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							
10/25/20	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACC	DUNTING 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.								
		LEGAL NAME OF OWNERMAN INC ADDRESS OF CARL F SYSTEM							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CNMI Cablevision LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		DOCOMO PACIFIC							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		890 S. Marine Corps Drive ((Number, street, rural route, apartment, or suite number)							
		Tamuning, Guam 96913 ((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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Wumber, 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.

Accounting Period:	2020/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CNMI Cablevision LLC	33029
_	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter known
	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 ho	ome parks should be reported in parentheses below the
Served	identified city.	
Florid	CITY OR TOWN	STATE MP
First Community	Sinapalo	WF
Add Rows as Necessary		
naa nows as recessary		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 33029 **CNMI Cablevision LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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

BLO	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	8	95.00				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	I'''''	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 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	95.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
<ul> <li>Fire protection</li> </ul>		• Pay cable				
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	37.84	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		• Reconnect				
Converter		Disconnect				
		Outlet relocation				
		<ul> <li>Move to new address</li> </ul>				

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3					
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	CNMI Cablevision LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	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								
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations	s explained in the next paragraph.  : With respect to any distant stations c	( ), ( ),						
		ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program	Log)—if the					
	basis. For further information Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination	see page (v) of the general instructorogram services such as HBO, ES	tions. PN, etc. Identify each					
	"WETA-2" as the same on Column 2: Give the channof license. For example, W Column 3: Indicate in 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					
	KUAM	8	N	Agana, Guam					
	KTGM	7	N	Tamuning, Guam					
Add Rows as Necessary	KEOLIB								
	KEQI-LP	6	I	Agana, Guam					
	NEQI-LY		l						
	KEQI-LP	6							
	REQI-LP	6							
	KEQI-LP	6							
	NEQI-LP	6							
	KEQI-LP	6							
	KEQI-LP	6							
	KEQI-LP	6							
	REQI-LP	6							
	REQI-LP	6							
	REQI-LP	6							
	NEQI-LP	6							
	REQI-LP	6							
	REQI-LP	6							
	REQI-LP	6							
	NEQI-LP	6							

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CNMI Cablevision LLC 33029

### 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).

	1			Т	ı		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
N/A						 	
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Accounting Perio	nd: 2020/1						FOR	M SA1-2E. PAGE 5.		
Accounting Ferre	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1010	SYSTEM ID#		
Name	CNMI Cablevision LLC	;						33029		
					_					
1	SUBSTITUTE CARRIAG				_	·· 41 4 -				
•	In General: In space I, ident substitute basis during the a									
Substitute	explanation of the programm									
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE						
Special Statement and	During the accounting per	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network te	elevision prog	ıram		
Program Log	broadcast by a distant sta	tion?					YES	X NO		
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	"Yes," you r	nust com	plete the pro	gram		
	log in block 2.									
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is									
	clear. If you need more spa				s wherever po	ossidie, ii	meir meanin	g is		
	Column 1: Give the title	of every no	nnetwork tele	vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor	ries like "mo								
	"NBA Basketball: 76ers vs.		deast live, ent	er "Yes." Otherwise enter "	'No "					
				casting the substitute progr						
				the community to which the			the FCC or,	in		
	the case of Mexican or Car Column 5: Give the more			e community with which the stem carried the substitute			als. with the i	month		
	first. Example: for May 7 gi	ve "5/7."								
	to the nearest five minutes.			ogram was carried by your						
	stated as "6:00–6:30 p.m."	- Елапіріо.	a program can	nou by a dyolom nom old	. 10 p.iii. to 0	.20.00 р.	ini. onodia bo			
	Column 7: Enter the lett to delete under FCC rules a			m was substituted for progr						
	was substituted for program							ogram		
	effect on October 19, 1976		,	•		J				
					WHE	N SUBS	TITUTE			
	S	UBSTITUT	E PROGRAM	1			CURRED	7. REASON FOR		
	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:	2020/1	FORM S.	A1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CNMI Cablevision LLC	S	YSTEM ID 3302						
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. 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 the 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.	smission servic is amount, see	e 4,370.00						
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 accounting period is \$52.00	for this six-mont	I						
	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	<b>\$</b>	52.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2								
	1. Base amount under statutory formula	•							
	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								
	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								
	TILINGT LE AND TOTAL NEMITTANGE DEL								
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 Reg See page i of the general instructions in the paper SA1-2 form for more inform		ghts!						

Accounting Period:	d: 2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CNMI Cablevision LLC	SYSTEM ID# 33029
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	20
N Individual to Be Contacted		
for Further Information	Name James W. Hofman, II Telephone +1 671 688	2355
	Address 890 S. Marine Corps Drive (Number, street, rural route, apartment, or suite number)	
	Tamuning, Guam 96913 (City, town, state, zip)	
	Email jhofman@docomopacific.com 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, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	ied
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable s in line 1 of space B.	system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)]	
	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: James W. Hofman, II	
	Title: Chief Legal Officer  (Title of official position held in corporation or partnership)	
	Date: October 26, 2020	

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