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

STATEM	IENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	lary Transmissions by tems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright
	ructions are located o of this workbook	02/26/2020	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y)	(YY/(Period))	

A	ACCO	DUNTING 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			
		Instructions:	
В		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.	63425
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM NEW MEXICO INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		4001 RODNEY PARHAM (Number, street, rural route, apartment, or suite number)	
		LITTLE ROCK AR 72212	
		(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 ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
		63425
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	ile home parks should be reported in parentheses below the
First	CITY OR TOWN CARLSBAD	STATE NM
Community	AVALON APARTMENTS	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1-	TEM ID
Name	WINDSTREAM NEW ME								6342
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIE	BERS AND RA	ATES				
E	In General: The information in s		-	-	-	y transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary						,	·	
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanuai		s wiu iir a p		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	has rate catego	ories for	secondary trai	nsmission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	and diock. A tv	vo- or thre	e-word description	on of the s	service is	
		OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		71	54.99					
	 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: RATE	s				
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 un								
Secondary	enter only the letters "PP" in the								
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
						BLOCK 2			
		BLO				RATE	CATEG	ORY OF SERVICE	RATE
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RAIE			
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER tion: Non-res		RAIL			
		RATE 19.00	Installa				PPV		
	Continuing Services:		Installa • Mote	tion: Non-res			PPV		
	Continuing Services: • Pay cable		Installa • Mote • Con	tion: Non-res el, hotel			PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mote • Con • Pay	tion: Non-res el, hotel nmercial	idential		PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa • Moto • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable	idential		PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installa • Mote • Con • Pay • Pay • Fire	tion: Non-res el, hotel mercial cable cable-add'l ch	idential nannel		PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		Installa • Mote • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection	idential nannel		PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		Installa • Mote • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential nannel		PPV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	idential nannel		PPV		PF
	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)		Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	idential nannel		PPV		

Name WINDSTREAM NEW MEXICO INC PRIMARY TRANSMITTERS: TELEVISION Resonance TELEVISION Primary Transmitters: Television Substitute Basis acc 0; dentify every letevision 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-line basis under PCC rules and regulations in effect on June 24, 1981. permitting the accounting of contain network programs [sections 75.596(12) and (4), 76.516(12) and (4), 75.516(12) and (4), 76.516(12) and (4), 75.516(12) and (4), 75.516(12) and (4), 76.516(12) and (4), 76.516(12) and (4), 75.516(12) and (4), 75.516(12) and (4), 76.516(12) and (4), 75.516(12) an	Name WINDSTREAM NEW MEXICO INC 65 Primary PRIMARY TRANSMITTERS: TELEVISION PRIMARY TRANSMITTERS: TELEVISION Incorrect: Ingoard colore system during the accounting period, except (1) stations carried only on a part-time basis under performance of Lending very value 24, 1981, perimiting the carried only on a part-time basis under performance of Lending very value 24, 1981, perimiting the carried only on a part-time basis under performance of Lending very value 24, 1981, perimiting the carried of period (2), and (2), and (4), or 7.63 (2), and (4), or 7.64 (6), and an unber the FCC assigned to the television station, or a noncommercial educational station, are noncommercial educational and the ost and the ost and the ost and the	ounting Period:	-			FORM SA1-2E. PAG
PRIMARY TRANSMITTER: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system (intro) the accounting perinding to 2.expt (1) stations carried on your cable system on a part-time basis under FCC rules and regulations in effect on June 24, 1991, permitting the carriage of certain network program Isections 77504(d)(2) and (1), 66 1(e)(2) and (4) or 76.03 (ferming to 76.63 (ferming to 76.61 (ferming to	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations carried only on part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of serial network programs basis, statistically our cable system during the accounting period (J) stations carried only or cable system on a substitute program basis under specific FCC rules, regulations, or 76.83 (refering to 76.81 (refering to 76.81 (refering to 76.81 (refering to 76.81 (reference)) Statistical Statistical Statistical Statistical Statistical Statement and Program Log—If the statistical regram basis, are cylained in the nost paragraph. Iteles Statistical Statistical Statement and Program Log—If the statistical regression of viron a substitute basis. - List the station here, and also in space I. (If the Station stations carried by or one substitute basis and so some other basis. For further information concerning to low-erthe-aid designation. For example, report militation and multicast stream associated with a station according to low-erthe-aid designation. For example, report militations Column 3: Indicate and accounting period in substitute basis and also ones other basis. For further interest the Station is an entwork station, an independent station, or a noncommercial educational station. by entering the letter YN (for network, mildicast), "T (for independent mildicast tream associated with a station according to low-erthe-aid designation. For example, WEC is channel 4 in Washington, D.C. Column 3: Incluse and an advance statistion, an independent station, is an oncommercial educational statistical. T (for network), N-MI (for network mildicast), "T (for independent mildicas), Column 3: Incluse and a stations, if any, give the name of the community to which the station is identi	Name				SYSTEM
In General: In space G, identify every television station (including translator stations and low power television stations) stated by your cable system during the accounting period, account (1) stations carried only on a part-time basis under Safe(2) and (4), or 78.5% (electring to 78.6% (elect	In General: In space G, identify every television station (including translator stations and low power television stations) started by your cable system during the accounting period. except (1) stations carried only on a particule basis under fS 50(3)(2) and (4), 76 5(1e)(2) and (4), or 76 5(1e)(2) and (4).					634
KOAT7NALBUQUERQUE/SANTA FE, NMKRQE13NALBUQUERQUE/SANTA FE, NMKWBQ19NALBUQUERQUE/SANTA FE, NMKASA2NALBUQUERQUE/SANTA FE, NMKAZQ32IALBUQUERQUE/SANTA FE, NMKAZQ32IALBUQUERQUE/SANTA FE, NMKCHF11IALBUQUERQUE/SANTA FE, NMKRPV27IALBUQUERQUE/SANTA FE, NMKASY50IALBUQUERQUE/SANTA FE, NMKOB4NALBUQUERQUE/SANTA FE, NMKNMD9EALBUQUERQUE/SANTA FE, NMKNME5EALBUQUERQUE/SANTA FE, NMKTFQ14IALBUQUERQUE/SANTA FE, NM	KOAT7NALBUQUERQUE/SANTA FE, NMKRQE13NALBUQUERQUE/SANTA FE, NMKWBQ19NALBUQUERQUE/SANTA FE, NMKASA2NALBUQUERQUE/SANTA FE, NMKAZQ32IALBUQUERQUE/SANTA FE, NMKAZQ32IALBUQUERQUE/SANTA FE, NMKKPV277IALBUQUERQUE/SANTA FE, NMKRTN33IALBUQUERQUE/SANTA FE, NMKASY50IALBUQUERQUE/SANTA FE, NMKOB4NALBUQUERQUE/SANTA FE, NMKNMD9EALBUQUERQUE/SANTA FE, NMKNME55EALBUQUERQUE/SANTA FE, NMKTEL25IALBUQUERQUE/SANTA FE, NMKTFQ14IALBUQUERQUE/SANTA FE, NM	Primary ransmitters:	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 chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t	em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. I also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the n the form. nel number the FCC assigned to the telev NRC is channel 4 in Washington, D.C. th case whether the station is a network st tering the letter "N" (for network), "N-M" (i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- on of each station. For U.S. stations, list	(1) stations carried only on a part are carriage of certain network progent (e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- ense Special Statement and Program d both on a substitute basis and all see page (v) of the general instru- arrogram services such as HBO, ES -air designation. For example, reprised to the vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections stations carried on a substitute program m Log)—if the lso on some other lctions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
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KTFQ 14 I ALBUQUERQUE/SANTA FE, NM	KTFQ 14 I ALBUQUERQUE/SANTA FE, NM			····•	I	
					·	

EGAL NAME OF									SYSTEM 634
	t every radio s	station ca	arried on a separate and dison nerally receivable by your ca						н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recein t the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which the community with which th	at e s n th sse	the system's he ystem's FM ante nis point, see pa ed by the cable s e station is licen	adend, and (2 enna, during c ge (v) of the <u>c</u> system as a se sed by the FC	2) it can ertain si jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		I	1						-
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	od: 2019/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WINDSTREAM NEW M	IEXICO IN	С					63425
	SUBSTITUTE CARRIAG				<u>^</u>			
I I		-	-		-	an that va	ur aabla avata	m consider o
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	is, any nonnet	twork telev	ision program	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Note: If your answer is "No	" loovo tho	rest of this nad	e blank. If your answer is '	"Ves " vou mi	ist complet	_	
		, leave the	rest of this pag	e blatik. Il your allswel is	res, you mu	ist comple	te the program	
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			te line. Use abbreviations	wherever pos	sible, if the	eir meaning is	
	clear. If you need more spa							
	column 1: Give the title period, was broadcast by a			ision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I L	ove Lucy" or	
	"NBA Basketball: 76ers vs.		laast live sets	• "Maa " Othersiaa antar "N	l			
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by th	e FCC or, in	
	the case of Mexican or Car							
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	numerals,	, with the mor	ith
			substitute pro	gram was carried by your	cable system.	List the tir	nes accurate	lv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that v	ourovotom	, waa raquira	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
					WHF	N SUBST	TUTE	
	s	UBSTITUT	E PROGRAM	I		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM NEW MEXICO INC	S	YSTEM ID# 63425
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 3,346.00
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 • 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	this six-month	
	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,	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		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	7,600)	
	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	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2						FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: NEW MEXICO INC					SYSTEM ID 63425
M Channels	to its subscribers1. Enter the total system carried2. Enter the total on which the carried	ou must give (1) the number s, and (2) the cable system's I number of channels on which television broadcast stations I number of activated channe able system carried television cast services	total number ch the cable s els n broadcast si	er of activated	channels during the	accounting period.	ns 16
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of accou		MATION IS N	IEEDED (Identify an	individual to whom	
for Further Information	Name	JIM POWELL				Telepho	one 706.896.7089
	Address	1839 HIGHWAY 17 N (Number, street, rural route, apa		number)			
		YOUNG HARRIS GA	A 30582				
	Email	sandra.blade@	windstream	m.com		Fax (optional) 330.486	3504
0		(This statement of account n		-		h Copyright Office regulation	ns)
Certification		ed, hereby certify that (Check or er other than corporation or	-			n as identified in line 1 of spac	e B; or
	in	t of owner other than corpor line 1 of space B and that the er or partner) I am an officer	owner is not a	a corporation of	or partnership; or	-	
	• I have examined	line 1 of space B. I the statement of account and e, and correct to the best of m	l hereby declar	are under pena	alty of law that all stat	tements of fact contained here	
			X		/S/ TIMOTHY	P LOKEN	
				-	ure on the line above '/s/ signature" (e.g., /	to certify this statement. /s/ John Smith)	
		Typed or printe	ed name:	ΤΙΜΟΤΗΥ	P LOKEN		
		Title: (Title of			JLATORY REP tion or partnership)	ORTING	
		Date:				February 25, 2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DSTREAM NEW MEXICO INC	634
 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 Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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