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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	by email to:	
or Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	ems (Short Form) uctions are located of this workbook	02/08/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	202:	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent co		liary of another corporation, give the full corp	orate title of
Owner	List any other name or names under whi	ch the owner conducts the business of th	e cable system.	
	-	e accounting period, only the owner on t yment covering the entire accounting pe	he last day of the accounting period should sul riod.	bmit a single
	Check here if this is the system's first fili	ng. If not, enter the system's ID number a	ssigned by the Licensing Division.	33152
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	WASHINGTON CABLE SYSTEMS	NC		
		OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER O 700 7TH ST SW STE S3	F CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite			
	(City, town, state, zip)	2484		
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line		, ,	5
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTE	M:		
	2 (Number, street, rural route, apartment, or suite	e number)		
	(City, town, state, zip code)			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

Return completed workbook by email to:

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WASHINGTON CABLE SYSTEMS INC	33152
D Area	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or r	ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
Served	city.	
First	CITY OR TOWN SW Washington	STATE DC
ommunity		
vs as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	WASHINGTON CABLE S	SYSTEMS IN	С						3315
	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIF	SERS AND RA	TES				
E	In General: The information in s					y transmission s	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p	, , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetar	broken	
scribers and	down by categories of secondary	•					-		
Rates	each category by counting the n			•		•			
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·	,		Ty Standa		5 WIGHT &		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion 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								
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tw	o- or thre	e-word descripti	on of the	service is	
		BLOCK 1 BLOCK 2						< 2	
	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE					RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	0020011122			0,111				10112
	Service to first set		29	44.00					
	Service to additional set(s)		13	2.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		11	1,078.00					1
	Converter								1
	Residential		39	3.00					1
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS	SIONS: RATES	;			•	
E	In General: Space F calls for rat	te (not subscrib	er) info	mation with res	spect to a	ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t					-			
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
Transmissions:	Block 1: Give the standard rat			•					
Rates	Block 2: List any services that	• •			-				
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi					
	• Pay cable	14.00	• Mot	el, hotel					
	• Pay cable—add'l channel	10.00	• Con	nmercial		150.00			1
	Fire protection		• Pay	cable					1
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set	30.00	• Burg	glar protection					
	Additional set(s)	30.00		ervices:					
	• FM radio (if separate rate)		• Rec	onnect		30.00			
	• Converter			connect		-			
				let relocation		15.00			
				ve to new addre	ess	15.00			

unting Period: 2	-			FORM SA1-2E. PAG	
Name	LEGAL NAME OF OWNER C			SYSTEM II 331	
	WASHINGTON CABL			331:	
G Primary ansmitters: Celevision	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 r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the charr of license. For example, V Column 3: Indicate in eaci (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including tr 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 as explained in the next paragraph. s: With respect to any distant stations can ules, regulations, or authorizations: e in space G—but do list it in space I (the n 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-time e carriage of certain network program (e)(2) and (4))]; and (2) certain stati rried by your cable system on a subst e Special Statement and Program Le both on a substitute basis and also see page (v) of the general instruction ogram services such as HBO, ESPM air designation. For example, report vision station for broadcasting over the tation, an independent station, or a more network multicast), "I" (for indepen- et "E-M" (for noncommercial education stations in the paper SA1-2 form. the community to which the station is	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast).	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WRC-4.1	48.1	N-M	Washington, DC	
	COZI-4.2	48.2	N-M	Washington, DC	
d Rows as Necessary	WZDC-4.3	48.3	N-M	Washington, DC	
	XITOS-4.4	48.4	N-M	Washington, DC	
	WTTG-5.1	36.1	N-M	Washington, DC	
	BUZZR-5.2	36.2	N-M	Washington, DC	
	METV-5.3	36.3	N-M	Washington, DC	
	WJLA-7.1	7.1	N-M	Washington, DC	
	CHG-7.2	7.2	N-M	Washington, DC	
	COMET-7.3	7.3	N-M	Washington, DC	
	COMET-7.3 TBD-7.4	7.3	N-M N-M	Washington, DC Washington, DC	
		7.4		Washington, DC	
	TBD-7.4 WUSA-9.1		N-M	Washington, DC Washington, DC	
	TBD-7.4 WUSA-9.1 Justice-9.2	7.4 9.1 9.2	N-M N-M N-M	Washington, DC Washington, DC Washington, DC	
	TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-Quest-9.3	7.4 9.1	N-M N-M	Washington, DC Washington, DC Washington, DC Washington, DC	
	TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-Quest-9.3 WDCA-20.1	7.4 9.1 9.2 9.3 35.1	N-M N-M N-M N-M	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC	
	TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-Quest-9.3 WDCA-20.1 MOVIES-20.2	7.4 9.1 9.2 9.3	N-M N-M N-M N-M N-M	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC	
	TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-Quest-9.3 WDCA-20.1	7.4 9.1 9.2 9.3 35.1 35.2	N-M N-M N-M N-M N-M N-M	Washington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DC	
	TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-Quest-9.3 WDCA-20.1 MOVIES-20.2 HEROES-20.3 LIGHTV-20.4	7.4 9.1 9.2 9.3 35.1 35.2 35.3 35.4	N-M N-M N-M N-M N-M N-M N-M	Washington, DCWashington, DC	
	TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-Quest-9.3 WDCA-20.1 MOVIES-20.2 HEROES-20.3 LIGHTV-20.4 MPT-22.1	7.4 9.1 9.2 9.3 35.1 35.2 35.3 35.4 22.1	N-M N-M N-M N-M N-M N-M N-M N-M E-M	Washington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCMashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DC	
	TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-Quest-9.3 WDCA-20.1 MOVIES-20.2 HEROES-20.3 LIGHTV-20.4 MPT-22.1 MPT2-22.2	7.4 9.1 9.2 9.3 35.1 35.2 35.3 35.4 22.1 22.2	N-M N-M N-M N-M N-M N-M N-M N-M E-M E-M	Washington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCMashington, DCAnnapolis, MDAnnapolis, MD	
	TBD-7.4 WUSA-9.1 Justice-9.2 WJAL-Quest-9.3 WDCA-20.1 MOVIES-20.2 HEROES-20.3 LIGHTV-20.4 MPT-22.1	7.4 9.1 9.2 9.3 35.1 35.2 35.3 35.4 22.1	N-M N-M N-M N-M N-M N-M N-M N-M E-M	Washington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCMashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DC	

Name				
	LEGAL NAME OF OWNER OF			SYSTEM ID 3315
	WASHINGTON CABL			
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	ntify every television station (including tra n during the accounting period, <i>except</i> (1 n effect on June 24, 1981, permitting the b)(2) and (4), or 76.63 (referring to 76.61(s explained in the next paragraph. : With respect to any distant stations carri- les, 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 to n concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro- I with a station according to its over-the-a he form. el number the FCC assigned to the televia RC is channel 4 in Washington, D.C. case whether the station is a network sta- ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rrms, see page (iv) of the general instruct n of each station. For U.S. stations, list th	1) stations carried only on a part-tic carriage of certain network prograe)(2) and (4))]; and (2) certain statistical by your cable system on a substitute basis and also be page (v) of the general instruct orgam services such as HBO, ESF ar designation. For example, reportion station for broadcasting over ation, an independent station, or a retwork multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form.	me basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" ional multicast). is licensed by the
	FCC. For Mexican or Canac 1. CALL SIGN	dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION
	WETA-26.1	27.1	E-M	Washington, DC
	WETA-UK-26.2	27.2	E-M	Washington, DC
Rows as Necessary	WETA-KIDS-26.3	27.3	E-M	Washington, DC
		27.4	E-M	
	WETA World-26.4	F 11 - 7		Washington, DC
	WETA Metro-26.5	27.5	E-M	Washington, DC Washington, DC
	WETA Metro-26.5	27.5	E-M	Washington, DC

EGAL NAME OF								SYSTEM II
VASHINGIC		31316						331
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	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. In 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 hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM		LOCATION OF STATION	CALL SIGN		S/D		
CALL SIGN	AIM OF FIM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ione)								

Name WASH	eral: In space I, identif <i>ute basis</i> during the ac ation of the programming ECIAL STATEMENT Ig the accounting period cast by a distant static If your answer is "No" block 2. G OF SUBSTITUTE meral: List each substic if you need more space umn 1: Give the title of , was broadcast by a of certain FCC rules, reg : use general categori Basketball: 76ers vs. If umn 2: If the program umn 3: Give the call so umn 4: Give the broad se of Mexican or Cana umn 5: Give the mont xample: for May 7 give umn 6: State the time nearest five minutes. I as "6:00–6:30 p.m." umn 7: Enter the letter the under FCC rules and the under FC	SYSTEM: SPECIAL fy every non counting pe ng that musi- CONCERI od, did your ion? (neave the in- PROGRAI TROGRAI INE (neave the in- PROGRAI (neave the in- PROGRAI (neave the in- (neave the in-	S INC L STATEMEN Interverk televisis ariod, under spe t be included in NING SUBSTI r cable system rest of this pag MS mm on a separa add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ons, if any, the c when your syste substitute program carrie listed program cons in effect du	carry, on a substitute batter	a distant static CC rules, regula e general instru- sis, any nonne s "Yes," you mu s wherever pos e program") that ed for the prog- neral instructio am titles, for ex "No." ram. e station is lice e station is lice t cable system 1:15 p.m. to 6:2 ramming that y id; enter the left	ations, or au uctions in the twork televi ust complet ssible, if the at, during th gramming of ns for furthe cample, "I Lo ensed by the ntified). e numerals, . List the tim 28:30 p.m. s your system tter "P" if the	thorizations. a paper SA1- sion program YES a the program ir meaning is a counting a nother sta ar information ove Lucy" or b FCC or, in with the mon mes accurate hould be was require a listed program	For a further -2 form. n X NO m m s g ttion n. nth ely ed
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	WHEN SUBSTITUTE PROGRAM CARRIAGE OCCUR							7. REASON FOR DELETION
1. T	TILE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH AND DAY		rimes — to	DELETION
(none)							_	
							_	
							_	
						+		
						+		
							_	
								-+
							_	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WASHINGTON CABLE SYSTEMS INC	S	YSTEM ID# 33152
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service mount, see	9,650.00 iss receipts)
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.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the	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,	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
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		ts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: CABLE SYSTEMS INC				SYSTEM ID# 33152
M Channels				ls on which the cable system carried tel ber of activated channels during the acc		
		al number of channels on whice ad television broadcast station		le		29
	2. Enter the tota	al number of activated channe	els			
		cable system carried television dcast services				54
N Individual to		D BE CONTACTED IF FURTI about this statement of accou		DRMATION IS NEEDED (Identify an indi	ividual to whom	
Be Contacted for Further Information	Name	Perry I. Klein, Vice-P	resider	t	Telephone	202-646-1600
	Address	700 Seventh St SW (Number, street, rural route, apart Washington, DC 200 (City, town, state, zip)		te number)		
	Email	pk@washcable	e.tv		Fax (optional 202-479-439	16
	CERTIFICATION	(This statement of account m	ust be cer	tified and signed in accordance with Cop	pyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but on</i>	<i>ly one</i> , of the boxes.)		
	(Owne	r other than corporation or p	artnershi	p) I am the owner of the cable system as	identified in line 1 of space E	3; or
				artnership) I am the duly authorized agen not a corporation or partnership; or	t of the owner of the cable s	ystem as identified
	X (Offic			ation) or a partner (if a partnership) of the	legal entity identified as owr	er of the cable system
	I have examined	the statement of account and te, and correct to the best of m		clare under penalty of law that all statemen ge, information, and belief, and are made		
			X	/s/ Perry I. Klein		
				electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	d name:	Perry I. Klein		
		Title: (Ti		President position held in corporation or partnership)		
		Date:			February 8, 2022	

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#
SHINGTON CABLE SYSTEMS INC	33152
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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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