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							
8/31/20	\$						
	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

_	1								
A	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									
	<u> </u>	Instructions.							
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 OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		WAVE DIVISION HOLDINGS LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)							
		BOTHELL WA 98021 (City, town, state, zip)							
	-	(City, town, state, zlp)							
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	1	IDENTIFICATION OF CABLE SYSTEM:							
		WAVE BROADBAND							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)							
		BOTHELL WA 98021 (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.

	2004							
Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	WAVE DIVISION HOLDINGS LLC	38286						
	Instructions: List each separate community served by the cable system. A "community served by the cable system."							
D	"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							
	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 Community	BELLINGHAM COPER	WA						
Community	SPRING CREEK	WA						
Add Rows as Necessary								

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38286

WAVE DIVISION HOLDINGS LLC

E

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		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:	620	27.95			
Service to first set					
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel		27.95			
Commercial	1				
Converter					
Residential					
Non-residential					

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						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
• Pay cable	17.00	Motel, hotel		Expanded Content	74.29		
Pay cable—add'l channel		Commercial		Digital Favorites	13.00		
Fire protection		Pay cable		Digital Variety	8.25		
•Burglar protection		Pay cable-add'l channel		Digital Sports	12.00		
Installation: Residential		Fire protection		Digital Cable Pack	32.75		
First set	29.95	Burglar protection		НВО	19.00		
Additional set(s)	14.95	Other services:		HBO Max	14.95		
• FM radio (if separate rate)		Reconnect	29.95	Showtime/The Movie	19.00		
Converter		Disconnect		Cinemax	18.50		
		Outlet relocation		Starz	17.00		
		Move to new address		Movieplex	5.00		
				HD Bonus Pack	7.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38286

WAVE DIVISION HOLDINGS LLC

G

Primary Transmitters: Television

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
CBUT - CBC	2	l	VANCOUVER, BC
KOMO - ABC	4	N	SEATTLE, WA
KOMODT2 - CometTV	4.2	N	SEATTLE, WA
KOMODT3 - Charge!	4.3	N	SEATTLE, WA
KING - NBC	5	N	SEATTLE, WA
KINGDT2 - Justice	5.2	N	SEATTLE, WA
KIRO - CBS	7	N	SEATTLE, WA
KIRODT2 - getTV	7.2	N	SEATTLE, WA
KIRODT3 - Laff	7.3	N	SEATTLE, WA
KCTS - PBS	9	Е	SEATTLE, WA
KCTSDT2 - PBS	9.2	E	SEATTLE, WA
KCTSDT3 - Create	9.3	E	SEATTLE, WA
KSTW - CW	11	N	TACOMA, WA
KSTWDT2 - Decades	11.2	N	TACOMA, WA
KVOS - MeTV	12.3	N	BELLINGHAM, WA
KCPQ - FOX	13	N	TACOMA, WA
KONG - Independent	16	l	EVERETT, WA
KTBW - TBN	20	N	SEATTLE, WA
KZJO - JOEtv	22	N	SEATTLE, WA
KZJODT3 - Antenna	22.3	N	SEATTLE, WA
KWPX - ION	33	N	BELLEVUE, WA
I			

Accounting Period: 2020/1 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 38286 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION 3. TYPE OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WAVE DIVISION HOLDINGS LLC

38286

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).

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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
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Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 38286	
Name	WAVE DIVISION HOLDINGS LLC								
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	NT AND PROGRAM I O	ıG.				
1					_	tion that v	our cable sv	stem carried on a	
-	substitute basis during the	General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	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: Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and		•	ur cable syste	m carry, on a substitute ba	sis, any nonr	network te			
Program Log	broadcast by a distant sta						YES	X NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must comp	olete the pro	gram	
	log in block 2. 2. LOG OF SUBSTITUT	E DROCE	A M C						
	In General: List each subs			rate line. Use abbreviations	s wherever p	ossible, if	their meanin	ıg is	
	clear. If you need more sp								
	period, was broadcast by a			vision program ("substitute our cable system substitut					
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for fu	rther informa	ation.	
	Do not use general catego "NBA Basketball: 76ers vs		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	'I Love Lucy'	or	
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter '					
		•		casting the substitute progr the community to which th		oonood by	the ECC or	in	
	the case of Mexican or Ca						lile FCC of	, 111	
		,	when your sy	stem carried the substitute	e program. U	se numera	als, 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	times accu	ratelv	
	to the nearest five minutes	. Example:							
	stated as "6:00–6:30 p.m." Column 7: Enter the let		e listed program	n was substituted for prog	ramming that	t vour svst	em was rea	uired	
	to delete under FCC rules	and regulat	ions in effect o	during the accounting perio	d; enter the l	letter "P" it	f the listed p		
	was substituted for programeffect on October 19, 1976	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations in		
	ellect off October 19, 1970).			1			1	
		I IDOTITI IT	- DD00D44		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO				
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		TIMES	DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN			FROM	— то		
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Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC			S	YSTEM ID# 38286			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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 re	ystem's se on of how t	condary transmi o compute this a	ission service amount, see	7,944.19 pss 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	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that y	ou must pay for t	this six-mon				
	Line 1. Royalty fee for accounting period							
İ	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 lin	nes 1 and 2	!					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)				
	Base amount under statutory formula	\$	263,800.00					
	Enter amount of gross receipts from space K	\$	207,944.19					
	3. Subtract line 2 from line 1	\$	55,855.81					
	4. Enter the amount of gross receipts from space K		. \$ 2	207,944.19				
	5. Enter the amount from line 3		-	55,855.81				
	6. Subtract line 5 from line 4			52,088.38				
	7. Multiply line 6 by .005 (enter figure here)				760.44			
	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		\$	760.44			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527,	600)				
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	¢	263,800.00					
	·	Ψ	203,000.00					
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01			4 240 00				
	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 DU	E						
F								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	760.44				
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			\$	780.44			
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!			

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.		
Name		OWNER OF CABLE SYSTEM: ON HOLDINGS LLC				SYSTEM ID# 38286		
M	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.							
	Enter the tota system carried	21						
	on which the ca	I number of activated channels able system carried television east services	broadcast	t stations		306		
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an inc	lividual to whom			
for Further Information	Name	Chris Connolly			Telephone	609-681-2178		
	Address	650 College Road Ea (Number, street, rural route, apartr Princeton NJ 08540	n st, Suit ment, or suite	e al 100 e number)				
	Email	(City, town, state, zip) chris.connolly@)rcn.net		Fax (optional)			
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	ed, hereby certify that (Check of the other than corporation or put of owner other than corporation 1 of space B and that the other or partner) I am an officer (line 1 of space B. If the statement of account and e, and correct to the best of myon 1001(1986)] Typed or printed Title:	ation or pa where is no if a corpora hereby de knowledg	tified and signed in accordance with Coly one, of the boxes.) p) I am the owner of the cable system a cortantership) I am the duly authorized agot a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all states the period of the cortanter of the clare under penalty of law that all states the period of the clare under penalty of law that all states the period of the clare under penalty of law that all states the clare under penalty of law that all states the clare under penalty of law that all states the clare under penalty of law that all states the clare under penalty of law that all states the clare under penalty of law that all states the clare under the clare und	ent of the owner of the cable the legal entity identified as owners of fact contained herei the in good faith.	system as identified wner of the cable system		
		Date:			8/28/20			

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
VE DIVISION HOLDINGS LLC	38286
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
INTEREST ASSESSMENT	
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 Assessment
	Ì
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 \$	
(interest charge)	
* 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@loc.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	
Accounting period	

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