#### U.S. COPYRIGHT OFFICE

#### INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT The SA1-2E is a U.S. Copyright Office Form

Email completed workbook to:

#### 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@loc.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

 $\cdot$  Information can be manually entered into the highlighted areas.

#### Page 2 – Spaces E-F

 $\cdot \hspace{0.1in}$  Information can be manually entered into the highlighted areas.

#### Page 3 – Space G

 $\cdot \quad \text{Enter the call signs, broadcast channel numbers, type of station and location of station.} \ \ \text{Add rows as necessary.}$ 

#### Page 4 – Space H

· Information can be manually entered into the highlighted areas.

#### Page 5 – Space I

 $\cdot \quad \text{Section 2-Information can be manually entered into the highlighted areas where applicable.}$ 

#### Page 6 - Spaces K-L

- $\cdot\quad$  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.

#### 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).

#### 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					
03/01/21	\$					
	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

_	1	
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		
-		Instructions:
В		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
		Mashell Telecom, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Rainier Connect
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 639 (Number, street, rural route, apartment, or suite number)
		Eatonville, WA 98328 (City, town, state, zip)
		h war a saw
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Mashell Telecom, Inc.	6212
	Instructions: List each separate community served by the cable system. A "commu	unity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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	e home parks should be reported in parentheses below the
Area Served	identified city.	e nome parte should be reported in parentineses selon the
	CITY OR TOWN	STATE
First	Eatonville	WA
Community	Puyallup	WA
	Graham	WA
Rows as Necessary	Spanaway	WA
	Tacoma	WA

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Mashell Telecom, Inc.

8YSTEM ID# 62126

# 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.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	650	20.99	Hospitality	1	42.99
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	7	75.99			
Converter					
Residential					
Non-residential					
					i

# 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	14.99-18.99	Motel, hotel		Finished Outlet	5.00
<ul> <li>Pay cable—add'l channel</li> </ul>	14.99-18.99	Commercial	43.95	Trip Charge	16.00
<ul> <li>Fire protection</li> </ul>		• Pay cable		Digital Music	25.99
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		DVR 100 Hours	5.00
Installation: Residential		<ul> <li>Fire protection</li> </ul>		DVR 150 Hours	10.00
• First set	43.95	Burglar protection		DVR 200 Hours	15.00
<ul> <li>Additional set(s)</li> </ul>		Other services:		Standard CATV pkg.	39.00
• FM radio (if separate rate)		Reconnect	31.00	Digital CATV pkg.	55.00
Converter		Disconnect		Streaming Devices	39.99
		Outlet relocation	22.00	Add. CC Streaming	1.00
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2020/2

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
| Mashell Telecom. Inc. | 62126

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 4. LOCATION OF STATION Seattle, WA **KOMO KING** 5 Ν Seattle, WA **KONG** 6 Everett, WA **KIRO** 7 N Seattle, WA KZJO 8 Seattle, WA **KCTS** 9 Ε Seattle, WA **KBTC** 10 Tacoma, WA Ε **KSTW** 11 I Tacoma, WA **KTBW** 12 Ε Tacoma, WA **KCPQ** 13 N Tacoma, WA TVW 19 Ε Olympia, WA **PCTV** Ε 20 Tacoma, WA

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62126

Mashell Telecom, Inc.

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
C, LL CICIV	7 (14) 5) 1 (4)	3,0	200/11011011011	O, LL OIOIV	7 (14) 51 1 141	5/10	250/11011 01 01/11011
	<del> </del>						
	T						
						[	
	<b></b>						
	i	<u> </u>		1		<u> </u>	l .

tina Davis	- d. 2020 /2						FORM	4044 OF DAGE 5	
Accounting Perio		CABLE SYS	STEM:				FURI	SYSTEM ID#	
Name	Mashell Telecom, Inc.							62126	
Substitute Carriage: Special Statement and Program Log	Mashell Telecom, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: 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 SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the broadcast 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).  Column 6: State the month and day when your system carried the substitute program. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6								
		and regulat nming that	ions in effect d		od; enter the left for FCC rules	etter "P" if	f the listed prolations in		
	S	UBSTITUT	E PROGRAM	1		AGE OC		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION	

Accounting Period:			A1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Mashell Telecom, Inc.	5	YSTEM ID: 62120						
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 thi 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.	smission service s amount, see	<b>7,640.00</b> oss 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  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.	\$263,800	•						
	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 accounting period is \$52.00	or this six-mon							
	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	7,100)							
	1. Base amount under statutory formula	0_							
	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 less than \$527,600)								
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula	0							
	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	- · <u> </u>							
	FILING FEE AND TOTAL REMITTANCE DUE								
F									
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 payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more inform		hts!						

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE Mashell Telecom, Inc.	E SYSTEM:		SYSTEM ID# 62126
M	= ::		on which the cable system carried television broadcast stations er of activated channels during the accounting period.	
	Enter the total number of channessystem carried television broadce		•	15
	Enter the total number of actival on which the cable system carrie and nonbroadcast services	ed television broadcast		200
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTE we can contact about this statement		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Danielle Cla	ausen	Telephone (	360) 832-4130
	Eatonville,	wal route, apartment, or suite	e number)	
	(City, town, state, z	<sup>zip)</sup> nielle.clausen@rainier	connect.net Fax (optional) (866) 310-024	5
	CERTIFICATION (This statement of	of account must be cert	tified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify	that (Check one,but onl	y one, of the boxes.)	
	(Owner other than corp	poration or partnership	p) I am the owner of the cable system as identified in line 1 of space B	; or
			artnership) I am the duly authorized agent of the owner of the cable so t a corporation or partnership; or	ystem as identified
	(Officer or partner) I at in line 1 of space B.		ation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
			clare under penalty of law that all statements of fact contained herein le, information, and belief, and are made in good faith.	
		X	/s/ Brian Haynes	
			electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
	Туря	ed or printed name:	Brian Haynes	
	Title		resident n held in corporation or partnership)	
	Date	e:	3/1/2021	

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counting Period: 2020/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ishell Telecom, Inc.	62126
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusively and amounts collected from subscribers receiving secondary transmissions pursuant to section	vasic ude sub- 119."  Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmemade by satellite carriers to satellite dish owners?	uissions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
Line 1 Enter the amount of late payment or underpayment	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	days 4
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	arge)
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistanc contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the original	•
Owner	
Address	
ID number First community served	
Accounting period	

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CONTROL #: REMITTANCE #:

	Cal	ble rksheet	Total amount of remittance	Number	of SAs rec'd	lı	nitials
	Wor	rksheet					
			Date of remittance	Check	☐ EFT	☐ FILIN	IG FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation nu	mber		
Space A Accounting Period							
	☐ Janua	nry 1 - June 30, 2017	]	July 1 - December 31	1, 2017		
	☐ Letter	sent	]	☐ Information received			
☐ Accepted		]	☐ Phone call/Date/Cont	tact			
Space B Owner							
	☐ Letter	sent		Information received			
	☐ Accep	oted	]	Phone call/Date/Cont	tact		
Space D Area Served							
	☐ Letter	sent	]	☐ Information received			
	☐ Accep	oted	]	☐ Phone call/Date/Conf	tact		
Space E Secondary Transission							
Service Subscribers:	☐ Letter	sent	]	Information received			
and Rates	☐ Accep	oted	]	Phone call/Date/Conf	tact		
Space G Primary Transmitters:							
Television	Lette	sent		☐ Information received	j		
	☐ Accep	oted	1	☐ Phone call/Date/Con	tact		
Space H Primary Transmitters:							
Radio	☐ Accep	oted		Phone call/Date/Con	itact		

		Space I Substitute Carriage
	☐ 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
	☐ Information received	
Letter sent	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ 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	