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

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	OUNTING 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Starpower Communications, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)
		Princeton, NJ 08540 (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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
wiveev Act Notio	a. Contin	a 111 of title 17 of the United States Cade authorizes the Convict Office to callect the personally identifying information (DII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/28/2022

Privacy tion 111 of title 17 of the Unit de authorizes the Copyright Offce to collect the person ntifying information (PII) re 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 suffciency of the fling, a determination that would be made by a court of law.

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

STATEMENT OF ACCOUNT

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Nume	Starpower Communications, LLC	06330
D	Instructions: List each separate community served by the cable system. A "conseparate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or the second seco	ed communities within unincorporated areas and including single, discret st will serve as a form of system identification hereafter known as the "fir
Area Served	city.	
	CITY OR TOWN	STATE
First	Bristow	VA
Community		
d Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	Starpower Communicat	ions, LLC							06330
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RAT	TES				
E	In General: The information in s	-		-		•			
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						those exis	ting on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	•		0 , (,	s charged	
	separately for the particular serv Rate: Give the standard rate c							ac and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· · ·	,		y standa		o within a		
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ice 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	has rate categ	ories for	secondary tran	smission	service that are	e different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A two	o- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		2,095	8.58					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS' RATES					
-	In General: Space F calls for rat				pect to a	ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
0	service for a single fee. There are	•					• •	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		actually	Sillou: If uny fut				regram bable,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				hed. List	these other ser	vices in th	e form of a	
						I			
		BLO			105	DATE	0.4750	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV ation: Non-resid		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable			tel, hotel	lential		See Ne	oxt Tab	
	Pay cable—add'l channel			nmercial					
	Fay cable—add i channel Fire protection		_	/ cable					
	•Burglar protection		-	/ cable-add'l cha	nnel				
	Installation: Residential		-	e protection					
	First set			glar protection					
	Additional set(s)	35.00		services:					
	()	35.00		connect					
	 FM radio (if separate rate) Converter 			connect					
	Converter					25.00			
				lot rolocotion					
				tlet relocation	~~	35.00			

RCN Telecom Services - Starpower Page 2 - Section F- Block 2 Additional Services Other Than Secondary Transmissions:Rate

Туре		tail Rate
Adult Premium	\$	14.95
International Premium	\$	14.95
International Premium	\$	12.95
International Premium	\$	9.95
International Premium	\$	11.95
International Premium	\$	11.95
International Premium	\$	11.95
International Premium	\$	12.95
International Premium	\$	9.95
International Premium	\$	19.95
International Premium	\$	29.95
International Premium	\$	29.95
International Premium	\$	35.95
International Premium	\$	9.95
International Premium	\$	14.95
International Premium	\$	11.95
International Premium	\$	25.95
International Premium	\$	9.95
International Premium		24.95
International Premium		12.95
International Premium		12.95
International Premium		19.95
		4.95
		9.95
		14.95
		19.95
		9.95
		19.99
		19.95
		29.95
		9.95
		9.95
		14.95
		14.95
		15.95
		15.95
		28.95
		9.95
		9.95
		9.95
		11.95
		14.95
		14.95
International Premium	Ş	17.95
	Adult Premium International Premium	Adult Premium\$International Premium <td< td=""></td<>

Service	Туре	Re	tail Rate
ITV/Zee TV/Aapka Colors	International Premium	\$	19.95
Star Gold/Life OK/Star Plus/Aapka Colors	International Premium	\$	21.95
TV Asia/Zee TV	International Premium	\$	19.95
Star Gold/Life OK/Star Plus/ITV	International Premium	\$	26.95
Star Gold/Life OK/Star Plus/TV Asia	International Premium	\$	27.95
Star Gold/Life OK/Star Plus/Zee TV/Aapla Colors	International Premium	\$	34.95
Star Gold/Life OK/Star Plus/ITV/Tv Asia/Zee TV/Aapka Colors	International Premium	\$	39.95
MiVision Lite	International Premium	\$	12.00
MiVision Plus	International Premium	\$	22.95
Premiere Sports	Premiere Packages	\$	8.99
Premiere News & Information	Premiere Packages	\$	5.99
Premiere Children & Family	Premiere Packages	\$	5.99
Premiere Movies & Entertainment	Premiere Packages	\$	10.99
Premiere Total (includes all 4)	Premiere Packages	\$	18.95
НВО	Premium	\$	19.95
Showtime/The Movie Channel (TMC)	Premium	\$	16.95
Cinemax	Premium	\$	8.95
Starz	Premium	\$	11.95
Showtime/TMC/Starz	Premium	\$	21.95
HD Tier	High Definition Package	\$	9.95
HD Expanded Tier	High Definition Package	\$	8.99
The Jewish Channel	Subscription VOD	\$	6.50
Bollywood Hits On Demand	Subscription VOD	\$	9.95
Filipino On Demand	Subscription VOD	\$	7.95
nere! On Demand	Subscription VOD	\$	8.95
Anime Network On Demand	Subscription VOD	\$	6.99
Too Much for TV On Demand	Subscription VOD	\$	17.99
Disney Channel Video On Demand	Subscription VOD	\$	4.99
Fox Soccer Plus	Sports Premium	\$	14.95
MLB Extra Innings (Regular Season)	Sports Package	\$	164.99
MLB Extra Innings (Half Season)	Sports Package	\$	119.99
MLB Extra Innings (Pennant Race)	Sports Package	\$	37.49
MLS Direct Kick (Full Season)	Sports Package	\$	89.00
MLS Direct Kick (Half Season)	Sports Package	\$	59.00
NFL Redzone (Full Season)	Sports Package	\$	54.95
NHL Center Ice (Regular Season)	Sports Package	\$	139.56
NBA League Pass (Early Bird Season)	Sports Package	\$	189.00
NBA League Pass (Full Season)	Sports Package	\$	199.00
NBA League Pass (Holiday Offer)	Sports Package	\$	169.00
NBA League Pass (Half Season)	Sports Package	\$	99.00
NBA League Pass (Race to Playoffs)	Sports Package	\$	49.00

				SYSTEM						
Name	LEGAL NAME OF OWNER OF			063						
	Starpower Communio	•								
G		entify every television station (including tr m during the accounting period, <i>except</i> (
		n effect on June 24, 1981, permitting the								
rimary Ismitters:		e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	tions carried on a						
levision	Substitute Basis Stations	: With respect to any distant stations can	rried by your cable system on a sul	bstitute program						
		ules, regulations, or authorizations: e in space G—but do list it in space I (the	e Special Statement and Program	Loa)—if the						
	station was carried <i>only</i> 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. <i>Do not</i> 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.									
		el number the FCC assigned to the telev	vision station for broadcasting over	the air in its community						
		RC is channel 4 in Washington, D.C. case whether the station is a network s	tation on independent station or a	aparammercial						
		ring the letter "N" (for network), "N-M" (for	, I ,							
	(for independent multicast),	"E" (for noncommercial educational), or	"E-M" (for noncommercial education							
		erms, see page (iv) of the general instruct n of each station. For U.S. stations, list t		is licensed by the						
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	e community with which the station	is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
			3. THE OF STATION							
	WDCA	20		Washington, DC						
	WDCW	50	I	Washington, DC						
	WETA	26	E	Washington, DC						
	WFDC	14	I	Washington, DC						
	WHUT	14 32	I Е							
			I E I	Washington, DC						
	WHUT	32	 E 	Washington, DC Washington, DC						
	WHUT WJLA	32 7	 E 	Washington, DC Washington, DC Washington, DC						
	WHUT WJLA WMDO WMPT	32 7 17	 	Washington, DC Washington, DC Washington, DC Washington, DC						
	WHUT WJLA WMDO	32 7 17 22	 	Washington, DC Washington, DC Washington, DC Washington, DC Annapolis, MD Fairfax, VA						
	WHUT WJLA WMDO WMPT WNVC (MHz2)	32 7 17 22 56	 	Washington, DC Washington, DC Washington, DC Washington, DC Annapolis, MD						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW	32 7 17 22 56 66	 	Washington, DC Washington, DC Washington, DC Washington, DC Annapolis, MD Fairfax, VA Manassas, VA						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC	32 7 17 22 56 66 4	 	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DC						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG	32 7 17 22 56 66 4 5	 E N 	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DC						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA WWPB	32 7 17 22 56 66 4 5 9 31	I I E I N I N N	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCWashington, DCHagerstown, MD						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA	32 7 17 22 56 66 4 5 9	I I E I N I N N	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DC						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA WWPB	32 7 17 22 56 66 4 5 9 31	I I E I N I N N	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCHagerstown, MD						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA WWPB	32 7 17 22 56 66 4 5 9 31	I I E I N I N N	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCWashington, DCHagerstown, MD						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA WWPB	32 7 17 22 56 66 4 5 9 31	I I E I N I N N	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCHagerstown, MD						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA WWPB	32 7 17 22 56 66 4 5 9 31	I I E I N I N N	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCHagerstown, MD						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA WWPB	32 7 17 22 56 66 4 5 9 31	I I E I N I N N	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCHagerstown, MD						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA WWPB	32 7 17 22 56 66 4 5 9 31	I I E I N I N N	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCHagerstown, MD						
	WHUT WJLA WMDO WMPT WNVC (MHz2) WPXW WRC WTTG WUSA WWPB	32 7 17 22 56 66 4 5 9 31	I I E I N I N N	Washington, DCWashington, DCWashington, DCWashington, DCAnnapolis, MDFairfax, VAManassas, VAWashington, DCWashington, DCWashington, DCHagerstown, MD						

Accounting Perio							FOR	M SA1-2E. PAGE 5			
Name								SYSTEM ID#			
	Starpower Communica	ations, LL	C.					063300			
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further			
Carriage:	1. SPECIAL STATEMENT				0						
Special Statement and	 During the accounting period 	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev	<u>vision</u> prograr	n			
Program Log	broadcast by a distant stat	ion?					YES	× NO			
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.										
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can 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."	ce, please a of every nor distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast statio th and day ' e "5/7." as when the Example: a er "R" if the nd regulatio	add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ins, if any, the of when your syst substitute pro- program carrie listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N asting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	brogram") that d for the prog eral instruction in titles, for ex- lo." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let	it, during ti ramming o ns for furth ample, "I L nsed by th httfied). numerals List the ti 8:30 p.m. our syster ter "P" if th	he accounting of another state her informatio love Lucy" or he FCC or, in , with the mo- mes accurate should be n was <i>require</i> he listed progr	g n. nth ely			
		UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO			7. REASON FOR			
	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			
							_				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
		L									

EGAL NAME OF								SYSTEM II 0633
	every radio s	tation ca	rried 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	it is carried by monitoring, to prmation about m. entify the call tate whether t the radio stat	y the sys be recei t the Co sign of e he statio ion's sign	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	t the system's he system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Starpower Communications, LLC GROSS RECEIPTS				06330
	system's s tion of how	secondary transm to compute this a	ission service amount, see \$ 22	2,136.20
	eccipio.		(Amount of gr	uss receipts)
structions: 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800) but less tl	han \$527,600	263,800	
BLOCK 1: GROSS RECEIPTS OF \$1	37,100 OF	RLESS		
Instructions: As a cable system with gross receipts of $137,100$ or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for th	is six-month	
Line 1. Royalty fee for accounting period				
				0.00
				0.00
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but r	nore than \$137,	100)	
·		•	-	
2. Enter amount of gross receipts from space K	\$	222,136.20	-	
3. Subtract line 2 from line 1	\$	41,663.80	-	
			222,136.20	
5. Enter the amount from line 3		\$	41,663.80	
6. Subtract line 5 from line 4		\$	180,472.40	
7. Multiply line 6 by .005 (enter figure here)			\$	902.36
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		\$	902.36
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (bu	it less than \$527	,600)	
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				
			1,319.00	
FILING FEE AND TOTAL REMITTANCE D	UE			
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	902.36	
2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	922.36
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross is OPYRIGHT ROYALTY FEE structions: 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 more than \$263,800 to babbek 2 if the amount of gross receipts in space K is more than \$263,800 te page (vi) of the general instructions located in the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$1 Instructions: As a cable system with gross receipts of \$137,100 or less, the royal 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI 1. Base amount of gross receipts from space K 2. Enter amount of gross receipts from space K 3. Subtract line 2 from line 1 4. 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 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$27 1. Enter the amount of gros	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. OPYRIGHT ROYALTY FEE structions: To compute the royally fee you owe: Complete block 1, thock 2, or block 3. Use block 2 if the amount of gross receipts in space K is \$137,100 or less. Use block 3 if the amount of gross receipts in space K is more than \$263,600 but less it use block 3 if the amount of gross receipts in space K is more than \$263,600 but less it e page (vi) of the general instructions located in the paper SA12 form for more informatic BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that y accounting period is \$52.00 Line 1. Royalty fee for accounting period	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. OPYRIGHT ROYALTY FEE Structions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 11 the amount of gross receipts in space K is \$137,100 or less Use block 21 the amount of gross receipts in space K is more than \$252,000 but less than \$527,000 or less Use block 21 the amount of gross receipts in space K is more than \$252,000 but less than \$527,000 or less. Instructions: As a cable system with gross receipts of \$137,100 or less. the royalty fee that you must pay for th 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. Is a complete the statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K . \$ 212,136.20 3. Subtract line 2 from line 1 \$ 41,663.80 4. Enter the amount of gross receipts from space K . \$ 222,136.20 3. Subtract line 5 from line 4 \$ 5 5. Enter the amount of gross receipts from space K . \$ 216,620 6. Subtract line 5 from line 4 \$ 5 7. Multiply line 6 by 005 (enter figure here) \$ 6 8. Interest charge. Enter the amount from line 4, space Q, page	dump the accounting period \$ 22 IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 22 OPVIDIENT GOVALTY FEE Beneficial Statement in space P concerning gross receipts in space A is 5137,100 or less. Use block 2 if the amount of gross receipts in space A is more than 5137,100 but less than or equal to \$263,800 \$ 263,800 Use block 2 if the amount of gross receipts in space A is more than \$137,100 or less. \$ pege (vi) of the general instructions located in the paper \$A1-2 form for more information. Ibue block 2 if the amount of gross receipts in space A is more than \$137,100 OR LESS \$ 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 \$\$200 \$ 263,800.00 Line 2. Interest charge. Enter the amount from line 4, space Q, page 8

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: mmunications, LLC				SYSTEM ID# 063300
M Channels	to its subscribe 1. Enter the tota	rs, and (2) the cable system's al number of channels on whic	total num h the cab	Is on which the cable system carried tel ber of activated channels during the act	counting period.	15
	on which the	al number of activated channe cable system carried televisic dcast services	n broadc	ast stations		302
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name Address	Bernadette Kokolus 650 College Road Ea	st, Suit	te 3100	Telephone 7	32-443-7090
		(Number, street, rural route, aparti Princeton, NJ 08540 (City, town, state, zip)	ment, or sui	te number)		
	Email	bernadette.koko	olus@ast	ound.com	Fax (optional	
0	CERTIFICATION	(This statement of account me	ust be cer	tified and signed in accordance with Co	pyright Office regulations)	
Certification		ed, hereby certify that (Check or		<i>ly one</i> , of the boxes.) p) I am the owner of the cable system as	identified in line 1 of space B; o	or
		t of owner other than corpora	tion or pa	artnership) I am the duly authorized ager not a corporation or partnership; or		
	X (Offic	ter or partner) I am an officer (in line 1 of space B.	f a corpor	ation) or a partner (if a partnership) of the	legal entity identified as owner	of the cable system
		ete, and correct to the best of m		clare under penalty of law that all stateme ge, information, and belief, and are made		
			X	/s/ Parisa Salehani		
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jol		
		Typed or printed	name:	Parisa Salehani		
		Title:		r Vice President - Controller position held in corporation or partnership)		
		Date:			2/28/22	

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: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
rpower Communications, LLC	06330
 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 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
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment

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