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 COPYRIGE	HT 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	8-26-21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
in the first tab of this workbook		ALLOCATION NUMBER	
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	20211 Barcode Data Filing Period (optional - see instructions)	
	20211	
Accounting Period		
Penoa		
	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. d/b/a SPARKLIGHT	
	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)	
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С	names 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	IDENTIFICATION OF CABLE SYSTEM:	
	SPARKLIGHT	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 3759 OLD STERLINGTON RD	
	(Number, street, rural route, apartment, or suite number) MONROE, LA 71203	
	(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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	CABLE ONE, INC. d/b/a SPARKLIGHT	234
D	Instructions: List each separate community served by the cable system. A " separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I community." Please use it as the first community on all future filings.	nted communities within unincorporated areas and including single, discre ist will serve as a form of system identification hereafter known as the "fi
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or city.	mobile nome parks should be reported in parentheses below the identifi
	CITY OR TOWN	STATE
First	LELAND	MS
Community		
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID 2342
	CABLE ONE, INC. d/b/a	SPARKLIG	HT						2342
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND RA	TES				
E	In General: The information in s	•		-		•			
Casandami	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						those exis	ung on the	
Service: Sub-	Number of Subscribers: Both	· ·		,	,	,	ble system	ı, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv			0,0		•		cnarged	
	Rate: Give the standard rate of	harged for eac	h categ	ory of service.	Include bo	oth the amount	of the char	-	
	unit in which it is generally billed	· · ·	,		ny standa	rd rate variation	is 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	e to their subso	ribers.	Give the numb	er of subso	cribers and rate	for each li	sted category	
	that applies to your system. Not			•		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a					•	,.		
	sufficient.		e ngin i						
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		212	\$42.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	\$40.00					
	Converter								
	Residential     Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5				
F	In General: Space F calls for ra		,		-				
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			0				
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	narged on a var	iable per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate		he cabl	e svstem for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that			•				were not	
	listed in block 1 and for which a		·		shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	le the ra	ate for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:     Pay cable	\$16-19.00		ation: Non-res tel, hotel	luentiai		FXPAN	IDED BASIC	52.5
	Pay cable—add'l channel	\$10-10.00		mmercial				L FAM PLUS	16.0
	• Fire protection			/ cable				SUPER PAK	19.00
	•Burglar protection		-	/ / cable-add'l ch	nannel			TIME UNLTD	19.00
	Installation: Residential		• Fire	e protection			HBO T	HE WORKS	27.00
	• First set	\$30.00	• Bur	glar protection			CINEM	AX	19.0
	<ul> <li>Additional set(s)</li> </ul>			services:			НВО		19.0
	• FM radio (if separate rate)			connect		\$90.00			
	Converter			connect					
			• Ou	tlet relocation					
				ve to new addr		\$30.00			

	T			FORM SA1-2E. PAGE
me	LEGAL NAME OF OWNER C			SYSTEM ID
	CABLE ONE, INC. d/			2342
	PRIMARY TRANSMITTERS:			
Anary nitters: rision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chanr of license. For example, W <b>Column 3:</b> Indicate in eact	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	1) stations carried only on a part-tin e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo ision station for broadcasting over tation, an independent station, or a	me basis under ams [sections tions carried on a ostitute program _og)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community noncommercial
		ering the letter "N″ (for network), "N-M″ (fo ), "E" (for noncommercial educational), or		
	For the meaning of these t	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	tions in the paper SA1-2 form.	,
		adian stations, if any, give the name of the	,	5
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WNBD	33	Ν	GRENADA, MS
				- , -
	WXVT	17	Ν	CLEVELAND, MS
Vecessary	WXVT WABG	17 32	N N	
lecessary				CLEVELAND, MS
lecessary	WABG	32	N	CLEVELAND, MS GREENWOOD, MS
ecessary	WABG WMAO	32 25	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS
Vecessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
Vecessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
Vecessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
lecessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
s Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
s Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
5 Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
; Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
s Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
s Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS
s Necessary	WABG WMAO WABG-2	32 25 32	N E	CLEVELAND, MS GREENWOOD, MS JACKSON, MS GREENWOOD, MS

EGAL NAME OF								SYSTEM 234
	every radio s	tation ca	rried on a separate and discre				ied on an	н
ecceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the station	the system the receive the Co sign of e he statio on's sign a check a's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes 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 pa ed by the cable s he station is licen	adend, and (2 enna, during ce ge (v) of the ge system as a se sed by the FC0	) it can b ertain sta eneral in parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
				-				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			
					<b>_</b>			
					+			
					+			
					1	L		
					+			
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					1	L		
						L		

Accounting Perio	d: 2021/1							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	M:						SYSTEM ID#
Name	CABLE ONE, INC. d/b/a	SPARKLI	GHT						23427
	SUBSTITUTE CARRIAGE	SPECIAL	STATEMEN	T AND PROGRAM LO	G				
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting peri	iod, under spe	cific present and former F	ÉCC	rules, regul	ations, or a	uthorizations	. For a further
Carriage:	1. SPECIAL STATEMENT	CONCERNI	ING SUBSTI	TUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did your o	cable system	carry, on a substitute ba	asis	, any nonne	twork telev	<u>/ision</u> progra	m
Program Log	broadcast by a distant stat	on?						YES	NO
	Note: If your answer is "No"	leave the re	est of this pag	e blank. If vour answer i	is "`	res." vou m	ust comple	te the progra	am
	log in block 2.			,			•		
	2. LOG OF SUBSTITUTE	PROGRAM	S						
	In General: List each substi				IS W	herever pos	ssible, if th	eir meaning i	s
	clear. If you need more space Column 1: Give the title of				e p	rogram") tha	at, during t	he accountin	q
	period, was broadcast by a	distant statio	n and that yo	ur cable system substitu	ited	for the prog	gramming	of another sta	ation
	under certain FCC rules, rec Do not use general categori								
	"NBA Basketball: 76ers vs.		es of baske	tball. List specific progra	am		ampie, i L		
	Column 2: If the program								
	Column 3: Give the call s Column 4: Give the broa						ensed by th	ne FCC or. in	
	the case of Mexican or Cana	adian stations	s, if any, the o	community with which th	ie s	tation is ide	ntified).		
	Column 5: Give the mon first. Example: for May 7 giv		hen your syst	tem carried the substitut	e p	rogram. Use	e numerals	, with the mo	onth
	Column 6: State the time		substitute prog	gram was carried by you	ır ca	able system	. List the ti	mes accurate	ely
	to the nearest five minutes.								,
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	r "R" if the lis	sted program	was substituted for prod	ıran	nming that y	/our syster	n was <i>require</i>	ed
	to delete under FCC rules a				-		•	•	
	was substituted for program	ming that yo	ur system wa	s permitted to delete un	der	FCC rules a	and regula	tions in	
	effect on October 19, 1976.					-			
							N SUBST		
	S		PROGRAM				AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? 3 Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY	FROM	— TO	
								_	
									·
									· <b> </b>
								_	·
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								_	
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Accounting Period:	2021/1	FORMS	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT		EYSTEM ID# 23427
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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 \$ 10	<b>00,731.95</b> 88.11
L Copyright 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.	63,800	
	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 th	is six-month	
	accounting period is \$52.00 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	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		jhts!

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: INC. d/b/a SPARKLIGHT			SYSTEM ID# 23427
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	ers, and (2) the cable system's total tal number of channels on which the	oadcast stations	accounting period.	6
N Individual to	INDIVIDUAL 1		INFORMATION IS NEEDED (Identify an i	ndividual to whom	
Be Contacted for Further Information	Name	EMERSON YEARWOOD		Telephone	602-364-6195
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartment, PHOENIX, AZ 85012 (City, town, state, zip)	or suite number)		
	Email	EMERSON.YEARW	/OOD@CABLEONE.BIZ	Fax (optional 602-364-601	3
O Certification	I, the undersign     (Own     (Ager     X     (Offi     I have examine     are true, compl	ned, hereby certify that (Check one, <i>b</i> er other than corporation or partner in line 1 of space B and that the ow cer or partner) I am an officer (if a c in line 1 of space B. ed the statement of account and herel lete, and correct to the best of my kno ction 1001(1986)]	ership) I am the owner of the cable system a or partnership) I am the duly authorized ag ner is not a corporation or partnership; or orporation) or a partner (if a partnership) of t by declare under penalty of law that all stater owledge, information, and belief, and are ma (s/ RAYMOND STORCK) er an electronic signature on the line above to	as identified in line 1 of space I ent of the owner of the cable s he legal entity identified as own nents of fact contained herein de in good faith.	system as identified
		Typed or printed nan Title:	er signature using an "/s/ signature" (e.g., /s/ . ne: RAYMOND STORCK CE PRESIDENT official position held in corporation or partnership)	lohn Smith)	
		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.

ABLE ONE, INC. d/b/a SPARKLIGHT 23 <b>ABLE ONE, INC. d/b/a SPARKLIGHT SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the follows, 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 focated 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? Mo YES. Enter the total here and list the satellite carrier(s) below. Name Maling Address <b>Name</b> Maling Address <b>NETEREST ASSESSMENT</b> Yo 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	ounting Period: 2	J21/1				FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The statelite home Viewer Act of 1988 amended Title 17, section 111(ght](A), of the Copyright Act by adding the following sectores and amounts objected from subcers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of pirmary breadcast transmitters, the system shall not include sub-statelite and another 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, the cable system exclude any amounts of gross receipts for secondary transmissions and by satellite carriers to satellite dish owners? No VES. Enter the total here and list the satellite carrier(s) below. S No VES. Enter the total here and list the satellite carrier(s) below. S No VES. Enter the total here and list the satellite carrier(s) below. S No VES. Enter the total here and list the satellite carrier(s) below. S No VES. Enter the total here and list the satellite carrier(s) below. S No Ves. Enter the total here and list the satellite carrier(s) below. S No Ves. Enter the total here and list the satellite carrier(s) below. S No Ves. Enter the total here and list the satellite carrier(s) below. S No Ves. Enter the total here and list the satellite carrier(s) below. S No No Ves. Enter the total here and list the satellite carrier(s) below. S No No No No No total comparison of the sate satessment, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. K Mo No </th <th>AL NAME OF OWN</th> <th>ER OF CABLE SYSTEM:</th> <th></th> <th></th> <th></th> <th>SYSTEM IE</th>	AL NAME OF OWN	ER OF CABLE SYSTEM:				SYSTEM IE
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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.