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

STATEME	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	ms (Short Form)	00/47/0004	\$	For additional information, contact the U.S. Copyright
-	ctions are located	08/17/2021		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	
A	ACCOUNTING PERIOD COVERE	_		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (option	al - see instructions)	
	Instructions:			
В			sidiary of another corporation, give the full co	rporate title
Owner	List any other name or names under w	hich the owner conducts the business of	the cable system.	
	_	the accounting period, only the owner or ty fee payment covering the entire accou	the last day of the accounting period should s nting period.	
	Check here if this is the system's first f	iling. If not, enter the system's ID numbe	r assigned by the Licensing Division.	61833
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM	Λ	
	ADVANCED TELEPHONE SYSTE	MS, INC		
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	Т)	
	HTC COMMUNICATIONS			
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	75 MAIN STREET	ite number)		
	HICKORY, PA 15340-111	,		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In line			
System	1	Л:		
	MAILING ADDRESS OF CABLE SYST	TEM:		

Return completed workbook by email to:

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.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		
	ADVANCED TELEPHONE SYSTEMS, INC	618
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including singl will serve as a form of system identification hereafter kno
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the
Area Served	identified city.	
		STATE
First	MT PLEASANT TOWNSHIP	PA
Community	CROSS CREEK TOWNSHIP	PA
	INDEPENDENCE TOWNSHIP	PA
dd Rows as Necessary	CHARTIERS TOWNSHIP	PA
	CECIL TOWNSHIP	ΡΑ
	HOUSTON BOROUGH	ΡΑ
	SMITH TOWNSHIP	PA
		PA
		PA
	BURGETTSTOWN TOWNSHIP	PA

	<u> </u>							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS ⁻	
	ADVANCED TELEPHON	NE SYSTEM	S, INC						6183
_	SECONDARY TRANSMISSION	I SERVICE: SU	IBSCRIB	ERS AND RA	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including particular to a service of the accounting period	<i>,</i> , ,					those exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar						•		
Rates	each category by counting the n			U I I				charged	
	separately for the particular serv							a and the	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				ny standa		5 within a j		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	e that cable	
	systems most commonly provide							0,	
	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					service that are	different f	rom those	
	printed in block 1 (for example, t					,	,.	, 0	
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A tv	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIBE	-K5	RATE	CATE	GORT OF SE	(VICE	SUBSCRIBERS	RATI
	Service to first set		916	20.00					
	Service to additional set(s)		0.0	20.00					
	• 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 al furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) description				SHEU. LISI	these other ser			
			CK 1					BLOCK 2 DRY OF SERVICE	
		BLOO			105				
	CATEGORY OF SERVICE	RATE		RY OF SER		RATE	CAILGO	DIVI OF SERVICE	RATE
	Continuing Services:	RATE	Installat	on: Non-res		RATE			
	Continuing Services: • Pay cable	RATE	Installat • Mote	on: Non-res i I, hotel		RATE	EXPAN	DED BASIC	64.9
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installat • Mote • Com	on: Non-res I, hotel mercial		RATE	EXPAN TIER	DED BASIC	64.9 23.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installati • Mote • Com • Pay o	on: Non-res I, hotel mercial cable	dential	RATE	EXPAN TIER CINEM	DED BASIC AX	64.9 23.9 12.2
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installati • Mote • Com • Pay o • Pay o	on: Non-res i I, hotel mercial cable cable-add'l ch	dential	RATE	EXPAN TIER CINEM SHOW	DED BASIC AX FIME	64.9 23.9 12.2 19.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installati • Mote • Com • Pay o • Pay o • Fire p	on: Non-res I, hotel mercial cable cable-add'l ch protection	dential	RATE	EXPAN TIER CINEM SHOW STARZ	DED BASIC AX FIME	64.9 23.9 12.2 19.5 19.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	Installati • Mote • Comi • Pay o • Pay o • Fire p • Burg	on: Non-res I, hotel mercial cable cable-add'I ch protection ar protection	dential	RATE	EXPAN TIER CINEM SHOW	DED BASIC AX FIME	64.9 23.9 12.2 19.5 19.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installati • Mote • Comi • Pay o • Pay o • Fire p • Burgi Other se	on: Non-resi I, hotel mercial cable cable-add'I ch protection ar protection rvices:	dential	RATE	EXPAN TIER CINEM SHOW STARZ	DED BASIC AX FIME	64.9 23.9 12.2 19.5 19.5
	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	Installat • Mote • Com • Pay o • Pay o • Fire p • Burg Other se • Reco	on: Non-resi I, hotel mercial cable cable-add'I ch protection ar protection rvices: nnect	dential	RATE	EXPAN TIER CINEM SHOW STARZ	DED BASIC AX FIME	64.9 23.9 12.2 19.5 19.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installati • Mote • Com • Pay o • Pay o • Fire p • Burg Other sec • Recco • Disco	on: Non-resi h, hotel mercial cable cable-add'l ch protection ar protection rvices: nnect onnect	dential	RATE	EXPAN TIER CINEM SHOW STARZ	DED BASIC AX FIME	64.9 23.9 12.2 19.5
	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	Installati • Mote • Com • Pay o • Pay o • Fire p • Burg Other se • Reco • Disco • Outle	on: Non-resi I, hotel mercial cable cable-add'I ch protection ar protection rvices: nnect	dential annel	RATE	EXPAN TIER CINEM SHOW STARZ	DED BASIC AX FIME	64.9 23.9 12.2 19.5 19.5

				FORM SA1-	2E. TAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYS	STEM ID#
	ADVANCED TELEPH				61833
G Primary nsmitters: elevision	carried by your cable systel FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 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 a Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> , in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie 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 prog a(e)(2) and (4))]; and (2) certain st 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 instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa actions in the paper SA1-2 form.	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	N
	KDKA	25	N	PITTSBURGH, PA	
	WTAE	27	Ν	PITTSBURGH, PA	
ws as Necessary	WPXI	23	Ν	PITTSBURGH, PA	
	WQED	4	Е		
	WQED	-		PITTSBURGH, PA	
	WPCW	11	N	MONROEVILLE, PA	
	WPCW	11	N	MONROEVILLE, PA	
	WPCW WPCB	11 28	N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA	
	WPCW WPCB WPGH	11 28 20	N N N	MONROEVILLE, PA TURTLE CREEK, PA	
	WPCW WPCB WPGH WPNT	11 28 20 21	N N N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA PITTSBURGH, PA	
	WPCW WPCB WPGH WPNT	11 28 20 21	N N N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA PITTSBURGH, PA	
	WPCW WPCB WPGH WPNT	11 28 20 21	N N N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA PITTSBURGH, PA	
	WPCW WPCB WPGH WPNT	11 28 20 21	N N N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA PITTSBURGH, PA	
	WPCW WPCB WPGH WPNT	11 28 20 21	N N N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA PITTSBURGH, PA	
	WPCW WPCB WPGH WPNT	11 28 20 21	N N N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA PITTSBURGH, PA	
	WPCW WPCB WPGH WPNT	11 28 20 21	N N N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA PITTSBURGH, PA	
	WPCW WPCB WPGH WPNT	11 28 20 21	N N N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA PITTSBURGH, PA	
	WPCW WPCB WPGH WPNT	11 28 20 21	N N N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA PITTSBURGH, PA	
	WPCW WPCB WPGH WPNT	11 28 20 21	N N N N	MONROEVILLE, PA TURTLE CREEK, PA PITTSBURGH, PA PITTSBURGH, PA	

	F OWNER OF (STEMS, INC					SYSTEM 61
n General: Lis		station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G) it is carried by monitoring, to formation about mm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C stem whenever it is received a 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 this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the <u>c</u> system as a se sed by the FC	2) it can ertain st eneral in 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	
ON LEE OTOTA		C/D		ON LE CION		0,D		
	+							
	+							
	+							
	+							

Accounting Perio	od: 2021/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	ADVANCED TELEPHO	ONE SYST	EMS, INC					61833
					_			
	SUBSTITUTE CARRIAG	-	-					
l I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		paper e	
Special	During the accounting per	-			sis anv noni	network tel	evision prog	ram
Statement and		-	al cable system	ficarry, on a substitute ba	515, any nom			
Program Log	broadcast by a distant sta	lion?				L	YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa			vision program ("substitute	nrogram") t	hat during	the account	tina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.				(N.L., 2)			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by	the FCC or.	in
	the case of Mexican or Car						,	
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi					1.1.1	e	. (.).
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	ned by a system norm 0.01	. 15 p.m. to t	.20.30 p.n		
		er "R" if the	listed prograr	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules a							ogram
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regul	ations in	
	effect on October 19, 1976							
					WHE	N SUBST	TUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								"
							_	
								"
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1					·			

Accounting Period:	2021/1 FOR	M SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	ADVANCED TELEPHONE SYSTEMS, INC	61833
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission set (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	rvice
	COPYRIGHT ROYALTY FEE	
L 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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	
	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 this six-mor accounting period is \$52.00	th
	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	_
	6. Subtract line 5 from line 4	_
	7. Multiply line 6 by .005 (enter figure here)	_
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but 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) \$ 1,319.0	0
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0
	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) \$ 52.0	0
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.0	0
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrig See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information of the second seco	

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: ELEPHONE SYSTEMS, INC	;			SYSTEM ID# 61833
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	s, and (2) the cable system's tot I number of channels on which t	the cable	stations	stations	9 313
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account.		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	CAROL ENGEL		Т	elephone	724-356-2010
0	Address Email	75 MAIN STREET (Number, street, rural route, apartme HICKORY, PA 15340- (City, town, state, zip) CAROL@HKY.C (This statement of account mus	-1118 COM	e number) Fax (optional)		
Certification		ed, hereby certify that (Check on er other than corporation or par		<i>y one</i> , of the boxes.) a) I am the owner of the cable system as identified in line [.]	1 of space	B; or
	in X (Offic in • I have examine	line 1 of space B and that the ow eer or partner) I am an officer (if line 1 of space B. d the statement of account and he e, and correct to the best of my k	wner is no f a corpora nereby de	Intnership) I am the duly authorized agent of the owner of t a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity iden clare under penalty of law that all statements of fact conta e, information, and belief, and are made in good faith.	tified as ov	vner of the cable system
				/s/Brian Jeffers electronic signature on the line above to certify this statemen ature using an "/s/ signature" (e.g., /s/ John Smith)	nt.	
			TREAS	BRIAN JEFFERS SURER held in corporation or partnership)		
		Date:		8/17/2021		

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.

unting Period: 2021/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ANCED TELEPHONE SYSTEMS, INC	618
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 Statemen Concerning Gros: Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment Interest Assessment Int
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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 Assessm

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 th 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.