Submitting the form

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

· Alphabetization: Alphabetization is NOT required for any spaces.

• Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.

• Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

· Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at: https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH. IN BETWEEN THE YEAR AND NUMBER.

· For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 - Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 - Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- · Space K input the total gross receipts for the cable system in the highlighted box.
- Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

Page 7 – Spaces M-O

- Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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					
8-14-20	\$					
	ALLOCATION NUMBER					

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

Α	ACCO	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 OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Swayzee Communications BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		214 S Washington St, PO Box 97
		(Number, street, rural route, apartment, or suite number) Swayzee, IN 46986 (City, town, state, zip)
С	INSTR	. RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
-	names	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	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	Section	n 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	Swayzee Communications	4829				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First Community	Swayzee					
minumity						
s Necessar	у 					

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	
Name	Swayzee Communication	ons							482
E Secondary Transmission Service: Sub- scribers and	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								
Rates	each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not	umber of billing ice at the rate harged for eac . (Example: "\$2 counts allowed in space E, th e to their subsc e: Where an in	gs in tha indicate ch categ 20/mth") for adva e form I cribers. (adividual	at category (the l d—not the num ory of service. In). Summarize ar ance payment. ists the categori Give the number I or organization	number of ber of se nclude bo ny standa es of sec r of subso i is receiv	of persons or org ts receiving servith the amount of rd rate variation ondary transmis cribers and rate ing service that	yanizations vice). of the char s within a ssion servi for each li falls unde	s charged ge and the particular rate ce that cable sted category r different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	able service to once again und has rate catego iers of services and rates, in the	addition ler "Serv ories for s that ine	al sets would be vice to additiona secondary tran clude one or mo	e included I set(s)." smission ore secon	d in the count un service that are dary transmission	nder "Servi e different t ons), list th ion of the	ice to the from those nem, together service is	
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		139	79.95/mo.					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial 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.								
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-resid					
	• Pay cable	79.95		tel, hotel					
	Pay cable—add'l channel Fire protection		-	nmercial					
	 Fire protection Burglar protection 		5	/ cable / cable-add'l cha	annel				
	Installation: Residential		5	protection					
	First set	20.00		glar protection					
	 Additional set(s) 	50.00		services:					
	• FM radio (if separate rate)		• Red	connect		40.00			
	Converter			connect					
				tlet relocation ve to new addre		50.00 20.00			

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
	Swayzee Communicat	tions		4829				
	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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations : With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-N" (for network multicast), "I' (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational multicast). For for noncommercial educational, or "E-M" (for network), "N-N" (for noncommercial educational multicast). For the meaning of th							
		dian stations, if any, give the name of t	-					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WTTV	4	Ν	INDIANAPOLIS				
	WRTV	6	N	INDIANAPOLIS				
Add Rows as Necessary	WISH	8	N	INDIANAPOLIS				
	WNDY	23	I	INDIANAPOLIS				
	WXIN	59	N	INDIANAPOLIS				
	WTHR	13	Ν	INDIANAPOLIS				
	WIPB	49	Е	MUNCIE				
	WHMB	40	l	INDIANAPOLIS				
	WSOT	57	I	MARION				
			I					

PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM station all-band basis whose signals were generally receivable by your cable system during the accounting J Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FI receivable if (1) its carried by the system whenever it is received at the system's FM antenna, during cert For detailed information about the Copyright Office regulations on this point, see page (v) of the gen paper SA-12 form. Column 1: Identify the call sign of each station carried. Column 3: If the radio station's signal was electronically processed by the cable system as a sepa signal, indicate this by placing a check mark in the "S/D" column. Column 3: Give the station is AM or FM. Column 4: Give the station is AM or FM. Column 5: Identify the call sign of each station carried. Column 4: Give the station is AM or FM. Column 5: Identify the call sign of each station carried. Column 4: Give the station is AM or FM. Column 4: Give the station is location (the community to which the station is identified). Column 4: Give the station is AM or FM. Column 4: Give the station is detentified. Column 4: Give the station is detentified. Column 4: Give the station is identified. Column 4: Give the station is detentified. Column 4: Give the statin is detexentified.	period. M signal is generally t can be expected, ain stated intervals. eral instructions in the.	H Primary Transmitters Radio
eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certs For detailed information about the Copyright Office regulations on this point, see page (v) of the gen paper SA1-2 form. 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 sepa- 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 of Mexican or Canadian stations, if any, the community with which the station is identified).	t can be expected, ain stated intervals. heral instructions in the. arate and discrete or, in the case of	Transmitters
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM Image: Sign of the state sta	S/D LOCATION OF STATI	
		ION
Image: Section of the section of th		
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Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Swayzee Communicat	tions						4829
	SUBSTITUTE CARRIAG				G			
I I		-	-			tion that you	r ooblo ovo	tom carried on a
•	n General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute 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:	1. SPECIAL STATEMEN				0		• •	
Special	During the accounting per	-			sis anv noni	network telev	vision nroa	ram
Statement and		-		in ourry, on a substitute be	515, any 11611			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog		aanaad bu th	a FCC ar	in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour system	was reau	uired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
				A		N SUBSTIT		7. REASON FOR
	5	1				AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
							-	
							-	
						_		
						_		
		+						
							-	
							-	
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						_		
						_		
1		1	1	1		1		1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	Swayzee Communications		4829
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 this 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.	mission service amount, se	,388.84
_	COPYRIGHT ROYALTY FEE		
L 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 1. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-month	
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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		0.00
			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)	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	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 #	[
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the second s		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Swayzee Communications	SYSTEM ID# 4829
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	9 57
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Tim Miles	765-922-7916
Information	Address Address 214 S Washington St, PO Box 97 (Number, street, rural route, apartment, or suite number) Swayzee, IN 46986	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] 	system as identified mer of the cable system
	X /s/Audra Hicks 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: AUDRA HICKS Title: OFFICE MANAGER (Title of official position held in corporation or partnership) Date: 08/7/20	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ayzee Communications	482
 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 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
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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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.

Cable Worksheet		e sheet	Total amount of remittance	Num	ber of SAs rec'd	lı	nitials
			Date of remittance	Check	EFT	G FILIN	G FEES
Cable ID #						Amount	Initials
Examined by	Re	viewed by	Date examination completed	Allocation	n number		
Space A Accounting Period							
	□ January 1	- June 30, 2017	E	July 1 - Decemi	per 31, 2017		
	Letter ser	nt	E	Information rec	eived		
	Accepted		E	Phone call/Date	/Contact		
Space B Owner							
	Letter ser	ht	C	Information rec	eived		
	Accepted		C	Phone call/Date	/Contact		
Space D Area Served							
	Letter ser	ıt	C	Information rec	eived		
	Accepted		E	Phone call/Date	/Contact		
Space E Secondary Transission							
Service Subscribers:	Letter ser	ıt	E	Information received			
and Rates	Accepted		E	Phone call/Date	/Contact		
Space G Primary Transmitters:							
Television	Letter ser	ıt	Γ	Information rec	eived		
	Accepted			Phone call/Date	e/Contact		
Space H Primary Transmitters:							
Radio	Accepted		[Phone call/Date	e/Contact		

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	