cable-add'l ch protection	/ICE dential		CATEGO		RA
ransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	btion and includ BLOC RATE	le the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	e for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	/ICE dential		CATEGO		RA
ransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	btion and includ BLOC RATE	le the rat CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	e for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	/ICE dential		CATEGO		RA
ransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	btion and includ BLOC RATE	le the rat CK 1 CATEG(Installat • Mote • Com • Pay • Fire • Burg Other se • Recc	e for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection ilar protection ervices:	/ICE dential		CATEGO		RA
ransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	btion and includ BLOC RATE	le the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	e for each. DRY OF SER ion: Non-res l, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	/ICE dential		CATEGO		RA

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
ime	C & W CABLE INC			10
	PRIMARY TRANSMITTERS:	TELEVISION		
Anary mitters: vision	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 here station was carried <i>only</i> 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, W Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct 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 indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTVQ	36	N	LEXINGTON, KY
	WKYT	27	N	LEXINGTON, KY
cessary	WKLE	46	E	LEXINGTON, KY
	WLEX	18	Ν	LEXINGTON, KY
	WDKY	56	l	DANVILLE, KY
	WYMT			
		57	Ν	HAZARD, KY
	WLJC	65	N	HAZARD, KY BEATTYVILLE, KY
			N	
			N 	
			N 	
			N I	
			N 	
			N 1	
			N 1	
			N 	

Accounting P							FORM	I SA1-2E. PAGE
EGAL NAME OF		CABLE SY	YSTEM:					SYSTEM II
C & W CABL	_E INC							10 [,]
PRIMARY TRA	NSMITTERS							
n General: List	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
	-	-	I-Band FM Carriage: Under					Primary
eceivable if (1) n the basis of r	it is carried b monitoring, to	y the sys	stem whenever it is received a ived at the headend, with the	it the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain si	be expected, ated intervals.	Transmitters Radio
or detailed info aper SA1-2 for		it the Co	ppyright Office regulations on	this point, see pa	ge (v) of the g	jeneral i	nstructions in the.	
		I sign of	each station carried.					
			on is AM or FM.	ad by the cable of	watam as a a	onorato	and diagrata	
			nal was electronically process k mark in the "S/D" column.	sed by the cable s	system as a se	eparate	and discrete	
Column 4: G	Give the station	n's locati	on (the community to which th			C or, in	the case of	
lexican or Can	adian station	s, if any,	the community with which the	e station is identifi	ed).			
		L						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>						
		1				[
							<u> </u>	

Accounting Perio	od: 2019/2					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	C & W CABLE INC						1049
					<u> </u>		
1	SUBSTITUTE CARRIAGE						
•	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT				0	• •	
Special	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television progra	m
Statement and Program Log	broadcast by a distant stat	-			-	YES	× NO
Program Log	-		root of this nos	a blank. If your anowar is "	Voo "vou mi	-	
	Note: If your answer is "No'	, leave the	rest of this pag	je blank. Il your answer is	res, you mu	ist complete the progra	4///
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their meaning i	S
	clear. If you need more spa	ce, please a	add additional i	rows to the tables.		-	
				ision program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori						
	"NBA Basketball: 76ers vs.	Bulls."					
				r "Yes." Otherwise enter "N Isting the substitute program			
				is community to which the		nsed by the FCC or. in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	itified).	
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the mo	onth
	first. Example: for May 7 giv		substituto pro	gram was carried by your o	able system	List the times accurat	olv
	to the nearest five minutes.						ery
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						Iram
	effect on October 19, 1976.		our system wa				
		претіті і	E PROGRAM	1		IN SUBSTITUTE	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM – TO	
						_	
						_	

						_	

Accounting Period:	2019/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Hanto	C & W CABLE INC 1049
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 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
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00
	Line 1. Royalty fee for accounting period \$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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
	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 \$ 263,800.00
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
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
	EFT Trace # or TRANSACTION ID # 26NPLEJ5
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O C & W CABL	F OWNER OF CABLE SYSTEM: E INC	SYSTEM ID: 1049
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	8 28
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	VEOLA R WILLIAMS Telephone (606) 3	64-5357
	Address	PO BOX 490 (Number, street, rural route, apartment, or suite number)	
		ANNVILLE, KY 40402-0490 (City, town, state, zip)	
	Email	vbwilliams@prtcnet.org Fax (optional) (606) 364-2138	
0			
Certification	(Ow (Ag X (Of • I have examinare true, comp	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as ic 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 identified as owner of the cable in line 1 of space B. Hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
-	(Ow (Ag X (Of • I have examinare true, comp	orner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 identified as owner of the cable in line 1 of space B. red the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
-	(Ow (Ag X (Of • I have examinare true, comp	Import that corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Import of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified of space B and that the owner is not a corporation or partnership; or Ificer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system as identified to the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Import to the destatement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Import to the destatement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Import to the destatement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Import to the destatement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge. Import to the destatement of account and hereby declare under penalty of law that all statements. Import to the destatement of account and hereby declare under penalty of law that all statements. <t< td=""><td></td></t<>	
-	(Ow (Ag X (Of • I have examinare true, comp	ent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 identified as owner of the cable system as identified to the space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] X /s/ Veola R Williams Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	

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 telephoin 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 it splacement 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: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
W CABLE INC	10 4
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name 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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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