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.

8-26-21

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20211 Barcode Data Filing Period (optional - see instructions)
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
		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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: SPARKLIGHT
	2	MAILING ADDRESS OF CABLE SYSTEM: 2229 BROADWAY (Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

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 sufficiency of the fling, a determination that would be made by a court of law.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CABLE ONE, INC.	1047
D	Instructions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including unincorpor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo community." Please use it as the first community on all future filings.	A "community" is the same as a "community unit" as defined in FCC rules: "a prated communities within unincorporated areas and including single, discrete u list will serve as a form of system identification hereafter known as the "firs
Area Served	Note: Entities and properties such as notels, apartments, condominiums, city.	or mobile home parks should be reported in parentheses below the identifie
Gerved		
_		STATE
First Community	CHANUTE	KS
oonnanty		
Rows as Necessary		
· · · · · · · · · · · · · · · · · · ·		

	LEGAL NAME OF OWNER OF C							FORM SA1-	DEL PAGE
Name		ABLE SYSTEM:						313	1047
	CABLE ONE, INC.								
Е	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	IBERS AND R	ATES				
–	In General: The information in s	•		•					
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n	<i>,</i>				•			
Rales	separately for the particular serv		0	0,0			,	charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed				ny standa	rd rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					in the count ur	ider "Servi	ce to the	
	Block 2: If your cable system					service that are	e different f	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-l	hand block. A t	wo- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB	. OF N				NO. OF SUBSCRIBERS	RATI	
	Residential:	SOBSCIAD			UA1		WICE	SOBSCIUDENS	
	Service to first set		557	40.00	DORMI	TORY		152	8.0
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		2	10.50					
	Commercial		222	8.00-15.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
E	In General: Space F calls for rate	•	'		•	, ,			
F	not covered in space E, that is, t service for a single fee. There a					-			
Services	furnished at cost or (2) services	•	-		0		0.0	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		he eek	la avetana fan a	a haf tha	ennligghla genri	ana lintad		
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•				were not	
	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	17.00		otel, hotel		COST		IDED BASIC	40.0
	• Pay cable—add'l channel	9.00	_	mmercial		COST	DIGITA	L ACCESS	5.0
	Fire protection			y cable	onnel	COST			
	•Burglar protection Installation: Residential			y cable-add'l cl	annei				
		90.00		e protection rglar protection					
	Additional set(s)	60.00		services:					
	• FM radio (if separate rate)	00.00		connect		90.00			
	Converter			sconnect					
				itlet relocation		60.00			
				ove to new add	255	30.00			
			1010		000	00.00			

ng Period: 2	-			FORM SA1-2E. PAGE 3						
ame	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID# 10477						
	CABLE ONE, INC.			10477						
	PRIMARY TRANSMITTERS:	TELEVISION								
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station	entify every television station (including the m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. S: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-tim e carriage of certain network program I(e)(2) and (4))]; and (2) certain station rried by your cable system on a subs e Special Statement and Program Lo both on a substitute basis and also see page (v) of the general instruction ogram services such as HBO, ESPN	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each						
	"WETA-2" as the same on	5	-air designation. For example, report	t multistream						
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	vision station for broadcasting over the	ne air in its community						
	Column 3: Indicate in each	n case whether the station is a network s	· · · · · · · · · · · · · · · · · · ·							
		ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or	<i>,,</i> (1	· · ·						
	For the meaning of these te	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,						
		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.								
		alan stations, ir any, give the name of th								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KFJX	13	<u> </u>	PITTSBURG, KS/JOPLIN, MO						
	KSNF-2	17	I-M	JOPLIN, MO						
Necessary	KSNF-2	17	I-M	JOPLIN, MO						
	KOAM	7	N	PITTSBURG, KS						
lecessary										
ecessary	КОАМ	7	N	PITTSBURG, KS						
Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
is Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						
as Necessary	KOAM	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
	KSNF	17	N	JOPLIN, MO						

		UABLE S	ISIEM.					SYSTEM I
CABLE ONE	-, INC.							104
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1 on the basis of or detailed inf paper SA1-2 fo) it is carried b monitoring, to formation abou rm.	y the sys be recei it the Cc	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.	t the system's he system's FM ante	adend, and (2) nna, during ce) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: I ignal, indicate	State whether f the radio stat this by placin	the static ion's sign g a chect	n is AM or FM. nal was electronically process k mark in the "S/D" column.					
			on (the community to which th the community with which the			C or, in f	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ANU	FM	х						
BEQ	FM	Х						
CFX	FM	Х						
СМО	FM	Х						
CMW	FM	X						
CUR	FM	X						
IKS	FM	X						
INZ	FM	X						
KOY MAJ	FM FM	X						
XTR	FM	X X						
YYS	FM	X						
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	d: 2021/1						FC	RM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							10477
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
l Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations	s. For a further
Substitute Carriage:	1. SPECIAL STATEMENT	-			general mour			1-2 10111.
Special	During the accounting per					twork tolo	vision progr	m
Statement and		•	i cable system	carry, on a substitute basi	is, any nonne			X
Program Log	broadcast by a distant sta						YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ust comple	te the progr	ram
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever pos	sible if the	eir meaning	is
	clear. If you need more spa				milliorovor poc		on mouning	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
		n was broad		r "Yes." Otherwise enter "N			Ē	
				sting the substitute progra			500	
	the case of Mexican or Can		· ·	e community to which the community with which the		,	ie FCC or, i	n
				tem carried the substitute			, with the m	onth
	first. Example: for May 7 give							
	to the nearest five minutes.			gram was carried by your (ed by a system from 6:01::				tely
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976.		· · · · · · · · · · · · · · · · · · ·					
		UBSTITUT				EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARR	AGE OCO	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE		
Name	CABLE ONE, INC.			-	1047		
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.	stem's sec of how to	condary transm compute this a	ission service mount, see	2,623.40		
	IMPORTANT: You must complete a statement in space P concerning gross rec	eipts.		(Amount of g	ross 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	263,800			
	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 f accounting period is \$52.00	fee that you	u must pay for th	is 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 2. interest energe. Enter the annount norm inte 7, space 4, page 0				0.00		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line			-			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			100)			
	1. Base amount under statutory formula		263,800.00	-			
	2. Enter amount of gross receipts from space K		222,623.40	-			
	3. Subtract line 2 from line 1			-			
	4. Enter the amount of gross receipts from space K			222,623.40			
	5. Enter the amount from line 3			41,176.60			
	6. Subtract line 5 from line 4			181,446.80			
	7. Multiply line 6 by .005 (enter figure here)			\$	907.23		
	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 a	and 8		\$	907.23		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263.	800 (but l	less than \$527	,600)			
		,					
	1. Enter the amount of gross receipts from space K			-			
	2. Base amount under statutory formula	\$	263,800.00	-			
	3. Subtract line 2 from line 1			-			
	4. Multiply line 3 by .01						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)						
	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							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	907.23			
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00			
				¢	007.00		
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	927.23		
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-				hts!		

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.		SYSTEM ID# 10477
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable sy to its subscribers, and (2) the cable system's total number of activated channe 1. Enter the total number of channels on which the cable system carried television broadcast stations	Is during the accounting period.	6
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services		234
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can contact about this statement of account.)	(Identify an individual to whom	
for Further Information	Name EMERSON YEARWOOD	Telephone	602-364-6195
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626 (City, town, state, zip)		
	Email	Fax (optional	
O Certification	CERTIFICATION (This statement of account must be certified and signed in account in the undersigned, hereby certify that (Check one, but only one, of the boxes.) Owner other than corporation or partnership) I am the owner of the owner of owner other than corporation or partnership) I am the owner of the owner is not a corporation or partnership. I am the duly in line 1 of space B and that the owner is not a corporation or partner (if a partner) I am an officer (if a corporation) or a partner (if a partner) I am an officer (if a corporation) or a partner (if a partner) I am an officer (if a corporation) or a partner (if a partner) I have examined the statement of account and hereby declare under penalty of law are true, complete, and correct to the best of my knowledge, information, and belie [18 U.S.C., Section 1001(1986)] Example 1 Example 2 Example 2 Example 3 Example 4 Example 4 Example 4 Example 5 Example 6 Example 7 Exampl	cable system as identified in line 1 of space authorized agent of the owner of the cable s nership; or artnership) of the legal entity identified as ow that all statements of fact contained herein f, and are made in good faith.	system as identified
	Typed or printed name: RAYMOND STO Title: VICE PRESIDENT (Title of official position held in corporation		
	Date:	August 27, 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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	10477
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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 Assessment
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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - 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 x - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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.