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 by email to:

coplicsoa@copyright.gov

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

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY
for Secondary Transmissions by	DATE RECEIVED	AMOUNT
Cable Systems (Short Form)		\$
General instructions are located		
in the first tab of this workbook	8/28/2020	ALLOCATION NUMBER

Α	ACCO	OUNTING 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.	20128
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		KEENE VALLEY VIDEO, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 47 (Number, street, rural route, apartment, or suite number)	
		KEENE VALLEY, NY 12943 (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 us a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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 suffciency of the fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	KEENE VALLEY VIDEO, INC.	20128
D Area Served	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future. Note: Entities and properties such as hotels, apartments, condominiums, identified city.	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
	CITY OR TOWN	STATE
First		
Community		
Add Rows as Necessary		
Add Rows as necessary		
	KEENE	NY

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:								SYS	TEM ID
Name	KEENE VALLEY VIDEO,	INC.									2012
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu- separately for the particular servi Rate: Give the standard rate c 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. Note categories, that person or entity subscriber who pays extra for ca	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or D blocks in spar / transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc : Where an ind should be cour	cover al and rad ace F, n ecembe ce E call service. (s in that ndicated h catego 20/mth"). for adva e form lis ribers. G dividual nted as a	I categories of io broadcasts I oot here. All the r 31, as the cas for the numbe In general, you t category (the d—not the num ory of service. I Summarize al nce payment. sts the categor Sive the numbe or organization a subscriber in	secondary by your sy a facts you se may be or of subsc u can com number of ber of set include bo ny standar ies of second r of subsc n is receivi each appl	rstem to subs a state must l b). cribers to the npute the nur of persons or ts receiving s oth the amou rd rate variat ondary trans cribers and ra ing service th licable categ	scribbe the cab cab mber orga servious misse misse the finat fa ory.	ers. Give nose existi- le system of subscr anizations ce). the charg within a p sion servic or each lis alls under Example:	information ng on the broken ibers in charged e and the particular rat e that cable ted categor different a residentia	e y	
	first set" and would be counted on Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	has rate catego iers of services	ories for that inc	secondary trar	nsmission pre secono	dary transmi	ssio	ns), list the	em, togethe ervice is	r	
		NO. OF						BLOOR	NO. C	DF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF	SEF	RVICE	SUBSCR	IBERS	RATE
	Residential:										
	Service to first set		249	47.95							
	 Service to additional set(s) FM radio (if separate rate) 		48	2.00							
	Motel, hotel		8	13.95							
	Commercial		4	47.95							
	Converter										
	Residential										
	Non-residential										
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	er) infor that are ns: you ished to usually the cable stem furr e was m	mation with ree not offered in c do not need to phonsubscribe billed. If any ra physical system for ea nished or offere nade or establis	spect to al combinatio give rate rs. Rate in tes are ch ch of the a ed during f	on with any s information of formation sh narged on a v applicable se the accountin	econ conc noulo /aria ervic ng p	ndary trans erning (1) d include b ble per-pr es listed. eriod that	smission services oth the ogram basis were not		
		BLO	CK 1						BLOC	CK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE		CATEG	DRY OF SE		RATE
	Continuing Services:		Installa	tion: Non-res							
	• Pay cable			el, hotel		150.0					
	Pay cable—add'l channel		-	nmercial		150.0	0				
	 Fire protection 		-	r cable	005-1						
	•		•Pay	cable-add'l ch	lannel						
	•Burglar protection		• Ein-	protection							
	•Burglar protection Installation: Residential	150.00		protection							
	•Burglar protection Installation: Residential • First set	150.00	• Bur	protection glar protection services:							
	•Burglar protection Installation: Residential • First set • Additional set(s)	150.00	• Burg Other s	glar protection		25.0	0				
	•Burglar protection Installation: Residential • First set	150.00	• Burg Other s • Rec	glar protection		25.0	0				
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	150.00	• Burg Other s • Rec • Disc	glar protection services: connect		25.0 15.0					

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	KEENE VALLEY VID	EO, INC.		20
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station 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 station multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network prog I(e)(2) and (4))]; and (2) certain state rried by your cable system on a su e Special Statement and Program both on a substitute basis and also see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WVNY-DT	13	Ν	Burlington, VT
	WVNY-DT	13	N	Burlington, VT
	WPTZ-DT	14	N	Plattsburgh, NY
s as Necessary	WPTZ-DT			
s as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
s as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
s as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
s as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
vs as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
vs as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
ws as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
ws as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
ws as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
ows as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
ows as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
ws as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
ws as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT

KEENE VAL		D, INC.						201
	t every radio s	station c) arried on a separate and disc nerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column	it is carried b monitoring, to prmation abou rm. dentify the cal itate whether the radio stat this by placin Sive the statio	by the system by the system by the rece ut the Co Il sign of the station tion's sig g a checo n's locat	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. Inal was electronically proces k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's h system's FM an this point, see p sed by the cable he station is licer	eadend, and t tenna, during age (v) of the system as a s nsed by the Fe	(2) it can certain general separate	n be expected, stated intervals. instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				2,2		
				[

	d: 2020/1						FOR	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	KEENE VALLEY VIDE	D, INC.						20128
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	ify every nor	nnetwork televis	sion program, broadcast by	a distant stat	ion, that you	r cable syste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or au	thorizations.	. For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN	-						
Special Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute basi	s, any nonne	twork televis	sion prograr	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	je blank. If your answer is '	'Yes," you mu	ist complete	the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	6
	clear. If you need more spa Column 1: Give the title			rows to the tables. ision program ("substitute	program") tha	t durina the	e accounting	r
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ampie, "I Lo	ve Lucy" or	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra			FOO	
	the case of Mexican or Can			ne community to which the community with which the			FCC or, in	
				tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ely
	stated as "6:00–6:30 p.m."		a program cam		10 p.m. to 0.2	0.00 p.m. si		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976.		our system wa	s permitted to delete unde		nu regulatio	/13 11	
								Γ
	s	UBSTITUT	TE PROGRAM	1		N SUBSTI		7. REASON FOR
	S	2. LIVE?	TE PROGRAM 3. STATION'S		5. MONTH	AGE OCC 6. T		7. REASON FOR DELETION
					CARRI	AGE OCC 6. T	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		

Accounting Period:	2020/1 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	KEENE VALLEY VIDEO, INC. 20128
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 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.
	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 this six-mon accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	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
	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
	EFT Trace # or TRANSACTION ID # 26PQ4103
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: LEY VIDEO, INC.	SYSTEM ID# 20128
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations beers, and (2) the cable system's total number of activated channels during the accounting period.	5 48
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Kevin P. Lynch Telephone 315.32	28.9050
	Address	3330 SH 11B (Number, street, rural route, apartment, or suite number) Nicholville, NY 12965 (City, town, state, zip)	
	Email	Kevin.Lynch@slicfiber.com Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, comp	The first statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) There other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or tent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as i in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the c in line 1 of space B. The due statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. totion 1001(1986)] $\frac{\chi /s/ Bradley Pattelli}{}$ 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: Bradley G. Pattelli Title: CEO (Title of official position held in corporation or partnership)	
		Date: 8/20/2020	

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 fing, a determination that would be made by a court of lay

	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
NE VALLEY VIDEO, INC.	201
 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 	P Special Statemer Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x days 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 \$	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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