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					
2-25-22	\$ 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

ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	CCOUNTING 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								
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.	of							
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.	63688							
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
ELGAL NAME OF OWNERSHALING ADDICESS OF GABLE STOTEM								
Trenton Telephone Company								
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
P.O. Box 216								
(Number, street, rural route, apartment, or suite number)								
Trenton, GA 30752 (City, town, state, zip)								
NOTION AND A STATE OF THE STATE	unloss those							
names 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 steet gratroute anatheet or suite number)								
(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.

Accounting Period:	2021/2						
		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	Trenton Telephone Company	63688					
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated cunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First Community	City of Trenton	GA					
Community	Dade County Walker County	GA GA					
Add Davis on Nassassass	Walker County	GA					
Add Rows as Necessary							

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Trenton Telephone Company

SYSTEM ID# 63688

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	828	44.95	Expanded Basic	704	64.00	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	1	14.00				
Commercial						
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		Motel, hotel			
Pay cable—add'l channel		Commercial		Cinemax	12.00
Fire protection		• Pay cable		Starz & Encore	12.00
•Burglar protection		Pay cable-add'l channel		Showtime	18.00
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63688

4. LOCATION OF STATION

Trenton Telephone Company
PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

Primary Transmitters: Television

G

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.

2. B'CAST CHANNEL NUMBER

13.2

WDEF-HD CBS 8 Chattanooga, TN WDEF-DT CBS N-M Chattanooga, TN 8.1 **WDEF-Bounce** 8.2 I-M Chattanooga, TN WDEF-CourtTV 8.3 I-M Chattanooga, TN I-M Chattanooga, TN WDEF-Grit 8.4 WDEF-Defy TV 8.5 I-M Chattanooga, TN WDSI- DT THISTV 40.1 Chattanooga, TN I-M WDSI-CometTV 40.2 Chattanooga, TN WELF-DT 28 Dalton, GA ı WELF-DT2 28.2 I-M Dalton, GA WELF-DT3 28.3 I-M Dalton, GA WELF-DT4 28.5 I-M Dalton, GA WFLI-HD CW 42 Cleveland, TN WFLI-DT CW 42.1 I-M Cleveland, TN I-M WFLI-MyNet 42.2 Cleveland, TN WFLI-MeTV 42.3 I-M Cleveland, TN WFLI-DT4 Charge 42.4 I-M Cleveland, TN WNGH-HD PBS 4 Ε Chatsworth, GA WNGH-PBS 4.1 E-M Chatsworth, GA 4.2 WNGH-Create E-M Chatsworth, GA WNGH-Knowledge 4.3 E-M Chatsworth, GA WRCB-HD NBC Chattanooga, TN 13 Ν WRCB-DT NBC 13.1 N-M Chattanooga, TN

N-M

3. TYPE OF STATION

Add Rows as Necessary

WRCB-Antenna

Chattanooga, TN

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Trenton Telephone Company

FORM SA1-2E. PAGE 3.

SYSTEM ID#

63688

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

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), 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTCI-HD	35	Е	Chattanooga, TN
WTCI-DT	35.1	E-M	Chattanooga, TN
WTVC-HD ABC	9	N	Chattanooga, TN
WTVC-DT ABC	9.1	N-M	Chattanooga, TN
WTVC-FOX	9.2	I	Chattanooga, TN
WTVC-TBD TV	9.3	I-M	Chattanooga, TN
WOOT-LDHD	6	I	Chattanooga, TN
WOOT-LD	6.1	I-M	Chattanooga, TN
WOOT-D2	6.2	I-M	Chattanooga, TN
WOOT-D4	6.4	I-M	Chattanooga, TN
WOOT-D5	6.5	I-M	Chattanooga, TN
WOOT-D6	6.6	I-M	Chattanooga, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63688

Trenton Telephone Company

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
		·				 	
		 				 -	
		 				 -	
		 				ļ	
		1					
		 	 			 -	
		 				 -	
		 				ļ	
		t					
						 	
						ļ	
		<u> </u>				<u> </u>	
		1					
		 					
		 				ļ	
		 				ļ	
		1					
		 				 -	
		 				 -	
		ļ				ļ 	
		t					
	· 	 	 			 -	
		}				 -	
		ļ				ļ	
		T					
						}	
		 				 	
		ļ				ļ	
		<u> </u>					
		ł				 	
		ļ				 	
		ļ				ļ	
						 	
						 	
		ļ				ļ	
			l	1		l .	l

1								
Accounting Perio		NADLE OVOT	E14				FOR	M SA1-2E. PAGE 5.
Name	Trenton Telephone Co		EM:					SYSTEM ID# 63688
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every non	network televisi	ion program, broadcast by	a distant stati			
Substitute Carriage: Special Statement and Program Log	explanation of the programmi SPECIAL STATEMENT During the accounting peri broadcast by a distant stat Note: If your answer is "No"	CONCER od, did you ion?	NING SUBSTI r cable system	TUTE CARRIAGE carry, on a substitute ba	sis, any nonne	etwork televis	sion progran	n 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. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in							tion n. nth
	effect on October 19, 1976.	IDOTITUT	T DDOODAM			EN SUBSTI		7. DEASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. T	IMES TO	7. REASON FOR DELETION
						-		

Accounting Period:	2021/2			FORM S	A1-2E. PAGE 6.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Trenton Telephone Company			S	YSTEM ID# 63688		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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.	ystem's seen of how to	condary transmi compute this a	ission service mount, see	1,330.80 oss receipts)		
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	7,100 OR I	LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 Line 1. Royalty fee for accounting period	·		is six-month			
	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 lin	nes 1 and 2		· · <u> </u>	_		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)			
	Base amount under statutory formula	\$	263,800.00	-			
	2. Enter amount of gross receipts from space K	\$	221,330.80	_			
	3. Subtract line 2 from line 1	\$	42,469.20	_			
	4. Enter the amount of gross receipts from space K		. \$ 2	221,330.80			
	5. Enter the amount from line 3		\$	42,469.20			
	6. Subtract line 5 from line 4		\$	178,861.60			
	7. Multiply line 6 by .005 (enter figure here)			\$	894.31		
	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		\$	894.31		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)			
	Enter the amount of gross receipts from space K						
			262 900 00	=			
	2. Base amount under statutory formula	3	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 receipts (under statutory formula)						
	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 DU	E					
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	894.31			
Due	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			\$	914.31		
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1				nts!		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW Trenton Telepho	NER OF CABLE SYSTEM: ne Company			SYSTEM ID# 63688
M Channels	to its subscribers, 1. Enter the total n	and (2) the cable system's number of channels on which	of channels on which the cable system carried to total number of activated channels during the ach the cable	accounting period.	36
	on which the ca	number of activated channel able system carried television ast services			326
N Individual to Be Contacted		BE CONTACTED IF FURTH yout this statement of accou	HER INFORMATION IS NEEDED (Identify an ir unt.)	ndividual to whom	
for Further Information		Adam Austin		Telephone 706	6-657-4367
	(i	183 First Street Number, street, rural route, apartn Frenton, GA 30752 City, town, state, zip)	ment, or suite number)		
	Email	adam@tvn.net		Fax (optional	
•	CERTIFICATION (Th	nis statement of account mu	ust be certified and signed in accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigned,	hereby certify that (Check or	ne, but only one, of the boxes.)		
	(Owner o	other than corporation or pa	oartnership) I am the owner of the cable system a	as identified in line 1 of space B; or	
	in	line 1 of space B and that the	ation or partnership) I am the duly authorized ag ne owner is not a corporation or partnership; or		
	in	line 1 of space B.	if a corporation) or a partner (if a partnership) of the	•	the cable system
		and correct to the best of my	hereby declare under penalty of law that all staten y knowledge, information, and belief, and are mad		
			X Steven W. Tatum		
		- •	Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ .		
		Typed or printed	name: Steven W. Tatum		
		Title:	President tle of official position held in corporation or partnership)		
		Date:		2/22/2022	

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
enton Telephone Company	6368
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 Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xday	'S
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** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	<u>-</u>
(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 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.	
Ourse	
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.

CONTROL #: REMITTANCE #:

☐Letter sent

 $\square \mathsf{Accepted}$

 \square Accepted

Space H Primary Transmitters: Radio

C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'd Initials
		Date of remittance	Check □EFT	☐FILING FEES
Cable ID#				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period				
	☐ January 1 - June 30, 2017	[July 1 - December 31, 2017	
	☐ Letter sent]		
	□Accepted]		
Space B Owner				
	Letter sent]	☐Information received	
	□Accepted]	Phone call/Date/Contact	
Space D Area Served				
	☐ Letter sent]	☐ 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				

 $\ \ \, \square \\ \ \, Information \ received$

☐ Phone call/Date/Contact

 \square 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	