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				
	\$			
2-23-21	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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20202 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.	37761
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Blue Ridge Cable Technologies Inc BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Blue Ridge Communictions	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 215 (Number, street, rural route, apartment, or suite number)	
		Palmerton, PA 18071-0215 (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 used to already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	<u></u>
	1		
		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 fling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		
	Blue Ridge Cable Technologies Inc	37761
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	ty" is the same as a "community unit" as defined in FCC rules:
Ъ	"a separate and distinct community or municipal entity (including unincorporated co	mmunities within unincorporated areas and including single,
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	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 h	ama parks should be reported in parentheses below the
Area		office parks should be reported in parentileses below the
Served	identified city.	
	OITY OF TOWN	07.175
	CITY OR TOWN	STATE
First	Jackson Township	PA
Community	Roseville	PA
	Rutland Township	PA
Add Rows as Necessary	Wells Township	PA

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Blue Ridge Cable Technologies Inc

37761

Ε

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.

BLO	OCK 1		BLOC	₹2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	125	\$55.80Mth			
 Service to additional set(s) 	126	\$0.50/Mth			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
 Residential 					
 Non-residential 					
					İ

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

DI 001/4

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	\$16.95/Mth	Motel, hotel			
 Pay cable—add'l channel 	\$13.00/Mth	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$49.95	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	\$49.95		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2020/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Blue Ridge Cable Technologies Inc

37761

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.

2 D'CAST CHANNEL NUMBER 2 TYPE OF STATION

	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WENY	36	N	ELMIRA, NY
	WENY-2	36.2	N	ELMIRA, NY
У	WENY-3	36.3	N	ELMIRA, NY
	WETM	18	N	ELMIRA, NY
	WSKG	46	E	BINGHAMTON, NY
	WYDC	48	<u> </u>	CORNING, NY
	WYDC-2	48.2	<u> </u>	CORNING, NY

Add Rows as Necessary

SYSTEM ID#

Blue Ridge Cable Technologies Inc

37761

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.

H

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							F		SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					S	SYSTEM ID#
Name	Blue Ridge Cable Tecl	nnologies	s Inc						37761
	SUBSTITUTE CARRIAGE	- SPECIA	AL STATEME	NT AND PROGRAM I O					
						tion that w	our ooblo	ovetom	a corried on a
	In 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 STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special									
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonn	etwork te	levision p	orogr <u>an</u>	n
Program Log	broadcast by a distant sta	tion?					YE	s 🗅	NO
	Note: If your answer is "No	" leave the	rest of this na	nge blank. If your answer is	s "Yes " vou r	nust comi	olete the	nrograr	m
	•	, icave tric	rest of this pa	ige blank. If your answer is	s res, your	nusi com		prograi	···
	log in block 2.								
	2. LOG OF SUBSTITUTE			ata lina. I laa ahbrayiatian		agaible if	4h a i r ma a a	ما سمامہ	
	In General: List each subsiclear. If you need more spa				s wherever po	ossible, ii	their mea	aning is	5
		•		vision program ("substitute	e program") th	nat during	the acc	ounting	1
	period, was broadcast by a	-						_	
	under certain FCC rules, re		•	•	•	•	_		
	Do not use general categor	ies like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, '	I Love Lu	ucy" or	
	"NBA Basketball: 76ers vs.								
				er "Yes." Otherwise enter					
		•		asting the substitute progu		soneod by	the ECC	`or in	
	the case of Mexican or Car		,	•			ine FCC	, 01, 111	
				stem carried the substitute		,	als. with t	he mor	nth
	first. Example: for May 7 given	-	yea ey		programm or		,		
			e substitute pr	ogram was carried by you	r cable syster	m. List the	times ac	ccurate	ely
	to the nearest five minutes.								
	stated as "6:00-6:30 p.m."								
				n was substituted for prog					
	to delete under FCC rules a								am
	was substituted for progran effect on October 19, 1976.	_	your system w	as permitted to delete und	ier FCC rules	and regu	iations in	1	
		•							
					T WHE	N SUBS	ITUTE		
	SI	UBSTITUT	E PROGRAM	1		N SUBST		7.	. REASON FOR
	SI 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		. REASON FOR DELETION
			3. STATION'S	4. STATION'S LOCATION	CARRI	AGE OC	CURRED TIMES	7.	
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		

Accounting Period:	2020/2			FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc			Sì	7STEM ID# 37761
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and 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 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 receipts.	stem's sec	condary transmi compute this a	ssion service mount, see	9,305.06 ss 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 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	ut less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	.ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	ı must pay for thi	is 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 lin	es 1 and 2		. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			<u> </u>	
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	ess than \$527,	600)	
	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
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		_		ts!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/2	FORM SA1-2E. P	PAGE 7
Name		OWNER OF CABLE SYSTEM: able Technologies Inc 3	EM ID#
M Channels	to its subscribers 1. Enter the tota system carried	fou must give (1) the number of channels on which the cable system carried television broadcast stations as, and (2) the cable system's total number of activated channels during the accounting period. If number of channels on which the cable television broadcast stations	
	on which the c	cable system carried television broadcast stations cast services	
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Carl Litwin Telephone 610-826-9109 PO Box 215	
	Address	(Number, street, rural route, apartment, or suite number) Palmerton, Pa 18071	
	Email	(City, town, state, zip) Fax (optional)	
0	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersign	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	in	nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified line 1 of space B and that the owner is not a corporation or partnership; or	
	in	cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system line 1 of space B.	
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	
		X /s/ David L. Masenheimer	
		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: David L. Masenheimer	
		Title: President (Title of official position held in corporation or partnership)	
		Date: February 3, 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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Ridge Cable Technologies Inc	37761
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? X 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	
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	
** 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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)