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							
2-28-20	\$ 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
		20192 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
		SOUTHWEST ARKANSAS TELEPHONE COOPERATIE, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CARLE SYSTEM
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 2601 EAST STREET
		(Number, street, rural route, apartment, or suite number) TEXARKANA, AR 71854 (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 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:
	<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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	SOUTHWEST ARKANSAS TELEPHONE COOPERATIE, INC.	6313
D		
_		
Area		bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First		AR
Community	FORT LYNN	AR
		AR
I Rows as Necessary		AR
,	TRIGG	AR
	DODDRIDGE	AR
	EMERSON	AR
	TALLEY	AR
	SOUTHWEST ARKANSAS TELEPHONE COOPERATIE, INC. Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city. CITY OR TOWN FOUKE FORT LYNN GENOA TEXARKANA TRIGG DODDRIDGE EMERSON	AR
	WASHINGTON	AR
	RAVANA	AR
	BLOOMBURG	TX
	HOPE	AR
	BRISTER	AR
	MCNAB	AR
	GARLAND	AR
	KIBLAH	AR
	BRIGHT STAR	AR
		TX
		AR
	TAYLOR	AR

Accounting Period: 2019/2

FORM SA1-2E_PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63132

SOUTHWEST ARKANSAS TELEPHONE COOPERATIE, INC.

Ε

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.

Calliciation									
BLC	OCK 1		BLOCK 2						
	NO. OF			NO. OF					
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE				
Residential:									
 Service to first set 	823	29.95	LIFELINE	61	29.95				
 Service to additional set(s) 	1,227	7.00	PRO	99	71.95				
• FM radio (if separate rate)			PREMIER	615	78.95				
Motel, hotel			ULTIMATE	48	104.95				
Commercial									
Converter									
Residential									
Non-residential									
		Ţ		T	T				

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	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel		STARZ	11.
 Pay cable—add'l channel 		Commercial		STARZENCORE ONLY	4.
 Fire protection 		Pay cable		SHOWTIME	17.
Burglar protection		Pay cable-add'l channel		HD ACCESS	10
Installation: Residential		Fire protection		HISPANIC	8.
• First set		Burglar protection		VARIETY PLUS	2
 Additional set(s) 	20.00	Other services:		MOVIE PAK	1
 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#

SOUTHWEST ARKANSAS TELEPHONE COOPERATIE, INC.

63132

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
KTBS-DT	16.1		SHREVEPORT, LA
KTBS-DT2	17.1	N	SHREVEPORT, LA
KTBS-DT3	17.2	N-M	SHREVEPORT, LA
KTAL-DT	17.3	N-M	SHREVEPORT, LA
KSLA-DT	24.1	E	SHREVEPORT, LA
KSLA-DT2	24.2	E-M	SHREVEPORT, LA
KSLA-DT3	24.3	E-M	SHREVEPORT, LA
KPXJ-DT	26.1	N	TEXARKANA, TX
KPXJ-DT2	28.1	N	SHREVEPORT, LA
KPXJ-DT3	28.2	N-M	SHREVEPORT, LA
KPXJ-DT4	28.3	N-M	SHREVEPORT, LA
KLTS-DT	32.1	<u>l</u>	MINDEN, LA
KLTS-DT2	32.2	I-M	MINDEN, LA
KLTS-DT3	32.3	I-M	MINDEN, LA
KMSS-DT	32.4	I-M	MINDEN, LA
KSHV-DT	34.1	<u>l</u>	SHREVEPORT, LA
	•		
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	• • • • • • • • • • • • • • • • • • • •		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SOUTHWEST ARKANSAS TELEPHONE COOPERATIE, INC.

63132

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 EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
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Accounting Perio							FOR	M SA1-2E. PAGE 5.				
Name	SOUTHWEST ARKANS			OPERATIE, INC.				SYSTEM ID# 63132				
	CURCUITUTE CARRIACI	E. CDECIA	L CTATEME	NT AND DDOCDAM I	20							
 Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage:	1. SPECIAL STATEMEN											
Special	During the accounting per				sis anv nonn	etwork televi	sion progran	n				
Statement and	broadcast by a distant sta	-		ounty, on a cascanate sea	o.o, a.i.yo							
Program Log												
	Note: If your answer is "No"	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.			WHEN SUBSTITUTE								
	S	UBSTITUT	E PROGRAM		CARF	RIAGE OCC	URRED	7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	•	TIMES — TO	DELETION				
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ccounting Period:	<u> </u>	SYSTEM:					YSTEM II
Name			ERATIE, INC.				6313
K Gross Receipts	all amounts (gross receipts) pa (as identified in space E) during page (vii) of the general instruc Gross receipts from subsc	id to your cable system by g the accounting period. Fo tions located in the paper s ribers for secondary transn	subscribers for the or a further explanat SA1-2 form. nission service(s)	system's s ion of how	secondary trans to compute th	smission services amount, see	e
		RECEIPTS One: The figure you give in this space determines the form you file and the amount you pay. Enter the total of this (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (field in space E) during the accounting period. For a further explanation of how to compute this amount, see to fit the general instructions located in the paper SA1-2 form. In the accounting period. ARIT: You must busicherise for secondary transmissions nervice(e) In the accounting period. ARIT: You must complete a statement in space P concerning gross receipts. HT ROYALTY FEE Is: To compute the royalty fee you owe: Is block 1, jobck 2, or block 3. It if the amount of gross receipts in space K is shore than \$1327,100 but less than or equal to \$263,800 k3 of the amount of gross receipts in space K is more than \$1327,100 but less than or equal to \$263,800 k3 of the amount of gross receipts in space K is more than \$137,100 or less. It if the amount of gross receipts in space K is more than \$137,100 or less. It is the amount of gross receipts in space K is more than \$137,100 or less. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less. In: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month go period a \$32.00 In the grown of the gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month go period a \$32.00 In the grown of gross receipts from space K. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) In the amount of gross receipts from space K. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) In the amount of gross receipts from space K. \$ 147,893.00 It line 2 from line 1. \$ 115,907.00 It line 2 from line 4. \$ 31,386.00 It line 2 from line 4. PLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$27,600) In the amount of gross receipts from space K. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$27,600) It line 3 to moline	7,893.00 oss receipts)				
L Copyright Royalty Fee	 Complete block 1, block 2, or Use block 1 if the amount of gr Use block 2 if the amount of gr Use block 3 if the amount of gr 	olock 3. oss receipts in space K is \$ oss receipts in space K is r oss receipts in space K is r	more than \$137,100 more than \$263,800	but less t	han \$527,600	\$263,800	
		BLOCK 1: GROSS R	ECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system vaccounting period is \$52.00	vith gross receipts of \$137,1	00 or less, the royalt	y fee that y	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting	g period					
	Line 2. Interest charge. Enter the	e amount from line 4, space	Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE I	PAYABLE FOR ACCOUNTI	NG PERIOD Add lir	nes 1 and 2	2		
	BLOCK 2	: GROSS RECEIPTS OF	\$263,800 OR LES	SS (but m	ore than \$137	,100)	
	1. Base amount under statutory	ormula		\$	263,800.00	_	
	2. Enter amount of gross receipts	s from space K		\$	147,893.00	_	
	3. Subtract line 2 from line 1			\$	115,907.00	-	
	4. Enter the amount of gross rec	eipts from space K			. \$	147,893.00	
	5. Enter the amount from line 3 .				\$	115,907.00	
	7. Multiply line 6 by .005 (enter fi	gure here)				\$	159.93
	8. Interest charge. Enter the am	ount from line 4, space Q, pa	age 8				0.00
	9. TOTAL ROYALTY FEE PAYA	ABLE FOR ACCOUNTING F	PERIOD. Add lines 7	and 8		\$	159.93
	BLOCK 3:	GROSS RECEIPTS OF I	MORE THAN \$263	3,800 (but	less than \$52	7,600)	
	Enter the amount of gross rec	eipts from space K				_	
	Base amount under statutory to	formula		\$	263,800.00	_	
	3. Subtract line 2 from line 1		·····			_	
			-				
	5. Royalty due on the first \$263,8	300 of gross receipts (under	statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the am	ount from line 4, space Q, pa	age 8			0.00	
	7. TOTAL ROYALTY FEE PAYA	ABLE FOR ACCOUNTING F	PERIOD. Add lines 4	, 5, and 6 .			
	F	ILING FEE AND TOTAL	REMITTANCE DU	E			
Eiling Foo and							
Filing Fee and Total Remittance	Royalty Fee Payable for Accordance	unting Period (from Block 1,	2, or 3, above)		\$	159.93	
Due	2. Filing Fee (See the instruction	s for more information on fili	ng fee calculations)		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR A	ACCOUNTING PERIOD. A	dd lines 2 and 3			\$	179.93
		ince must be in the form of			_		hts!
	See page	i of the general instruction	is in the paper SA1	-2 form fo	r more informa	tion.	

Accounting Period:	2019/2										FORM SA1-2	E. PAGE 7
Name	SOUTHWEST ARKAN		COOPE	ERATI	E, INC.						SYS	STEM ID# 63132
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 which the cable system carried television broadcast stations and nonbroadcast services. 320											
N Individual to Be Contacted												
for Further Information	Name Sheri	i Knigge							Telephone	870-653-8	222	
	(Number	East Street street, rural route, apartm kana, AR 71854		uite num	nber)							
	(City, tov	n, state, zip) tinam@swatco.c	com				F	Fax (optional) 870-653-715	6		
	CERTIFICATION (This sta	tement of account mu	st be cer	ertified	and signed in a	ccordance wit	ith Cop	yright Office	regulations)			
O Certification	I, the undersigned, hereby (Owner other to	certify that (Check on				e cable systen	m as ide	entified in line	e 1 of space B	; or		
	in line 1 of s	r other than corporat pace B and that the ov	vner is no	not a co	orporation or part	nership; or						
	(Officer or par in line 1 of s I have examined the state are true, complete, and co [18 U.S.C., Section 1001(1)]	ment of account and h	ereby dec	eclare ι	under penalty of	aw that all sta	atement	ts of fact cont		er of the cable	system	
				n electr	Sherri Knigg ronic signature on e using an "/s/ sig	the line above			ment.			
		Typed or printed	name:	Sh	erri Knigge							
					nt/Complian		r					
		Date:						02/27/202	20			

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

Accounting Period: 2019/2 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 63132 SOUTHWEST ARKANSAS TELEPHONE COOPERATIE, INC. 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-Р 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-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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 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. 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

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.

First community served Accounting period