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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	01/22/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - Decem	ber 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, g of the subsidiary, not that of the parent 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 p single statement of account and royalty fee payment covering the entire accounting period.	period should submit a
	X Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Divis	63732
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	CCI Systems, Inc. (FKA Cable Constructors Inc)	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	Astrea	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	P.O. BOX 190 (Number, street, rural route, apartment, or suite number)	
	Iron Mountain, MI 49801 (City, town, state, zip)	
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and ope mes already appear in space B. In line 2, give the mailing address of the system, if different from	
System	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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name		SYSTEM ID
	CCI Systems, Inc. (FKA Cable Constructors Inc)	6373
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter know ngs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Mackinac Island	MI
Community		
Add Rows as Necessary		
du nows as necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C							515	ГЕМ II 6373
	CCI Systems, Inc. (FKA	Cable Con	structo	rs Inc)					0375
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	BERS AND R	ATES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Secondary Transmission	last day of the accounting period	, ,					uiose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	•				,	ble system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular server		<i>.</i>	0,0			<i>,</i>	charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a					•	,.		
	sufficient.				1				
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		69	38.95		ed Choice		40	67.
	 Service to additional set(s) 				Premie	r Plus		3	87.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	S				
F	In General: Space F calls for ra								
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There and furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	ption and inclue	de the rat	e for each.					
								BLOCK 2	
		BLO							
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:		CATEG	ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
			CATEG Installat			RATE		me & TMC	
	Continuing Services:	RATE	CATEGO Installat • Mote	ion: Non-res		RATE	Showti		14.9
	Continuing Services: • Pay cable	RATE 18.95	CATEGO Installat • Mote	t ion: Non-res el, hotel mercial		RATE	Showti Stars &	me & TMC	RAT 14.9 12.9 27.9
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE 18.95	CATEGO Installat • Mote • Com • Pay	t ion: Non-res el, hotel mercial	idential	RATE	Showti Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 18.95	CATEGO Installat • Mote • Com • Pay • Pay	i on: Non-res el, hotel mercial cable	idential	RATE	Showti Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 18.95	CATEGO Installat • Mote • Com • Pay • Pay • Fire	ion: Non-res el, hotel mercial cable cable-add'l cl	idential nannel	RATE	Showti Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 18.95	CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection ervices:	idential nannel	RATE	Showti Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 18.95	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other se	ion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection ervices: onnect	idential nannel	RATE	Showti Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 18.95	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	tion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection ervices: onnect onnect	idential nannel	RATE	Showti Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 18.95	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other so • Reco • Disc • Outh	ion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection ervices: onnect	idential nannel	RATE	Showti Stars &	me & TMC Encore Tier	14.9 12.9

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
ame		(A Cable Constructors Inc)		63
	PRIMARY TRANSMITTERS:	-		
G mary mitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1 : List each station multicast stream associated "WETA-2" as the same on t Column 2 : Give the channel of license. For example, W Column 3 : Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4 : Give the locatio	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial eendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		40.4		
	WWUP	10_1	N	Cadillac, Michigan
	WWUP WFXQ	10_1 10_2	N	Cadillac, Michigan Cadillac, Michigan
cessary				
ecessary	WFXQ	10_2	N	Cadillac, Michigan
ecessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
lecessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
lecessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
lecessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
Vecessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
; Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
s Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
s Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
s Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
IS Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
as Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
as Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
as Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan
as Necessary	WFXQ	10_2	N	Cadillac, Michigan
	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	N	Traverse City, Michigan

EGAL NAME OF			e Constructors Inc)					SYSTEM I 637
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st leneral ii 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	
	7 01 1 111	0,0		0.122 0.011	7 0. 1 111	0,0		
	·							
							·	
				L				

Accounting Perio	od: 2020/2						FORM	VI SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				63732
					-			
	SUBSTITUTE CARRIAG							
I	In General: In space I, ident							
0	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in		ine paper o	
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you i	must comple	te the proc	gram
	log in block 2.	,	•	0 ,		•		•
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa							-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					,	,	
				er "Yes." Otherwise enter				
				asting the substitute prog			500	
	the case of Mexican or Car			the community to which the community with which the			he FCC or,	In
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0		,	
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:01	1:15 p.m. to t	5:28:30 p.m.	should be	
		er "R" if the	listed program	n was substituted for prog	ramming tha	t your syster	n was <i>requ</i>	iired
	to delete under FCC rules a							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regula	tions in	
	effect on October 19, 1976							
					W/HE	N SUBSTIT		
	S	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TI		DELETION
	1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
						_	_	
							-	
						-	-	
							_	,
						_	_	
							-	
							_	
						_	-	
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							-	
						-	-	
1	1	I	I	I				1

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	48750 YSTEM ID# 63732
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	1,447.04 ss receipts)
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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 t accounting period is \$52.00	his 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 \$137,1		02.00
	1. Base amount under statutory formula		
	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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 63732
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	4 135
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Kelly Tuttle	906-776-2662
Information	Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip)	
	Email kelly.tuttle@ccisytems.com Fax (optional) 906-828-328	9
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified mer of the cable system
	X /s/ Jacob Mulaikal 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: Jacob Mulaikal	
	Title: CFO (Title of official position held in corporation or partnership) Date: 01/15/2021	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Systems, Inc. (FKA Cable Constructors Inc)	6373
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	-
Name Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x 0.00274 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 - (interest charge) * 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	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer

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