THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

DATE RECEIVED

02/28/22

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

SA1-2 Short Form

Return to:

Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE *Washington, DC 20557-6400* (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVE								
Accounting Period	July 1-December 31,	2021							
B Owner	incorrect information and print or type t Give the full legal name of the own rate title of the subsidiary, not that of th List any other name or names und If there were different owners durin a single statement of account and roya	he correct information beside it. her of the cable system. If the owner is a s e parent corporation. er which the owner conducts the business	n the last day of the accounting period should submit ting period.	_ 02945					
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM							
	Vyve Broadband A, LLC			29450 2021/2					
	4 International Dr Suite Rye Brook, NY 10573	330							
С			ntify the business and operation of the system unlive system, if different from the address given in sp						
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYS (Number, street, rural route, apartment, or si								
	(City, town, state, zip code)								
D Area Served	in FCC rules: "a separate and distir areas and including single, discrete of system identification hereafter kr	net community or municipal entitiy (incl e unincorporated areas)." 47 C.F.R. 7 nown as the "first community." Please	A "community" is the same as a "community unit uding unincorporated communites within unincorp 6.5(dd). The first community that list will serve as use it as the first community on all future filings. or mobile home parks should be reported in parath	oorated a form					
	the identified city. CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First	FORT RILEY	KS		UNIL					
Community	FORT RILEY EXEMPT	KS							
			e personally identifying information (PII) requested on this						
umbers. By provid earch reports pre	ding PII, you are agreeing to the routine use of pared for the public. The effects of not providin	it to establish and maintain a public record, which	trace an individual, such as name, address and telephone ch includes appearing in the Offce's public indexes and in ing of your statement of account and its placement in the						

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2021/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	Vyve Broadband A, LLC			0294					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
П									
D									
ontinued)									
Area									
Served									
				•					

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:									EM IC
Hume	Vyve Broadband A, LLC									C)2945
_	SECONDARY TRANSMISSION	SERVICE: SUE	SCRIBE		FS						
Е	In General: The information in s					rransmission	servi	ce of the	cable		
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Secondary							those	e existing	on the		
Transmission Service: Sub-	last day of the accounting period						ahla c	vstom h	roken		
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the nu										
	separately for the particular servi										
	Rate: Give the standard rate of	-						-			
	unit in which it is generally billed. category, but do not include disc	· · ·	,		/ standar	d rate variation	ns wii	nin a par	ticular rate		
	Block 1: In the left-hand block				es of seco	ondary transmi	ission	service	that cable		
	systems most commonly provide	•		0							
	that applies to your system. Note			-		-					
	categories, that person or entity					• •		•			
	subscriber who pays extra for ca first set" and would be counted o					in the count u	nder	Service	to the		
						service that an	e diffe	erent fron	n those		
	Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together										
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is										
	sufficient.	OCK 1						BLOCK)		
	BLC	NO. OF							NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SI	ERVI	CE	SUBSCRIB	ERS	RAT
	Residential:										
	 Service to first set 		90	25.00							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		31	68.99							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC								- 414		
F	In General: Space F calls for rat not covered in space E, that is, th	•	,	•		• •					
-	service for a single fee. There are										
Services	furnished at cost or (2) services of										
Other Than	amount of the charge and the un		usually bille	ed. If any rate	es are cha	arged on a vai	riable	per-prog	ram basis,		
Secondary	enter only the letters "PP" in the		a aabla ay	atom for anal	h of the o		ieee l	inte d			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that								ere not		
Rates	listed in block 1 and for which a s				0	0	•				
	brief (two- or three-word) descrip										
		BLOC	K 1		BI					2	
	CATEGORY OF SERVICE			RY OF SERV	ICE	RATE	C	ATEGO	RY OF SER		RAT
	Continuing Services:		nstallatio	n: Non-resid	lential						
	• Pay cable	19.95	• Motel,	hotel							
	Pay cable—add'l channel	[]	• Comm	ercial							
	Fire protection		• Pay ca	ble							
	•Burglar protection		• Pay ca	ble-add'l cha	nnel						
	Installation: Residential		• Fire pr	otection] [
	• First set	64.95	• Burgla	r protection							
			Other serv				1				
	 Additional set(s) 			/ices:			1				
	 Additional set(s) FM radio (if separate rate) 	⁽	• Recon			39.95					
	• FM radio (if separate rate)		• Recon	nect		39.95					
	()	······	• Recon • Discon	nect nect							
	• FM radio (if separate rate)		• Recon • Discon • Outlet	nect	22	39.95 20.00 39.95					

Name	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	1:	S	YSTEM ID
	Vyve Broadband A	, LLC			02945
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	 carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(a substitute program basis, a Substitute Basis Static basis under specifc FCC ru Do not list the station here, station was carried only List the station here, and basis. For further inform Column 1: List each static Column 2: Give the nur This may be different from associated with a station as the same on the form. Column 3: Indicate in e educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location 	m during the accour in effect on June 24 e)(2) and (4), or 76.6 is explained in the m ons: With respect to iles, regulations, or a e in space G—but di on a substitute basis also in space I, if the tation concerning su ation's call sign. Do r mber of the channel the channel on whic ccording to its over-t ach case whether the ering the letter "N" (for , "E" (for noncomme erms, see page (iv) of ation of each station	nting period, excep , 1981, permitting 53 (referring to 76 ext paragraph. any distant static authorizations: o list it in space 1 (s. e station was carri bstitute basis stat not report originat on which the stati h your cab;e syste hje-air designatio e station is a network, "N-M" rcial educational). of the general inst b. For U.S. stations	g translator stations and low power television stations) pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ins carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). ructions. s, list the community to which the station is licensed by the the community with which the station is identifed.	3
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	KSNT-NBC 27	27	N	TOPEKA, KS	
	KTKA-ABC 49	49	I	TOPEKA, KS	
	KTKA-CW 49.3	49.3	I-M	TOPEKA, KS	
	KTKA-Weather HD 49	49.2	I-M	TOPEKA, KS	
	KTMJ-Escape 43.2	43.2	I-M	TOPEKA, KS	
	KTMJ-FOX 43	43	I	TOPEKA, KS	
	KTMJ-Grit TV 43.3	43.3	I-M	TOPEKA, KS	
	KTWU-Enhance 11.3	11.3	E-M	TOPEKA, KS	
	KTWU-PBS 11	11	E	TOPEKA, KS	
	KTWU-PBS Kids 11.2	11.2	E-M	TOPEKA, KS	
	KSNT-Bounce .4	27.4	N-M	TOPEKA, KS	
	KTMJ-Laff 43.4	43.4	I-M	TOPEKA, KS	
	WIBW-CBS HD 13	13	N	TOPEKA, KS	
	WIBW-MNT 13.2	13.2	I-M	TOPEKA, KS	
	WIBW - D3 - Heroes 8	13.3	I-M	TOPEKA, KS	
	WIBW - D4 - Start	13.4	I-M	TOPEKA, KS	
	WIBW - D5 - Circle	13.5	I-M	TOPEKA, KS	

ACCOUNTING PERIOD: 2021/2

			ORM SA1-2. PAGE 4. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Vyve Broadb								SYSTEM ID# 029450	Name
vyve broadk								029430	
	NSMITTERS	RADIO							
			rried on a separate and discr	ete	e basis and list t	hose FM stati	ons carr	ied on an	н
			nerally receivable" by your ca						
Special Instruc	tions Conce	rnina All	-Band FM Carriage: Under (Co	ovright Office re	gulations an	FM sian	al is generally	Primary
			em whenever it is received a						Transmitters
on the basis of r	monitoring, to	be receiv	ved at the headend, with the	sy	stem's FM anter	nna, during ce	rtain sta	ted intervals.	Radio
			Copyright Office regulations	on	this point, see p	page (v) of the	e genera	l instructions.	
	•	-	ach station carried. n is AM or FM.						
			al was electronically process	sec	d by the cable sy	stem as a ser	oarate a	nd discrete	
			mark in the "S/D" column.		, ,	•			
			on (the community to which th			-	cor, in th	ne case of	
lexican or Can	adian stations	s, if any, t	he community with which the	e s	tation is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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		+		1					
				11					
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FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:						9	SYSTEM ID#	
Name	Vyve Broadband A, LL	C								029450	
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LO	G						
I	In General: In space I, identif substitute basis during the ac	counting pe	riod, under spe	cific present and former FC	C rules, r	egula	ations, or aut				
Substitute Carriage:	explanation of the programmi 1. SPECIAL STATEMENT				e general	instru	uctions.				
Special Statement and Program Log	 During the accounting peri broadcast by a distant stat 		r cable system	carry, on a substitute bas	sis, any no	onne	twork televis	-		ХNо	
r rogram Eog	ote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
		in block 2. LOG OF SUBSTITUTE PROGRAMS									
	clear. If you need more space Column 1: Give the title of period, was broadcast by a d under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required o delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	1	5. MO		AIAGE OCC	UR TIME		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND [FROM	_	ТО		
								_			
								_			
								_			
								_			
								_			
					-1		1				

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	Namo
Vyve Broadband A, LLC 02945	0
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. 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.	K Gross Receipts
 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 \$263,800 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 for more information. 	L Copyright Royalty Fee
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-month accounting period is \$52.00	
Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
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	
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
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 recepits (under statutory formula) \$ 1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
INDORTANT: Your remittance must be in the form of an electronic normant parable to Register of Convictors for each of the	_
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information.	

Name Wyve Broadband A, LLC 023450 M CHANNELS Instructions: Your 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. 12 2. Enter the total number of channels on which the cable 12 2. Enter the total number of channels on which the cable 152 N Individual to Be Contracted television broadcast stations and notbroadcast stations and notbroadcast stations and notbroadcast stations and notbroadcast stations to exist the cable system carried television broadcast stations and notbroadcast stations and notbroadcast stations the cable system carried television broadcast stations and notbroadcast stations and notbroadcast stations and notbroadcast stations the cable system carried television broadcast stations and notbroadcast stations the cable system carried television broadcast stations and notbroadcast stations the cable system carried television broadcast stations carried television broadcast stations the cable system carried television broadcast stations carried television broadcastent static carried television bro		•	FORM SA1-2. PAGE 7
Operation Operation Operation M Channels CHANNELS Instructions: You must give (1) the number of activated channels, during the accounting period. 12 1. Enter the total number of activated channels on which the cable system carried balancels, during the accounting period. 12 2. Enter the total number of activated channels on which the cable system carried balancels tableon. 12 N 152 N Instructions: You must give (1) the number of activated channels on which the cable system carried balancels tableon and notroracactest services. 152 N Individual to Be Contracted for Further Information Individual to BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (dentify an individual to whom we can write or call about this statement of account.) Address 4 International DT Suite 330 (Durines: state; period tose; spatters: of sub number) Telephone 914-235-8313 Address 4 International DT Suite 330 (Durines: state; period tose; spatters: of sub number) Fax (optional) 22-234-3363 CERTIFICATION (This statement of account must be certified and signed in accordance with Capyright Office regulations, as ophilarid in the operation repathership) I am the dup subtorized agent as identified in line 1 of space 8: or in fine 1 of space 8: defined that the owner is not a coporation or pathership) I am the dup subtorized agent as identified in line 1 of space 8: or in line 1 of space 8: defined that the owner is not a coporation or pathership) I an the dup subtorized spattership of the le	Name		SYSTEM ID#
M Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subacheers and (2) the cable system is total number of activated channels, during the accounting period. 1: Direct the total number of activated channels on which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in which the cable system carried television broadcast stations in the cable system carrelevision broadcastelevision broadcast stele		vyve Broadband A, LLC	029450
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Channels In its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1: Enter the total number of activated channels on which the cable system.carried diversion towaccast stations and nonbroadcast services. 12 2: Enter the total number of activated channels on which the cable system.carried diversion towaccast stations and nonbroadcast services. 152 N Individual by Be Contacted Be Contacted for Further information NONDULA TO EE CONTACTED IF FURTHER INFORMATION IS NEEDED: (identify an individual to whom we can whet or call about this statement of account.) N Moderated Be Contacted Be Contacted information Telephone 914-235-8313 Name Marine Consequence of usan number. Rys Brock, NY 10573 (Durines, state, rule) count, statement of account must be certified and signed in accordance with Copyright Oftce regulations, sequence new activation on partnership) and the owner of the cable system as identified in line 1 of space B; or (Orderer other than corporation or partnership) and the owner of the cable system as identified in line 1 of space B; or (In the undersigned, briefly cortify that (Check one, but only one, of the bases) (Orderer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (In the undersigned, briefly cortify that (Check one, but only one, of the bases); (In the undersigned, briefly cortify that (Check one, but only one, of the bases); (In the undersigned, briefly cortify that (Check one, but only one, of the cable system as identified in line 1 of space B; and that the orige for a partnership) I am the owner of the cable system as identified i			
Channels 1. Enter the total number of channels on which the cable 12 2. Enter the total number of activated channels 152 2. Enter the total number of activated channels 152 N Ministric the cable system carried totavision broadcast stations 152 N INDUDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (identify an individual to whom we can write of call about this statement of account.) 152 N INDUDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (identify an individual to whom we can write of call about this statement of account.) 152 Name Marie Consoplano Telephone 914-235-8313 Address 4 International DF Suite 330 Telephone 914-235-8313 Monte Control (This statement of account must be confided and signed in accordance with Copyright Offco regulations, as explained in the general instructions.) CBP Control • Lite undersigned, hereby certly that (Check one, but only one, of the boxes.) • Use of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, or in line 1 of space B and that the owner is not a coporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • Lifeer or partnership) I am the original of the space I and total the statement of account and hereby declare under penalty of law that all attements of fact contained herein are use, complete,	IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stati	ons
1. Enter the total 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.	
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system carried television breadcast stations e. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 152 N Individual to we can write or call about this statement of account. Name Marie Censoplano Telephone 914-235-8313 Address 4 International Dr Suite 330 Telephone 914-235 Address 4 International Dr Suite 330 Telephone 914-235 Address 4 Inter		1. Enter the total number of channels on which the cable	12
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Title: SVP Financial Planning (Title of official position held in corporation or partnership)			
Title: SVP Financial Planning (Title of official position held in corporation or partnership)			
(Title of official position held in corporation or partnership)		Typed or printed name: Daniel J White	
(Title of official position held in corporation or partnership)			
(Title of official position held in corporation or partnership)			
Date: 02/26/2022			
Date: 02/26/2022			
		Date: 02/26/2022	

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 effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2021/2

FORM SA1-2. PAG	E 8	3.
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Vyve Broadband A, LLC 029450 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."	Name P
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	D
	Special Statement Concerning Bross Receipts Exclusion
Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(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 fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served Accounting period	

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