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									
01/21/20	\$									
	ALLOCATION NUMBER									

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCC	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
		Coastal Link Communications, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 2008
		(Number, street, rural route, apartment, or suite number)
		Brazoria, TX 77422 (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 salready 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:
	<u> </u>	
		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.

		CVCTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Coastal Link Communications, LLC	630
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno s.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mol	oile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Brazoria	Texas
Community	Jones Creek	Texas
d Rows as Necessary		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Coastal Link Communications, LLC

SYSTEM ID# 63077

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 2								
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE						
Residential:											
 Service to first set 	794	36.49	Basic Expanded	756	49.50						
 Service to additional set(s) 	3,058	3.99	Digital Package	466	18.50						
 FM radio (if separate rate) 											
Motel, hotel											
Commercial											
Converter											
 Residential 											
Non-residential											
Í	I	T		1							

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 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel		Premium 1	13.95	
 Pay cable—add'l channel 		Commercial		Premium 2	10.95	
 Fire protection 		• Pay cable		Premium 3	9.95	
•Burglar protection		Pay cable-add'l channel		Premium 4	9.95	
Installation: Residential		Fire protection				
• First set		Burglar protection				
 Additional set(s) 		Other services:				
• FM radio (if separate rate)		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63077

Coastal Link Communications, LLC

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
KFTH-DT	36	I-M	Alvin, TX
KFTH-HD	36.1	I	Alvin, TX
KFTH2	36.2	I-M	Alvin, TX
KHOU	11	N-M	Houston, TX
KHOU2	11.1	N-M	Houston, TX
KHOU-HD	11.2	N	Houston, TX
кноиз	11.3	N-M	Houston, TX
KIAH-DT	38	I-M	Houston, TX
KIAH-HD	38.1	I	Houston, TX
KLTJ	23	<u> </u>	Galveston, TX
KPRC-DT	35	N-M	Houston, TX
KPRC-HD	35.1	N	Houston, TX
KPRC3	35.2	N-M	Houston, TX
KRIV-DT	26.1	I-M	Houston, TX
KRIV-HD	26	1	Houston, TX
KTBU55	42	I-M	Conroe, TX
KTMD-DT	48	I-M	Galveston, TX
KTMD-HD	48.1		Galveston, TX
KTRK-DT	13	N-M	Houston, TX
KTRK2	13.1	N-M	Houston, TX
KTRK3-HD	13.2	N	Houston, TX
KTRK4	13.3	N-M	Houston, TX
KTXH-DT	19	I-M	Houston, TX
KTXH-HD	19.1	<u> </u>	Houston, TX
KUBE-TV	31	I	Baytown, TX

Accounting Period: 2019/2

| LEGAL NAME OF OWNER OF CABLE SYSTEM:
| Name | SYSTEM ID#

63077

Coastal Link Communications, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KUHT-DT	8	E-M	Houston, TX
KUHT-HD	8.3	E	Houston, TX
KUHT2Create	8.1	E-M	Houston, TX
KUHT3	8.2	E-M	Houston, TX
KXLN-DT	45	I-M	Rosenberg, TX
KXLN-HD	45.1	l	Rosenberg, TX
KXLN3	45.2	I-M	Rosenberg, TX
KYAZ	25	l	Katy, TX
KZJL-DT	44	l	Houston, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Coastal Link Communications, LLC

63077

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
	 						
	_						
	 						
	 		 				
							
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Accounting Perio							FOR	M SA1-2E. PAGE 5.				
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 63077				
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri- broadcast by a distant stat	y every nor ecounting pe ng that mus CONCER od, did you	nnetwork televis eriod, under spe et be included in RNING SUBST	sion program, broadcast ecific present and former this log, see page (v) of TITUTE CARRIAGE	by a <i>distant</i> sta FCC rules, regu the general ins	ulations, or a tructions in th	uthorizations. he paper SA1	For a further -2 form.				
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.											
	SI 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	I 4. STATION'S LOCATIO	5. MONTH	'		7. REASON FOR DELETION				

ccounting Period:		L NAME OF OW	NER OF CABI	LE SYSTE											1-2E. PAGE /STEM I [
Name		stal Link C													6307
K Gross Receipts	Instru all an (as id page	OSS RECEII ructions: The mounts (gros dentified in s (vii) of the g Gross receip	e figure you ss receipts) pace E) du general inst ots from sub	paid to y iring the tructions bscribers	your cal account located for sec	ble system ting period I in the pap condary tra	n by sub d. For a per SA′ ansmiss	scribers further e -2 form. ion serv	for the explana ice(s)	system' tion of h	's seco	ondary tran compute th	ismission nis amoun	service	
		during the ac										• • •	\$ (Amou),202.39 ss receipts)
L Copyright Royalty Fee	Instruc Comp Use to Use to Use to	RIGHT ROY ctions: To co plete block 1 block 1 if the block 2 if the block 3 if the ge (vi) of the	ompute the l, block 2, e amount of e amount of e amount of	royalty for block f gross ref gross ref	3. eceipts i eceipts i eceipts i	in space K in space K in space K	(is mor (is mor	e than \$ e than \$	137,10 263,80) but les	s than		o \$263,80°	0	
				В	BLOCK	1: GROS	S REC	EIPTS (DF \$13	7,100 O	R LES	SS			
		uctions: As a unting period		m with gr	ross rec	eipts of \$1	37,100	or less, th	ne royal	ty fee tha	at you r	must pay fo	r this six-n	nonth	
	Line 1	1. Royalty fee	e for accour	nting peri	od										
	Line 2	2. Interest ch	arge. Ente	r the amo	ount fron	n line 4, sp	ace Q,	page 8							0.00
	Line 3	3. TOTAL RO	DYALTY FE	EE PAYA	BLE FC	OR ACCOL	JNTING	PERIOD	Add li	nes 1 an	d 2		· · · <u>· · · · · · · · · · · · · · · · </u>		
			BLOC	K 2: GR	OSS R	ECEIPTS	OF \$2	63,800	OR LE	SS (but	more	than \$137	7,100)		
	1. Ba	se amount u	nder statuto	ory formu	la					\$	26	3,800.00	_		
	2. En	ter amount o	f gross rece	eipts from	ı space l	K				\$	17	79,202.39	_		
	3. Sul	btract line 2 f	from line 1 .							\$	8	84,597.61	=		
		ter the amou	•										179,202	.39	
		ter the amou											84,597	.61	
		btract line 5 f											94,604	.78	
		ultiply line 6 b													473.02
	8. Inte	erest charge.	Enter the	amount f	rom line	4, space (Q, page	8							0.00
	9. TO	TAL ROYAL	TY FEE PA	AYABLE	FOR A	CCOUNTII	NG PER	I OD . Add	d lines 7	7 and 8 .			\$		473.02
			BLOCK	3: GRC	SS RE	CEIPTS (OF MO	RE THA	N \$26	3,800 (b	out les	s than \$52	27,600)		
	1. En	ter the amou	nt of gross	receipts t	from spa	асе К							_		
	2. Ba	se amount u	nder statuto	ory formu	la					\$	26	3,800.00	_		
	3. Sul	btract line 2 f	from line 1 .										_		
	4. Mu	ultiply line 3 b	y .01								· · · <u> </u>				
	5. Ro	yalty due on	the first \$26	63,800 of	gross re	eceipts (ur	nder sta	utory for	mula) .		<u>\$</u>		1,319	.00	
	6. Inte	erest charge.	Enter the	amount f	rom line	4, space (Q, page	8			· ·		0.	.00	
	7. TO	TAL ROYAL	TY FEE PA	AYABLE	FOR A	CCOUNTII	NG PER	I OD . Add	d lines 4	I, 5, and	6				
	<u> </u>			FILING	G FEE	AND TOT	AL RE	MITTAN	ICE DU	JE					
Filing Foo and															
Filing Fee and Fotal Remittance Due	1. Ro	yalty Fee Pa	yable for Ad	ccounting	Period	(from Bloc	k 1, 2, d	r 3, abov	/e)		<u>\$</u>		473	.02	
Due	2. Fili	ing Fee (See	the instruct	tions for r	more info	ormation o	n filing t	ee calcul	ations)		\$	i	20	.00	
	3. TO	TAL AMOU	NT DUE FO	R ACCC	OUNTING	G PERIOD	. Add	ines 2 aı	nd 3				\$		493.02
		Important:	Your rem								-	_		pyrig	hts!
			See pa	ige i of th	ie gene	rai instruc	ctions i	tne pap	oer SA1	-2 torm	tor mo	ore informa	ation.		

Accounting Period:	2019/2																	F	ORM SA	1-2E. P	PAGE 7
Name	LEGAL NAME OF OWNER Coastal Link Comm																		S		M ID#
M Channels	to its subscribers, and 1. Enter the total numb system carried televis 2. Enter the total numb on which the cable sy	st give (1) the number of (2) the cable system's to per of channels on which sion broadcast stations . Deer of activated channels system carried television is strices	otal numl	nber ble 	er of a	ctivate	ed cha	nnels d	uring th	he acc	coun	ting pe	eriod.		ons			34			
N Individual to Be Contacted		CONTACTED IF FURTHI		ORN	RMAT	ION IS	S NEE	DED (Id	entify a	an ind	dividu	ıal to v	whom								
for Further Information	Name Wa	de Aucoin												Teleph	one 9	79-79	8-212	21			
	(Num Br a	D. Box 2008 ber, street, rural route, apartn tzoria, TX 77422 town, state, zip)	ment, or su	suite r	e numb	er)															
	Email	wade@btel.com	ו								Fa	x (opti	ional)								
O Certification	(Owner othe	reby certify that (Check on a rethan corporation or partner) I am an officer (if of space B. attement of account and h correct to the best of my leading of the corporation of the correct to the desired of the correct to the correct to the desired of the correct to the correc	tion or pawner is not a corpor thereby de knowledge	partr not a pratio declar dge, i	rtners t a con set to	of the low the own the	boxes. where of a man the on or partition of partition o	the cable duly autorities a partner of law the cellief, are successful.	horized horize	d ager of the	nt of finder legal ents of in go	tified ir the own all entity of fact od fait	n line 1 vner of y ident contai	the cab	ce B; o	em as ic					
		Date:										16J	AN20								

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

unting Period: 2019/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
stal Link Communications, LLC	63077
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
NO NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 0.00274	
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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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	
ID number First community served Accounting period	

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.