This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@copyright.gov

or additional information, ontact the U.S. Copyright Office Licensing Division at: el: (202) 707-8150

STATEMENT OF ACCOUNT	
for Secondary Transmissions by	DAT
Cable Systems (Short Form)	

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY	Re by
DATE RECEIVED	AMOUNT	~~~
	\$	CO Fo co Of
8/25/2020	ALLOCATION NUMBER	Te

2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) Accounting Period 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.	
Accounting Period 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	
Period 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	
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	
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	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
814 CABLE CT NW, PO BOX 1000 (Number, street, rural route, apartment, or suite number)	
MASSILLON, OH 44647 (City, town, state, zip)	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless th names 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 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 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fing, a determination that would be made by a court of law.

Name		SYSTEM ID#
	MASSILLON CABLE TV, INC.	8222
D	Instructions: List each separate community served by the cable system. A "community" is "a separate and distinct community or municipal entity (including unincorporated commu discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi 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	unities within unincorporated areas and including single, ill serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	AMSTERDAM JEFFERSON COUNTY	ОН
Community	BERGHOLZ JEFFERSON COUNTY SPRINGFIELD JEFFERSON COUNTY	ОН
Add Rows as Necessary	LOUDON CARROLL COUNTY	ОН
Add nows as necessary		

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	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
C	Commercial								
C	Converter								
	Residential								
	Non-residential								
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	not covered in space E, that is, th								
	service for a single fee. There are								
	furnished at cost or (2) services of amount of the charge and the un								
	enter only the letters "PP" in the r		usually i	filed. If any fates		inged on a valia	ible hei-hic	gram basis,	
ransmissions:	Block 1: Give the standard rate	e charged by t							
Rates	Block 2: List any services that	• •			-	• •			
	isted in block 1 and for which a s				ea. List ti	iese other serv	ices in the	form of a	
-		d) description and include the rate for each.							
C	CATEGORY OF SERVICE	BLO RATE				RATE	CATECO	BLOCK 2 RY OF SERVICE	RATE
	Continuing Services:	RAIL		ORY OF SERVIC tion: Non-reside		RATE	CATEGO	ORT OF SERVICE	RAIL
	• Pay cable	15.00		el, hotel	, inclusi		HD ESS	ENTIALS	7.8
	• Pay cable—add'l channel	68.75		mercial			HBO		24.6
	Fire protection		-	cable			CINEM/	X	15.1
	•Burglar protection			cable-add'l chan	nel		SHOWT		20.1
	Installation: Residential			protection			STARZ		15.5
"	• First set			glar protection			5 . / li le		. 0.0
	Additional set(s)		-	ervices:					
	• FM radio (if separate rate)			onnect					
	• Converter			connect					
	Convoltor			et relocation					
				e to new address	2				

me	LEGAL MARE OF OMMED OF			SYSTEM ID#
	LEGAL NAME OF OWNER OF MASSILLON CABLE T			8222
	PRIMARY TRANSMITTERS:	•		
G nary nitters: vision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carrien to concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WNEO PBS	45.1	E	ALLIANCE
	WTRF MyNetwork	7.2	N-M	WHEELING
as Necessary	WTRF ABC	7.3	N-M	WHEELING
Vecessary	WTRF ABC WTRF CBS	7.3 7.1	N-M N	WHEELING WHEELING
Necessary				
lecessary	WTRF CBS	7.1	N	WHEELING
lecessary	WTRF CBS WTOV FOX	7.1 9.2	N N-M	WHEELING STEUBENVILLE
Necessary	WTRF CBS WTOV FOX WTOV NBC	7.1 9.2 9.1	N N-M N	WHEELING STEUBENVILLE STEUBENVILLE
Vecessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS	7.1 9.2 9.1 13.1	N N-M N E	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH
lecessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV	7.1 9.2 9.1 13.1 9.3	N N-M N E N-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE
Necessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion	7.1 9.2 9.1 13.1 9.3 45.2	N N-M N E N-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE
Necessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion FNX	7.1 9.2 9.1 13.1 9.3 45.2 45.3	N N-M N E N-M E-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE
lecessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion FNX WQED Create	7.1 9.2 9.1 13.1 9.3 45.2 45.3 13.2 13.4	N N-M N E N-M E-M E-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE ALLIANCE PITTSBURGH
Necessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion FNX WQED Create WQEDShowcase WQED PBS World	7.1 9.2 9.1 13.1 9.3 45.2 45.3 13.2 13.4 13.3	N N-M N E N-M E-M E-M E-M E-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE ALLIANCE PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH
s Necessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion FNX WQED Create WQED Showcase WQED PBS World WQED PBS Kids	7.1 9.2 9.1 13.1 9.3 45.2 45.3 13.2 13.4 13.3 13.5	N N-M N E N-M E-M E-M E-M E-M E-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH
as Necessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion FNX WQED Create WQEDShowcase WQED PBS World	7.1 9.2 9.1 13.1 9.3 45.2 45.3 13.2 13.4 13.3	N N-M N E N-M E-M E-M E-M E-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE ALLIANCE PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH
as Necessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion FNX WQED Create WQED Showcase WQED PBS World WQED PBS Kids	7.1 9.2 9.1 13.1 9.3 45.2 45.3 13.2 13.4 13.3 13.5	N N-M N E N-M E-M E-M E-M E-M E-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH
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as Necessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion FNX WQED Create WQED Showcase WQED PBS World WQED PBS Kids	7.1 9.2 9.1 13.1 9.3 45.2 45.3 13.2 13.4 13.3 13.5	N N-M N E N-M E-M E-M E-M E-M E-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH
as Necessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion FNX WQED Create WQED Showcase WQED PBS World WQED PBS Kids	7.1 9.2 9.1 13.1 9.3 45.2 45.3 13.2 13.4 13.3 13.5	N N-M N E N-M E-M E-M E-M E-M E-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH
as Necessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion FNX WQED Create WQED Showcase WQED PBS World WQED PBS Kids	7.1 9.2 9.1 13.1 9.3 45.2 45.3 13.2 13.4 13.3 13.5	N N-M N E N-M E-M E-M E-M E-M E-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH
as Necessary	WTRF CBS WTOV FOX WTOV NBC WQED PBS WTOV MeTV WNEO Fusion FNX WQED Create WQED Showcase WQED PBS World WQED PBS Kids	7.1 9.2 9.1 13.1 9.3 45.2 45.3 13.2 13.4 13.3 13.5	N N-M N E N-M E-M E-M E-M E-M E-M E-M	WHEELING STEUBENVILLE STEUBENVILLE PITTSBURGH STEUBENVILLE ALLIANCE PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH

EGAL NAME OI								SYSTEM I 82
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0	LOOKTION OF STATION	UALL SIGN		5/0		
		 						
	†	1						

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	MASSILLON CABLE T	V, INC.						8222
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	ify every not	nnetwork televis	sion program, broadcast by	a distant stat	ion, that you	r cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	CC rules, regul	ations, or au	thorizations.	For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN	-						
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televis	sion progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	program") tha	it during the	e accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of	another stat	ion
	under certain FCC rules, re							1.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ve Lucy" or	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra			FOO	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	ith
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				ly
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.2	0.00 p.m. 3		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa	s permitted to delete unde		ind regulated		
	s	UBSTITUT	E PROGRAM	1		EN SUBSTI IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
					-			
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Accounting Period:	2020/1 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	MASSILLON CABLE TV, INC. 8222
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula \$ 263,800.00
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	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)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID # 26PPAQEQ
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV, INC.	SYSTEM ID 8222
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	0 - IPTV ONLY
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	0 - IPTV ONLY
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		30-833-5509
	Address 814 CABLE CT NW PO BOX 1000 (Number, street, rural route, apartment, or suite number) MASSILLON, OH 44648 (City, town, state, zip)	
	Email 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, <i>but only one</i>, of the boxes.) 	
Certification	(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 syste in line 1 of space B and that the owner is not a corporation or partnership; or	
	 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 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)] 	of the cable system
	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: KATHERINE GESSNER	
	Title: PRESIDENT (Title of official position held in corporation or partnership)	
	Date: 8/24/2020	

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

		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
SSILLON CABLE TV, INC.		822
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUT. The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid service of providing secondary transmissions of primary broadcast transmitting scribers and amounts collected from subscribers receiving secondary transmitting located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross the made by satellite carriers to satellite dish owners? 	the Copyright Act by adding the fol- to the cable system for the basic ters, the system shall not include sub- missions pursuant to section 119.") of the general instructions receipts for secondary transmissions	P 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 For an explanation of interest assessment, see page (viii) of the general instruction		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessme
Line 1 Enter the amount of late payment or underpayment		Interest Assessmen
	x	Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	Interest Assessment
	x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	Interest Assessme
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 Line 4 Multiply line 3 by 0.00274** and enter here	x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	Interest Assessme
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 Line 4 Multiply line 3 by 0.00274** and enter here	x	Interest Assessme
 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 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 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. 	x	Interest Assessme
 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 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 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for an an	xdays days 	Interest Assessme
 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 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 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. 	x	Interest Assessme
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 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 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 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for an NOTE: If you are filing this worksheet covering a statement of account already sub list below the owner, address, first community served, ID number, and accounting provide the statement of the owner. 	x	Interest Assessme
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 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 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-ra</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for NOTE: If you are filing this worksheet covering a statement of account already sub list below the owner, address, first community served, ID number, and accounting p	x	Interest Assessme
 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 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 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for an NOTE: If you are filing this worksheet covering a statement of account already sub list below the owner, address, first community served, ID number, and accounting power 	x	Interest Assessme

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