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					
2/25/2021	\$ 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
Accounting		20202 Barcode Data Filing Period (optional - see instructions)
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
		CABLE ONE, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)
		PHOENIX, AZ 85012-2626 (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 is 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:
	<u> </u>	CABLE ONE, INC. d/b/a SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM: 2600 DAVIS BLVD.
	2	(Number, street, rural route, apartment, or suite number)
		JOPLIN, MO 64804 (City, town, state, zip code)

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.

		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	14553
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	separate and distinct community or municipal entity (including unincorporated	
_	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	ill serve as a form of system identification hereafter known as the "first"
	community." Please use it as the first community on all future filings.	100 1 100 100 100 100 100 100 100 100 1
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mol	bile home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	MIAMI	OK
Community	COMMERCE	OK
-	NORTH MIAMI	OK
Add Rows as Necessary	OTTAWA	OK
Aud 110113 43 1122222 ,		

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:							
Service to first set	1,133	40.00	RESIDENTIAL	-	28.56		
Service to additional set(s)			HOSPITAL	88	8.50		
• FM radio (if separate rate)			DORM	438	10.00		
Motel, hotel	2	7.50-15.00					
Commercial	68	35.00-72.00					
Converter							
Residential							
Non-residential							
ı		1					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.07	Motel, hotel	90.00	TIER	40.0
 Pay cable—add'l channel 	9.00-12.00	Commercial	50.00-200.00		
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	90.00	Burglar protection			
 Additional set(s) 	30.00	Other services:			
 FM radio (if separate rate) 		Reconnect	90.00		
Converter		Disconnect			
		Outlet relocation	3060.00		
		Move to new address	30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14553

4 LOCATION OF STATION

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

1 CALL SIGN 2 B'CAST CHANNEL NUMBER 3 TYPE OF STATION

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFJX	13	l	PITTSBURG, KS
KOAM	7	N	PITTSBURG, KS
KODE	43	N	JOPLIN, MO
KOED	11	E	TULSA, OK
KOZJ	25	E	JOPLIN, MO
KSNF	46	N	JOPLIN, MO

Add Rows as Necessary

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

SYSTEM ID#

CABLE ONE, INC. 14553

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio	d: 2020/2							FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:						SYSTEM ID#
Name	CABLE ONE, INC.								14553
Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every non accounting pe ning that mus	nnetwork televis eriod, under spe et be included in	ion program, broadcast by cific present and former FC this log, see page (v) of the	a <i>distant</i> static C rules, regula	itions, or a	uthorizat	tions. F	or a further
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBST	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did you	ır cable system	carry, on a substitute bas	is, any nonne	twork tele	vision p		
Program Log	broadcast by a distant station?								
	lote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.				•	•	·		
	2. LOG OF SUBSTITUTI	E PROGRA	MS						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ace, please as of every no distant state egulations, ories like "mo Bulls." m was broad sign of the sadcast static and and day ve "5/7." les when the Example: a ter "R" if the and regulation and regulation of the sadcast static and the sadcast static and the sadcast static and regulation of the sadcast static and sadcast	add additional annetwork televion and that your authorizations or "basked deast live, entestation broadca on's location (thons, if any, the when your system substitute program carrillisted programons in effect du	rows to the tables. ision program ("substitute our cable system substitute our cable system substitute s. See page (v) of the genetall." List specific program "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the tem carried the substitute or gram was carried by your ed by a system from 6:01:	program") that do for the program instruction titles, for exercise station is lice station is identificable system 15 p.m. to 6:2 amming that y i; enter the left	at, during to gramming ns for furticample, "I ensed by to the fifted). The numerals are the fifted properties and the fifted properties are the fifted properties. List the fifted properties are the fifted properties are the fifted properties.	the according of another information of the following the	ounting ner statemation icy" or sor, in the monoccurated be required programments of the control	ith ly
	effect on October 19, 1976		our system wa	s permitted to delete unde	er FCC rules a	and regula	ilions in		
	effect on October 19, 1976				WHE	N SUBST	TITUTE		7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	i .	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	7. REASON FOR DELETION
	effect on October 19, 1976	SUBSTITUT	E PROGRAM		WHE CARRI	N SUBST	TITUTE CURRE TIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	i .	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	i .	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	.D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	.D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	.D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	.D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	.D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	.D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	.D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	.D	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	<u>'</u>	WHE CARRI	N SUBST AGE OCC	TITUTE CURRE TIMES	.D	

Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#
Name	CABLE ONE, INC.				14553
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 sy (as identified in space E) during the accounting period. For a further explanatio 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.	stem's se	condary transmi o compute this a	ssion service amount, see	
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that formation.	an \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	ee tnat you	must pay for this	s six-month	
	Line 1. Royalty fee for accounting period				
	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	s 1 and 2 .		• •	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	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 ar	nd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but I	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	270,064.83		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	6,264.83		
	4. Multiply line 3 by .01		\$	62.65	
	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	i, and 6		\$	1,381.65
	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)		\$	1,381.65	
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		[\$	1,401.65
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				nts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER (OF CABLE SYSTEM:				SYSTEM ID# 14553
M Channels	to its subscribers, and (1. Enter the total number system carried televise) 2. Enter the total number on which the cable system.	2) the cable system's a er of channels on which sion broadcast stations er of activated channel arstem carried television	total num h the cab s ls n broadca		ecounting period.	269
N Individual to Be Contacted	INDIVIDUAL TO BE CO			ORMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name EME	RSON YEARWO	OD		Telephone 602-	364-6195
	(Numbe	E. EARLL DRIVE r, street, rural route, apartr ENIX, AZ 85012- wn, state, zip)		iite number)		
	Email	emerson.yearwo	ood@ca	ibleone.biz	Fax (optional 602-364-6013	
_	CERTIFICATION (This sta	atement of account mu	ust be cer	rtified and signed in accordance with C	opyright Office regulations)	
O Certification	(Agent of own in line 1 X (Officer or pain line 1 • I have examined the state	chan corporation or parts of space B and that the crtner) I am an officer (if of space B.	ion or pa owner is a corpora	p) I am the owner of the cable system as in artnership) I am the duly authorized agent not a corporation or partnership; or action) or a partner (if a partnership) of the clare under penalty of law that all statemer ge, information, and belief, and are made in	t of the owner of the cable system as legal entity identified as owner of the	
				/s/ Raymond Storck electronic signature on the line above to a gnature using an "/s/ signature" (e.g., /s/ Ja	•	
		Typed or printed		RAYMOND STORCK		
		Title: (Titl		PRESIDENT Il position held in corporation or partnership)		
		Date:			February 25, 2021	

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: 2020/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	14553
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.	P Special Statement Concerning Gross Receipts Exclusion
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? X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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 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 First community served Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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.