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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
02/26/2020	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Community Antenna Systems, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1010 Lake Street (Number, street, rural route, apartment, or suite number)
		Hillsboro, WI 54634 (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.

Community Antenna Systems, Inc.  Instructions: Use ach separate community served by the cable system. A "community" is the same as a "community unit" as defined in ECT.  Instructions: Use ach separate community served by the cable system. A "community" is the same as a "community unit" as defined in ECT.  Instructions: Use ach separate community served in the first community is a defined as and including sing discrete unit corporated areas. "A "CF.R. 75.3(de), the first community is a diffused in the same as a form of system identification hereafter by a served when the community of a diffuse diffuse is a diffused and properties such as horiely, spartments, condominants, or mobile home parks should be reported in parentheses below the infinite city.  CITY OR TOWN STATE  Community  Elfoy Will  The information of the community or an active fining.  CITY OR TOWN STATE  COMMUNITY  CITY OR TOWN WILL  CITY OR TOWN  STATE  COMMUNITY  CITY OR TOWN  STA		LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Elroy  WI	Name		
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Elroy  WI			
Served identified city.  CITY OR TOWN STATE  First Community  Elroy Wi	D	"a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter knoe filings.
CITY OR TOWN STATE  First Community  Elroy Wi	Area		or mobile home parks should be reported in parentheses below the
First Community Elroy WI	Served	identified city.	
First Community Elroy WI			
First Community Elroy WI		2,50,25,50,00	
Community Elroy WI		CITY OR TOWN	STATE
Elroy WI			
	Community	Flore	
Root at Necessary  Root at Neces		EIroy	
	d Rows as Necessary		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Community Antonna Systems Inc.

1411

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Community Antenna Systems, Inc.

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	<b>&lt;</b> 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	111	\$105/mth	service to 1st set	27	43.36/m
<ul> <li>Service to additional set(s)</li> </ul>	56	\$1.25/mth			
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel	1	14.00			
Commercial	5	\$105/mth			
Converter					
<ul> <li>Residential</li> </ul>					
<ul> <li>Non-residential</li> </ul>					
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# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
• Pay cable—add'l channel	\$7.50/mth	Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	\$40.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
• FM radio (if separate rate)		Reconnect	\$25.00			
Converter		Disconnect				
		Outlet relocation	\$25.00			
		Move to new address	\$25.00			

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1411

Community Antenna Systems, Inc.

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WISC	3	N	Madison, Wi
WISC.2	3.2	N-M	Madison, Wi
WISC.3	3.3	N-M	madison, Wi
WKBT	8	N	La Crosse, WI
WKBT.2	8.2	N-M	la Crosse, WI
WKBT.3	8.3	N-M	La Crosse, WI
WKBT.4	8.4	N-M	La Crosse, WI
WEAU	13	N	Eau Claire, Wi
WEAU.2	13.2	N-M	Eau Claire, Wi
WEAU.3	13.3	N-M	Eau Claire, Wi
WEAU.4	13.4	N-M	Eau Claire, Wi
WEAU.5	13.5	N-M	Eau Claire, Wi
WHA	21	E	Madison, Wi
WHA.2	21.2	E-M	Madison, Wi
WHA.3	21.3	E-M	Madison, Wi
WHA.4	21.4	E-M	Madison, Wi
wkow	27	N	Madison, Wi
WKOW.2	27.2	N-M	Madison, Wi
WKOW.3	27.3	N-M	Madison, Wi
WKOW.4	27.4	N-M	Madison, Wi
WKOW.5	27.5	N-M	Madison, Wi
WMSN	47	N	Madison, Wi
WMSN.2	47.2	N-M	Madison, Wi

Accounting	Period:	2019/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Community Antenna Systems, Inc.

1411

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

			·			•	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>						<b> </b>
			N / A				
	<del> </del>						
	<del> </del>						
	<b></b>						<b> </b>
	<b>†</b>						
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 1411
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant stat  Note: If your answer is "No"	fy every nor ecounting peng that muse CONCER od, did you ion?	nnetwork televis eriod, under spe t be included in NING SUBST r cable system	sion program, broadcast be ecific present and former F I this log, see page (v) of the FITUTE CARRIAGE carry, on a substitute ba	oy a distant sta FCC rules, regu the general inst	llations, or au ructions in the etwork televi	uthorizations. ne paper SA1 sion progran YES	For a further -2 form.
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a cunder certain FCC rules, req. Do not use general categori "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call some Column 4: Give the broatthe case of Mexican or Canace Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	tute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls."  n was broad cign of the s dadian statio dadian statio th and day e "5/7." es when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske cleast live, enter station broadca on's location (thins, if any, the cowhen your system carried listed program carried is the composite of the composit	rows to the tables. ision program ("substitutur cable system substitutur cable system substitutur. S. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute program community to which the community with which the carried the substitutur. It was carried by you are do you as system from 6:0" was substituted for progring the accounting period.	e program") the ted for the program instruction in titles, for example, and titles, for example, for e	at, during the gramming of ons for further cample, "I Lo ensed by the ntified). e numerals, n. List the tin 28:30 p.m. syour system of the ensed by the firm of the ensed by the ensemble by the ensed by the ensed by the ensemble by	e accounting f another stater information ove Lucy" or e FCC or, in with the mornes accurate should be was require e listed progr	tion n. nth ly
	SI  1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH		TIMES	7. REASON FOR DELETION
				4. STATION'S LOCATION	5. MONTH	RIAGE OCC	URRED	1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Community Antenna Systems, Inc.	Sì	STEM ID# 1411
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.	ission service amount, see	,032.88
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	-
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 \$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.	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		
	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 \$137,1		_
	1. Base amount under statutory formula		
	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)	
	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		_
	TEINOTEE AND TO THE REMIT TANGE BOD		
Filing Fee and Total Remittance Due	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
	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 n		

to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast service  INDIVIDUAL TO BE CON	ve (1) the number of the cable system's to of channels on which broadcast stations .	the cable	nber o	n which the cable system carried television broadcast stations of activated channels during the accounting period.	SYSTEM ID 141
Instructions: You must gi to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number of on which the cable syste and nonbroadcast service  INDIVIDUAL TO BE CON	the cable system's to of channels on which broadcast stations of activated channels m carried television	the cable	nber o	of activated channels during the accounting period.	34
				ations	91
			ORM	IATION IS NEEDED (Identify an individual to whom	
Name Randa	ıll Kubarski			Telephone	608-489-2321
(Number,	street, rural route, apartr oro, WI 54634	nent, or suit	suite n	umber)	
Email	comant@comar	ntenna.co	.com	Fax (optional) 608-489-23	21
(Owner other the (Agent of owner in line 1 of sp. X (Officer or parts in line 1 of sp. 1 have examined the stater are true, complete, and corr	certify that (Check or an corporation or part other than corporationce B and that the owner) I am an officer (if pace B.	e, but only  Intrership  Intrership  Intrership  Intre in or pa  Intre in or  Intre	partnenot a pration	am the owner of the cable system as identified in line 1 of space learship) I am the duly authorized agent of the owner of the cable scorporation or partnership; or  n) or a partner (if a partnership) of the legal entity identified as ow the under penalty of law that all statements of fact contained herein	3; or system as identified
			ın eled	ctronic signature on the line above to certify this statement.	
	Title: (Title of o	Presid	ider	nt neld in corporation or partnership)	
	Name Randa Address 1010 L (Number, Hillsb) (City, town Email  ERTIFICATION (This state I, the undersigned, hereby  (Owner other the  (Agent of owner in line 1 of sp  X (Officer or parts in line 1 of sp  I have examined the stater are true, complete, and corr	Randall Kubarski  Address  1010 Lake Street (Number, street, rural route, apartners)  Hillsboro, WI 54634 (City, town, state, zip)  Email  comant@comar  ERTIFICATION (This statement of account multiple)  (Owner other than corporation or partners)  (Agent of owner other than corporation in line 1 of space B and that the owner of the statement of account and hare true, complete, and correct to the best of my legister (18 U.S.C., Section 1001(1986))  Typed or printed  Title:	Name  Randall Kubarski  Address  1010 Lake Street (Number, street, rural route, apartment, or street, rural route, rural route, rural route, apartment, or street, rural route, rural r	Name  Randall Kubarski  Address  1010 Lake Street (Number, street, rural route, apartment, or suite research (Number, street, rural route, apartment, or suite	Address    Address   1010 Lake Street   (Number, street, rural route, apartment, or suite number)

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 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

ounting Period: 2019/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
mmunity Antenna Systems, Inc.	1411
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	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 3 line 6	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address Address	
ID number First community served Accounting period	

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