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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	by email to:					
	ary Transmissions by	DATE RECEIVED	AMOUNT					
General instru	ems (Short Form) actions are located of this workbook	08/19/2020	<u>coplicsoa@copyright.go</u> For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150					
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	YYY/(Period))					
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optiona	I - see instructions)					
Accounting Period								
В	Instructions: Give the full legal name of the owner o of the subsidiary, not that of the parent		idiary of another corporation, give the full co	rporate title				
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/MAIL	ING ADDRESS OF CABLE SYSTEM						
	SPTC TELCOM,LTD							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	P.O. BOX 1379 (Number, street, rural route, apartment, or suite number)							
	LUBBOCK, TX 79408-137 (City, town, state, zip)	9						
С	INSTRUCTIONS: In line 1, give any bus							
System	names already appear in space B. In lin		e system, if different from the addres	s given in space B.				
	MAILING ADDRESS OF CABLE SYST	EM:						
	2 (Number, street, rural route, apartment, or suit	te number)						
		,						
	(City, town, state, zip code)							

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	SPTC TELCOM,LTD	635
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated con	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	st will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Woodrow	ТХ
Community	Fieldton	TX
	Hollandville	TX
dd Rows as Necessary	Pettit	TX
	Arnett	TX
	County Line	ТХ
	Merrell	ТХ
	Cone	ТХ
	Caprock	ТХ
	Acuff	TX
	Halfway	TX
	McAdoo	TX
	Cotton Center	TX
	Edmonson	TX
	Ransom Canyon	ТХ
	Happy Union	ТХ

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1		
Name	SPTC TELCOM,LTD								6353	
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	ATES					
E	In General: The information in s					y transmission	service of t	he cable		
	system, that is, the retransmission									
Secondary Transmission	about other services (including p last day of the accounting period						those exist	ing on the		
Service: Sub-	Number of Subscribers: Both						ble system	, broken		
scribers and	down by categories of secondary	y transmission	service.	In general, yo	u can com	pute the number	er of subsc	ribers in		
Rates	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 serv Rate: Give the standard rate c							re and the		
	unit in which it is generally billed									
	category, but do not include disc				,					
	Block 1: In the left-hand block	•		-		•				
	systems most commonly provide that applies to your system. Not							0,		
	categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted of									
	Block 2: If your cable system printed in block 1 (for example, t	-		•						
	with the number of subscribers a						,.			
	sufficient.	,	g							
	BLOCK 1						BLOCK		T	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		516	\$77/mth						
	 Service to additional set(s) 		447	\$7/stb						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s					
F	In General: Space F calls for rat	•	,		-	• •				
I	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•	,		0		0.,			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services:		Installa	tion: Non-resi	idential					
	• Pay cable		• Mote	el, hotel						
	• Pay cable—add'l channel		• Corr	nmercial			Cinema	IX	514/m	
	Fire protection		• Pay	cable			Stars/E		\$17/m	
	 Burglar protection 		• Pay	cable-add'l ch	annel		Showti	me	\$19/m	
	Installation: Residential		• Fire	protection			НВО		519/m	
	• First set		• Burg	glar protection			Red Zo	ne	\$50/	
	 Additional set(s) 		Other s	ervices:						
	• FM radio (if separate rate)			onnect		\$25 each	Hispan		\$5/m	
	Converter			onnect			Variety		512/m	
			Outl	et relocation		\$99/term.	Variety	Plus	\$6/m	
				e to new addre						

unting Period:	2019/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID					
1	SPTC TELCOM,LTD			6353					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio	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, <i>except</i> (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 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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					
	KMYLLD5	12	N-M	LUBBOCK, TX					
	KCBDDT4	17	N-M	LUBBOCK, TX					
Rows as Necessary	KJTVCD2	32	N-M	LUBBOCK, TX					
· · · · · · · · · · · · · · · · · · ·	KLBBLD2	46	N-M	LUBBOCK, TX					
	REDDEDZ								
	KLBBLD3	47	N-M	LUBBOCK, TX					
		47 48	N-M N						
	KLBBLD3			LUBBOCK, TX					
	KLBBLD3 KLBB	48	N	LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ	48 1005	N E	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT	48 1005 1011	N E N	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT	48 1005 1011 1013	N E N N	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL	48 1005 1011 1013 1015 1016	N E N N	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL KPTB	48 1005 1011 1013 1015	N E N N N I	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL KPTB KLCWDT	48 1005 1011 1013 1015 1016 1022	N E N N N I N	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX WOLFFORTH, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL KPTB KLCWDT KAMCDT	48 1005 1011 1013 1015 1016 1022 1028	N E N N N I N N N	LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX LUBBOCK, TX UBBOCK, TX UBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL KPTB KLCWDT KAMCDT KJTVDT2	48 1005 1011 1013 1015 1016 1022 1028 1032	N E N N N I I N N N N N N N N	LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL KPTB KLCWDT KAMCDT KJTVDT2 KJTVDT2 KJTVDT	48 1005 1011 1013 1015 1016 1022 1028 1032 1034 1046	N E N N N 1 N N N N N N N N	LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL KPTB KLCWDT KAMCDT KJTVDT2 KJTVDT	48 1005 1011 1013 1015 1016 1022 1028 1032 1034	N E N N N I I N N N N N N N N	LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL KPTB KLCWDT KAMCDT KJTVDT2 KJTVDT2 KJTVDT	48 1005 1011 1013 1015 1016 1022 1028 1032 1034 1046	N E N N N 1 N N N N N N N N	LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL KPTB KLCWDT KAMCDT KJTVDT2 KJTVDT2 KJTVDT	48 1005 1011 1013 1015 1016 1022 1028 1032 1034 1046	N E N N N 1 N N N N N N N N	LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL KPTB KLCWDT KAMCDT KJTVDT2 KJTVDT2 KJTVDT	48 1005 1011 1013 1015 1016 1022 1028 1032 1034 1046	N E N N N 1 N N N N N N N N	LUBBOCK, TX LUBBOCK, TX					
	KLBBLD3 KLBB KTTZ KCBDDT KLBKDT KMYL KPTB KLCWDT KAMCDT KJTVDT2 KJTVDT2 KJTVDT	48 1005 1011 1013 1015 1016 1022 1028 1032 1034 1046	N E N N N 1 N N N N N N N N	LUBBOCK, TX LUBBOCK, TX					

EGAL NAME OF		JADLE 3	ISTEM.					SYSTEM I 635
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei t the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral ii eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								

Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	SPTC TELCOM,LTD							63533		
	SUBSTITUTE CARRIAG									
I					-					
	In General: In space I, ident									
Substitute	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				5					
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and			al cable system	in carry, on a substitute ba	315, any nom					
Program Log	broadcast by a distant sta	tion?					YES	X NO		
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	plete the prog	gram		
	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 SUBSTITUTI	E PROGRA	AMS							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is		
	clear. If you need more spa					hot during	the ecolor	ing		
	period, was broadcast by a			vision program ("substitute our cable system substitut						
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fu	rther informa	tion.		
	Do not use general categor									
	"NBA Basketball: 76ers vs.			() () () () () () () () () ()	"~ "					
				er "Yes." Otherwise enter " asting the substitute prog						
				the community to which th		censed bv	the FCC or.	in		
	the case of Mexican or Car									
			when your sy	stem carried the substitute	e program. U	se numera	als, with the n	nonth		
	first. Example: for May 7 gi									
	to the nearest five minutes.			ogram was carried by you				ately		
	stated as "6:00–6:30 p.m."		a program car	ned by a system norm 0.0	1. 15 p.m. to t	.20.30 p.i				
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	iired		
	to delete under FCC rules							ogram		
	was substituted for program		your system w	as permitted to delete und	der FCC rules	s and regu	lations in			
	effect on October 19, 1976	•								
					WHE	N SUBST	ITUTE			
	S	UBSTITUT	E PROGRAM	1				7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
							_			
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Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
indille	SPTC TELCOM,LTD	63533						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service						
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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,80(
	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 thi accounting period is \$52.00	s six-month						
	Line 1. Royalty fee for accounting period							
	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							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)						
	1. Base amount under statutory formula \$ 263,800.00							
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	00)						
	1. Enter the amount of gross receipts from space K \$ 279,445.61							
	2. Base amount under statutory formula \$ 263,800.00							
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01	156.46						
	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)	1,475.46						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,495.46						
	EFT Trace # or TRANSACTION ID #							
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register o See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more							

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPTC TELCOM,LTD	SYSTEM ID# 63533
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 on which the cable system carried television broadcast stations and nonbroadcast services	17
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		≥ <u>(806)</u> 763-2301
	Address P.O. Box 1379 (Number, street, rural route, apartment, or suite number) Lubbock, TX 79408-1379 (City, town, state, zip)	
	Email handerson@sptc.net Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	e B; or e system as identified wner of the cable system
	X /s/ Wade Maner Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Wade Maner	-
	Title: CEO/GM (Title of official position held in corporation or partnership)	
	Date: 2/27/2020	

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 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 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.

Accounting Period: 2019/2	FORM SA1-2E. PAGE 8
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
SPTC TELCOM,LTD	63533
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- 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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here 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@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	
ID number First community served Accounting period	

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