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 COPYRIGH	IT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/16/2017	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20171 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
	HAEFELE TV INC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 312 (Number, street, rural route, apartment, or suite number)
	SPENCER, NY 14883-0312 [City, town, state, 2:p)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
O	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 DENTIFICATION OF CABLE SYSTEM: BURDETT
	MAILING ADDRESS OF CABLE SYSTEM:
	2 SAME AS ABOVE (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 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. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Instructions: List each separate community served by the cable system. A "community" in	is the came as a "community unit" as defined in ECC rules: "-
_	separate and distinct community or municipal entity (including unincorporated community)	is the same as a community unit as defined in FCC foles. a
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	as a form of system identification bereafter known as the "fi
	community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identif
Area Served	city.	- F
Serveu		
	CITY OR TOWN	STATE
First	BURDETT VILLAGE	NY
Community	ORANGE TOWN	NY
	MILO TOWN	NY
Rows as Necessary	HECTOR TOWN	NY
	BRADFORD TOWN	NY
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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2017/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HAEFELE TV INC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES F 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 Secondary last day of the accounting period (June 30 or December 31, as the case may be). **Transmission** Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and 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 Rates 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. BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: 1.118 · Service to first set 24.95 1.00 · Service to additional set(s) 711 · FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than 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. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE RATE RATE Continuing Services: Installation: Non-residential 9.00/14.95 · Motel, hotel · Pay cable · Pay cable-add'l channel Commercial Fire protection · Pav cable Burglar protection Pay cable-add'l channel Installation: Residential Fire protection · First set 30.00 · Burglar protection · Additional set(s) Other services: 10.00 · FM radio (if separate rate) Reconnect 30.00 Converter Disconnect Outlet relocation 10.00 30.00 Move to new address.

WENY DT 36-2 36 N-M CORNING, NY **WENY DT 36-3** 36 I-M CORNING, NY WHEC DT 10-1 10 Ν ROCHESTER, NY SYRACUSE, NY **WNYS DT 43-1** 44 ı I-M **WNYS DT 43-2** 44 SYRACUSE, NY WYDC DT 48-1 1 CORNING, NY 48 **WJKP DT 48-2** 48 Į-M CORNING, NY WYDC DT 48-3 48 I-M CORNING, NY **WSPX DT 56-1** 15 I-M SYRACUSE, NY **WSPX DT 56-2** 15 1-M SYRACUSE, NY SYRACUSE, NY **WSPX DT 56-3** I-M 15 **WSYT DT 68-1** SYRACUSE, NY 19 1 **WSYT DT 68-2** 19 I-M SYRACUSE, NY

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting	Period:	2017/1

FORM SA1-2E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

HAEFELE TV INC

I O I LIM I DA

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.

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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
N/A							
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Substitute Carriage: Special Statement and Program Log 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 basis, any nonnetwork television program bor on the space space) (v) of the general instructions in the pager SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 2. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program for additional program in the pager 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 substitute 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 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 to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licentified). Column 5: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substitute for programming that y	Accounting Perio		CADIT CVC	TERA.					SA1-2E, PAGE 5
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every normetwork television program, broadcast by a distant station, that your cable systems cannot be substitute bases during the accounting period, under specifile prosess and foremer (50 rules, regulations, or sutherisations. For a but operation of the programman phen must be included in this for; see page (5) of the general substitutions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE II III III III III III III III III II	Name	1	CABLE 515	I ERVI:				•	SYSTEM ID#
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Substitute Carriages Special Statement and Program Log Septical Statement and Septical Stat									
A SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station. 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 "movels" or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball. Titles in "movels" or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball. Titles in "movels" or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball. Titles was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Given the morth and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "577." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five rimutes. Example: a program carried by a system from 6.01.15 p.m. to 6.28.30 p.m. should be stated as 8:50.0-53.0 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 "R" if t									
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program YES 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 substitute program" that, during the accounting period, was broadcast by a distant station and that your cable system substitute program" that, during the accounting period, was broadcast by a distant station and that your cable system substitute program" that, during the accounting period, was broadcast by a distant station and that your cable system substitute program. It has a second to the station of the thing to the station of the station of the station of the station of the station is licensed by the FCC or, in the case of Maccian or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Maccian or Canadian stations, if any, the community to which the station is identified). Column 6: Give the month and day when your system carried by system station is identified). Column 6: Give the month and day when your system was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:16 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Einer the letter "R" if the listed program was substituted for programming that your system w					3,000,000		uctions in the	paper SA 1-2	L IQISIS.
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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 eitsent station and that your cable system substituted for the programming of another station under cartain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories libre, nor authorizations. See page (v) of the general instructions for further information. Do not use general categories the rowless' or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball". Toers vs. Bulls: Column 2: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station is toracted the community to which the station is identified. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month liftst. Example: for May 7 give "57". Column 5: State the times when he 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 601:16 p.m. to 628:30 p.m. should be stated as "6:00-6:30 p.m." **Column 5: Their the letter "R" if the listed program was carried by your cable system. List the times accurately to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programing that your system was permitted to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for the program was		, ,		ar cable bysteri	rouny, on a substitute but	Jio, arry fromite	ALTO IN LOID FIE		NO
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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 Téers vs. Bulls." Column 2: If the program was broadcast live, enter "Ves." 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 of 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 "57." 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 for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S Yes or No CALL SIGN 4. STATION'S LOCATION SUBSTITUTE CARRIAGE OF C		•			ate line. Use abbreviations	wherever po	ssible, if their	meaning is	
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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 for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S Yes or No CALL SIGN 4. STATION'S LOCATION WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REFORD TO								FCC or, in	
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Accounting Period	: 2017/1		FORM S	41-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC		S	YSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmocompute this	ission service amount, see	1,630.60 pss rece pls)
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 that Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information.	ın \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L	.ESS	•	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	, ,		
	Line 1. Royally fee for accounting period			
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	re than \$137,1	00)	
	Base amount under statutory formula	263,800.00		
	Enter amount of gross receipts from space K	171,630.60		
	3. Subtract line 2 from line 1	92,169.40		
	Enter the amount of gross receipts from space K	\$ 1	71,630.60	
	5. Enter the amount from line 3	\$	92,169.40	
	6. Subtract line 5 from line 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	79,461.20	
	7. Multiply line 6 by .005 (enter figure here)			397.31
	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		\$	397.31
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but I	ess than \$527	,600)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross 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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	397.31	
Total Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)		20.00	
ĺ	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	417.31
	Important: Your remittance must be In the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form for	_		ts!

U.S. Copyright Office Form SA1-2£ Short Form (Rev. 05-17)

Accounting Period:	2017/1							FOR	M SA1-2E. PAGE 7.
Name	LEGAL NAME OF HAEFELE TV I	OWNER OF CABLE SYSTE NC	M:						SYSTEM ID# 0
M		ou must give (1) the nun			-				
Channels	1	al number of channels on ed television broadcast st						24	
	on which the	al number of activated ch cable system carried tele dcast services	vision broadca					80	:
N Individual to	Į.	O BE CONTACTED IF FI about this statement of a		DRMATION IS	NEEDED (Identify an	individual to whom	1		
Be Contacted for Further Information	Name	LEE D HAEFELE	INTERNALIMBANA PARALIMITAN (MILITAN)	III MARKINI MA	alabbin wall-darib alabahan an l	Mikithilativhididiselambindova	Telephone 607-5		: :-:
	Address	24 E TIOGA ST (Number, street, rural route, SPENCER	PO BOX 3 apartment, or suit	te number)	· · ·				: ************************************
***************************************	Email	(City, town, state, zip) htv@htva.r	OATED HERE DE DE DES DES CHARLES DE LE			Fax (optional	607-589-7211		
O Certification	I, the undersigne (Owne) (Agent X (Office) I have examined	(This statement of account of the control of the component of the component of the control of th	ck one, but only or partnership poration or pai at the owner is i	rone, of the bo rtnership) I am not a corporati tion) or a partn	oxes.) In the duly authorized agroup or partnership; or the first partnership of the first part	es identified in line 1 ent of the owner of the legal entity identifients	of space B; or the cable system as ic fied as owner of the ca		
77 77 77 77 77 77 77 77 77 77 77 77 77				-	ature on the line above t n "/s/ signature" (e.g., /s	•	nent.		ga kut
		Typed or pri		LEE D H,	AEFELE				
		Title:	PRESI (Title of official		corporation or partnership)				

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.

ccounting Period: 2017/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
AEFELE TV INC	0
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	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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 (Pil) requested on this form in order to process your statement of account. Pil is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing Pil, 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 Pil 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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

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