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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2-22-22	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: 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.	60235
		LEGAL MANE OF CHANERMAN INC ADDRESS OF CARLE CYCETA	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM D&E SYSTEMS INC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		BOOMEGO HAME(O) OF OWNER OF OADEL OF OTELLIN (III DITT ETELLY)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		4001 RODNEY PARHAM (Number, street, rural route, apartment, or suite number)	
		LITTLE ROCK AR 72212	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite 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 suffciency of the fling, a determination that would be made by a court of law.

ccounting Period:	2021/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WINDSTREAM D&E SYSTEMS INC	60235
	Instructions: List each separate community served by the cable system. A "community	
D	separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discrete we as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	STATE COLLEGE	PA
Community		
Add Rows as Necessary		
	ļ	

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM D&E SYSTEMS INC

SYSTEM ID# 60235

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service 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 last day of the accounting period (June 30 or December 31, as the case may be).

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 each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

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.

BLO	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	137	40.25			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	16	40.25			
Commercial	13	40.25			
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	18.00	Motel, hotel		PPV - PV	
 Pay cable—add'l channel 		Commercial			
 Fire protection 		Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
 Additional set(s) 	50.00	Other services:			
 FM radio (if separate rate) 		Reconnect	35.00		
Converter		Disconnect			
		Outlet relocation	35.00		
		Move to new address	50.00		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM D&E SYSTEMS INC

SYSTEM ID# 60235

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WPSX	3	E	CLEARFIELD PA
WPSX HD	3.1	E-M	CLEARFIELD PA
WJAC	6	N	JOHNSTOWN PA
WJAC HD	6.1	N-M	JOHNSTOWN PA
WJAC ME TV	6.2	N-M	JOHNSTOWN PA
WWCP	8	I	JOHNSTOWN PA
WWCP HD	8.1	I-M	JOHNSTOWN PA
WTAJ	10	N	ALTOONA PA
WTAJ HD	10.1	N-M	ALTOONA PA
WATM	23	N	ALTOONA PA
WATM HD	23.1	N-M	ALTOONA PA
WATM THIS TV	23.3	N-M	ALTOONA PA
WATM ANTENNA	23.4	N-M	ALTOONA PA
WSWB	38	I	WILKES BARRE PA
WKBS	47	l	ALTOONA PA
WHVL	29	I	STATE COLLEGE PA

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 60235 WINDSTREAM D&E SYSTEMS INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

FORM SA1-2E. PAGE 4.

WINDSTREAM D&E SYSTEMS INC

60235

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF O	ADI E OVOT	EM.					FOR	RM SA1-2E. PAGE 5.
Name	WINDSTREAM D&E SY								SYSTEM ID# 60235
 Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis	ion program, broadcast by cific present and former FC	a <i>dis</i> CC ru	ıles, regula	itions, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting peri-	od, did you	r cable system	carry, on a substitute bas	is, a	any nonnet	twork telev	ision prograr	n
Program Log	broadcast by a distant stati	on?						YES	X NO
	Note: If your answer is "No"		reat of this was	a blank If your analyses in	"V~	a "	ıat aananla		
	log in block 2.	, leave the	rest or this pag	le blank. Il your answer is	res	s, you mu	ist comple	te the progra	IIII
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a counder certain FCC rules, reg Do not use general categorie. "NBA Basketball: 76ers vs. It Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Canace Column 5: Give the month of the nearest five minutes. It stated as "6:00—6:30 p.m." Column 7: Enter the lette to delete under FCC rules and was substituted for program effect on October 19, 1976.	tute progra se, please a of every nor distant stati gulations, or es like "mor Bulls." was broad ign of the s dcast statio adian statio or th and day e "5/7." s when the Example: a r "R" if the nd regulation	m on a separa add additional ranetwork televion and that your authorizations vies" or "basked cast live, enterestation broadca on's location (thins, if any, the cowhen your system substitute proprogram carried isted program ons in effect du	sows to the tables. sion program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "sting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	proged fo eral m titl No." am. e stati prog cabl 15 p	gram") that or the proginstruction les, for exition is licedition is iden gram. Use le system. D.m. to 6:2 ning that yeter the letter the letter the system.	nt, during the ramming consider for furth ample, "I Lambde by the tiffied). List the time as:30 p.m. and the coursystem the "P" if the ramming the course our system the course	ne accounting fanother state information ove Lucy" or e FCC or, in with the momes accurate should be a was require e listed programme.	ely
	WHEN SUBS					TITUTE			
	SI	JBSTITUT	E PROGRAM		_	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
		100 01 140	CALL CICIT	4. 01/11/01/01/01/01/01/01	╅┢	7 (I T B 7 T)	TTOW	10	
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Accounting Period:	2021/2 FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM D&E SYSTEMS INC	SYSTEM ID:
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 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 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.	0,128.33 ross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 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 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-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	
	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)	
	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)	
	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	
	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)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	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 Register of Copyrigi See page i of the general instructions in the paper SA1-2 form for more information.	hts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF WINDSTREAM D&E S					SYSTEM ID# 60235
M Channels		2) the cable system's	total number of ac	ich the cable system carried t tivated channels during the a		15
	system carried televis	sion broadcast station	s			16
	-	stem carried televisio	n broadcast statio	ns		217
N Individual to Be Contacted	INDIVIDUAL TO BE CO			ON IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name PAM	HENDRIX			Telephone	706-499-4124
	(Number	N RODNEY PAR	nent, or suite number)	,		
		LE ROCK, AR 72 wn, state, zip)	2212			
	Email	LEZLIE.P.YOUI	NG@WINDSTRE	EAM.COM	Fax (optional	
	CERTIFICATION (This sta	itement of account mu	ust be certified and	I signed in accordance with C	copyright Office regulations)	
O Certification	• I, the undersigned, hereb	y certify that (Check or	ne, <i>but only one</i> , of	the boxes.)		
	(Owner other t	than corporation or p	artnership) I am th	ne owner of the cable system a	s identified in line 1 of space B	; or
				(p) I am the duly authorized age rporation or partnership; or	ent of the owner of the cable sy	vstem as identified
		rtner) I am an officer (i of space B.	f a corporation) or a	a partner (if a partnership) of th	ne legal entity identified as own	er of the cable system
		correct to the best of m		er penalty of law that all statem nation, and belief, and are mad		
			Χ	/S/ TIMOTHY P	LOKEN	
		- •		signature on the line above to cong an "/s/ signature" (e.g., /s/ J		
		Typed or printed	name: TIMO	THY P LOKEN		
		Title:		REGULATORY REPOR	RTING	
		Date:			February 22, 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.

ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
NDSTREAM D&E SYSTEMS INC	60235
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Name Mailing Address Name Mailing Address	<u>-</u>
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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* 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 filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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.

Cable
Worksheet

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd — □Check □EFT		d Initials □FILING FEES	
		Date of remittance				
Cable ID#					Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation numl	per		
Space A Accounting Period						
	☐January 1 - June 30, 2017	☐July 1 - December 31, 2017				
	☐ Letter sent	☐ Information received				
	□Accepted	Ε	Phone call/Date/Contact			
Space B Owner						
	☐ Letter sent		Information received			
	□Accepted	С	Phone call/Date/Contact			
Space D Area Served						
	Letter sent	Γ	☐Information received			
	□Accepted]	Phone call/Date/Contact			
Space E Secondary Transission						
Service Subscribers:	☐ Letter sent		Information received			
and Rates	□Accepted		Phone call/Date/Contact			
Space G Primary Transmitters:						
Television	☐ Letter sent]	Information received			
	□Accepted		Phone call/Date/Contact			
Space H Primary Transmitters:			-			
Radio	□Accepted	[Phone call/Date/Contact			

		Space I Substitute Carriage	
☐Letter sent	☐Information received		
□Accepted	☐Phone call/Date/Contact		
		Space J Part-time Carriage Log	
☑Letter sent	☐Information received	(SA3 only)	
□Accepted	☐Phone call/Date/Contact		
		Space K Gross Receipts	
☐Letter sent	☐Information received		
☐Letter sent	☐Phone call/Date/Contact		
		Space L Copyright Filing and Royalty Fees	
☐Royalty Fee should be	☐Refund request to fiscal		
☐Letter sent	☐Information received		
□Accepted	☐Phoe call/Date/Contact		
		Space M Channels	
Letter sent	☐Information received		
□Accepted	☐Phone call/Date/Contact		
		Space O Certification	
☐Letter sent	☐Information received		
□Accepted	☐Phone call/Date/Contact		
		Space P Statement of Gross Receipts	
Letter sent	☐Information received		
□Accepted	☐Phone call/Date/Contact		
		Space Q Interest Assessment	
☐Letter sent	☐Info/add'l fee received		
□Accepted	☐Phone call/Date/Contact		