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				
08/18/20	\$ 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

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20201 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Fidelity Cablevision, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		CoBridge Broadband, LLC dba Fidelity Communications
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		64 N Clark (Number, street, rural route, apartment, or suite number)
		Sullivan, MO 63080
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	
		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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1I					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:					
Name	Fidelity Cablevision, LLC						
	Instructions: List each separate community served by the cable system. A "c						
D	"a separate and distinct community or municipal entity (including unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community thas the "first community." Please use it as the first community on all future find Note: Entities and properties such as hotels, apartments, condominiums, or	hat you list will serve as a form of system identification hereafter knowr filings.					
Area		mobile nome parks should be reported in parentneses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Beebe	AR					
Community	White County (Portion)	AR					
dd Rows as Necessary							

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Fidelity Cablevision, LLC

#SYSTEM ID 27424

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.

BL	OCK 1		BLOCI	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
 Service to first set 	275	38.99						
 Service to additional set(s) 								
• FM radio (if separate rate)								
Motel, hotel	2	14.00						
Commercial	5	18.00						
Converter								
 Residential 								
Non-residential								
	ſ	1		1	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	EGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable	рр	Motel, hotel	\$80/hr	Tier	56.00
 Pay cable—add'l channel 		Commercial	\$80/hr	Tier	13.00
 Fire protection 		• Pay cable		Digital Basic	12.00
 Burglar protection 		Pay cable-add'l channel		Digital Tier	7.99
Installation: Residential		Fire protection			
• First set	\$80/hr	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	\$25		
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27424

Fidelity Cablevision, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KARK	4.1	N	LITTLE ROCK, AR
KARK-DT2	4.2	I-M	LITTLE ROCK, AR
KARK-DT3	4.3	I-M	LITTLE ROCK, AR
KARK-DT4	4.4	I-M	LITTLE ROCK, AR
KARZ	42.1	<u> </u>	LITTLE ROCK, AR
KARZ-DT2	42.2	I-M	LITTLE ROCK, AR
KASN	38.1	<u> </u>	PINE BLUFF, AR
KATV	7.1	N	LITTLE ROCK, AR
KATV-DT2	7.2	I-M	LITTLE ROCK, AR
KATV-DT3	7.3	I-M	LITTLE ROCK, AR
KATV-DT4	7.4	I-M	LITTLE ROCK, AR
KETS	2.1	E	LITTLE ROCK, AR
KKAP	36.1	<u> </u>	LITTLE ROCK, AR
KLRT	16.1	N	LITTLE ROCK, AR
KMYA-DT	49.1	<u> </u>	LITTLE ROCK, AR
KTHV	11.1	N	LITTLE ROCK, AR
KVTN	25.1	l	PINE BLUFF, AR

Accounting Period: 2020/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Fidelity Cablevision, LLC

27424

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).

0411 010::		0/0		T 0411 01011	l	0.10	L 004TION 05 0T: T: 0:
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 				 	
		 					
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Accounting Perio							FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF Fidelity Cablevision, I		STEM:					SYSTEM ID# 27424		
	2/424									
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
I				rision program, broadcast by						
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 STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant station?									
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust comple	te the pro	gram		
	log in block 2.									
	2. LOG OF SUBSTITUT			rate line. Use abbreviations	s whorever n	accible if the	oir moanin	ng is		
	clear. If you need more sp				s wilelevel po	ossible, il tili	en meann	ig is		
				vision program ("substitute our cable system substitut						
				ns. See page (v) of the ge						
	o o		ovies" or "bask	ketball." List specific progra	am titles, for e	example, "I L	ove Lucy	" or		
	"NBA Basketball: 76ers vs Column 2: If the progra		idcast live, ent	er "Yes." Otherwise enter "	"No."					
				casting the substitute progr			F00			
			,	the community to which the community with which the		,	ie FCC or,	, In		
	Column 5: Give the mo	nth and day		stem carried the substitute			, with the	month		
	first. Example: for May 7 g Column 6: State the tim		e substitute pr	ogram was carried by you	r cable svste	m. List the ti	mes accui	ratelv		
	to the nearest five minutes	. Example:		ried by a system from 6:01						
	stated as "6:00–6:30 p.m." Column 7: Enter the let		e listed program	m was substituted for progr	ramming that	vour systen	n was <i>rea</i>	uired		
	to delete under FCC rules	and regulat	ions in effect o	during the accounting perio	od; enter the I	etter "P" if th	ne listed pi			
		•	your system w	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.										
		5.		·		una rogalai				
	,			,	WHE	N SUBSTIT	UTE	7 PEASON FOR		
	S	UBSTITUT	E PROGRAM	1	WHE CARRI		UTE JRRED	7. REASON FOR DELETION		
	,		E PROGRAM 3. STATION'S CALL SIGN	1	WHE	N SUBSTIT AGE OCCL	UTE JRRED			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			
	S	SUBSTITUT	3. STATION'S	л	WHE CARRI. 5. MONTH	N SUBSTIT AGE OCCL 6. TII	UTE JRRED MES			

Accounting Period:	2020/1		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC	SY	STEM ID# 27424
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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.	ssion service mount, see	5,359.00 ss receipts)
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 \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
1	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 \$137,1)	00)	
	1. Base amount under statutory formula		
	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,	600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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	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 informati		nts!

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: ision, LLC			SYSTEM ID# 27424
M Channels	to its subscribers 1. Enter the total system carried	, and (2) the cable system's to number of channels on which television broadcast stations	total numbe	on which the cable system carried television broadcast stations er of activated channels during the accounting period.	. 25
	on which the ca	number of activated channels ble system carried television ast services	broadcast	stations	335
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Melinda Lahmann		Telephon	e 573-468-1216
	Address	64 N Clark (Number, street, rural route, apartr Sullivan, MO 63080 (City, town, state, zip)	ment, or suite	e number)	
	Email	melinda.lahmar	nn@fidelit	ycommunications.com Fax (optional)	
0	CERTIFICATION (This statement of account me	ust be cert	ified and signed in accordance with Copyright Office regulations	s)
O Certification	• I, the undersigne	ed, hereby certify that (Check o	one, <i>but onl</i>	y one, of the boxes.)	
	(Owner	r other than corporation or p	partnership	p) I am the owner of the cable system as identified in line 1 of space	e B; or
		-		artnership) I am the duly authorized agent of the owner of the cabl t a corporation or partnership; or	e system as identified
	in li	ine 1 of space B.		ation) or a partner (if a partnership) of the legal entity identified as	·
		e, and correct to the best of my		clare under penalty of law that all statements of fact contained her e, information, and belief, and are made in good faith.	ein
			X	/s/ Raymond Storck	_
				electronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	d name:	Raymond Storck	
		Title:		resident Finance n held in corporation or partnership)	
		Date:		8/18/20	

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 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.

counting Period: 2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
delity Cablevision, LLC	27424
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include 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 transmissionade by satellite carriers to satellite dish owners? X NO	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 underpayre. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	m. Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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	- e)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance p contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	olease
** 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, p list below the owner, address, first community served, ID number, and accounting period as given in the original fili	
Owner	
Address	
ID number	
ID number First community served	
Accounting period	

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