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

STATEME		FOR COPYRIGH	Return completed workbook by email to:					
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>				
Cable Syster	ms (Short Form)		\$	For additional information, contact the U.S. Copyright				
-	ctions are located	2/0/2022		Office Licensing Division at: Tel: (202) 707-8150				
in the first tab o	of this workbook	2/8/2023	ALLOCATION NUMBER					
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))					
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	2019/2		· · · · · · · · · · · · · · · · · · ·					
	20192	Barcode Data Filing Period (optional	- see instructions)					
Accounting Period		J						
	Instructions:							
В			iary of another corporation, give the full corp	porate title 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 a statement of account and royalty fee paym		e last day of the accounting period should su od.	bmit a single				
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	1525				
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM						
	CASCADE ACCESS, LLC							
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)						
	RELIANCE CONNECTS							
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
	PO BOX 189 (Number, street, rural route, apartment, or suite nu	umber)						
	ESTACADA, OR 97023 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any busing names already appear in space B. In line 2							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM							
	2 (Number, street, rural route, apartment, or suite no	umber)						
	(City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	CASCADE ACCESS, LLC 1525						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. 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	ESTACADA	OR					
Community	CLACKAMAS COUNTY	OR					
Add Rows as Necessary							

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								2E. PAGE
Name								515	152
	CASCADE ACCESS, LLC								
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
Е	In General: The information in sp			-					
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	, , ,	,		,			g on the	
Service: Sub-	Number of Subscribers: Both						ole system, ł	oroken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular servi	-						harged	
	Rate: Give the standard rate cl							and the	
	unit in which it is generally billed.	-	-	•			-		
	category, but do not include disc								
	Block 1: In the left-hand block	•		Ũ					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for cal	ble service to a	dditional	sets would b	e included	in the count un	der "Service	to the	
	first set" and would be counted o	0			()			41	
	Block 2: If your cable system h printed in block 1 (for example, ti	-		•					
							,.		
	with the number of subscribers and rates, in the right-hand block. A two- or three-word descripti sufficient.								
	BLC				BLOCK	2 NO. OF			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE			SUBSCRIBERS	RATE
	Residential:								
	Service to first set		386	38.44	SD DTA	EXTRA		285	1.0
	 Service to additional set(s) 		386	-	HD DTA	A FIRST		60	3.0
	 FM radio (if separate rate) 		0		HD DTA	A EXTRA		43	2.0
	Motel, hotel		0		SD DVF	/R		24	7.9
	Commercial		0		HD DVF	R		114	10.5
	Converter				HD SET			69	8.5
	Residential				HD EXT	RA SETTO	A SETTOP		7.5
	Non-residential		0	-	SD SET	ТОР		37	5.2
	SERVICES OTHER THAN SECO							· · · · · · · · ·	
_	In General: Space F calls for rate					your cable sys	tem's servic	es that were	
F	not covered in space E, that is, th	hose services t	hat are n	ot offered in	combinatio	n with any seco	ondary transi	mission	
	service for a single fee. There are								
Services Other Than	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 hilled. If any rates are charged on a variable per-program basis								
Secondary	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.								
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.								
	biel (two- or three-word) description and include the rate for each.								
		BLOO				DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		DRY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Pay cable	15.00		l, hotel	Sidential		ENCOR		3.9
	• Pay cable—add'l channel	13.00		mercial				HOUSE DVR	5.0
	Fire protection	13.00	• Pay					TOP EXTRA	4.0
	Burglar protection			cable-add'l cl	hannel	-		REXTRA	4.0
	•Burgiar protection		•	protection		-			44.4
	First set	15.00					EXPANDED BASI		10.9
	Additional set(s)		Other se	lar protectior	•		CABLE		4.9
	• FM radio (if separate rate)	15.00		onnect		15.00		CARD HD	4.9 6.9
	• Converter	15.00				13.00			0.3
		15.00				-			
	Converter		15.00 • Disconnect -						
					race	15.00			

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I						
Name	CASCADE ACCESS,	LLC		15						
	PRIMARY TRANSMITTERS: TELEVISION									
G	carried by your cable syste FCC rules and regulations	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, <i>except</i> (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								
Primary ransmitters:		6.59(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 ubstitute program basis, as explained in the next paragraph.								
Television	1 0 /	: With respect to any distant stations car	ried by your cable system on a subs	titute program						
		ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program L	og)—if the						
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form	see page (v) of the general instruction ogram services such as HBO, ESPN	ns. I, etc. Identify each						
	Column 2: Give the chann of license. For example, W	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network s	C C	-						
		ering the letter "N" (for network), "N-M" (for								
	(for independent multicast)	, "E" (for noncommercial educational), or	"E-M" (for noncommercial education							
	5	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	• •	s licensed by the						
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	e community with which the station i	s identified.						
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION									
	KATU	2.1	N	PORTLAND, OR						
	KATU DT2	2.2	N-M	PORTLAND, OR						
Rows as Necessary	KATU DT3	2.3	N-M	PORTLAND, OR						
	KOIN	6.1	N	PORTLAND, OR						
	KOIN DT2	6.2	N-M	PORTLAND, OR						
	KOIN DT3	6.3	N-M	PORTLAND, OR						
	KGW	8.1	N	PORTLAND, OR						
	KGW DT2	8.2	N-M	PORTLAND, OR						
	KGW DT3	8.3	N-M	PORTLAND, OR						
	КОРВ	10.1	E	PORTLAND, OR						
	KOPB DT2	PORTLAND, OR								
	KOPB DT3	10.3	E-M	PORTLAND, OR						
	KOPB DT4	10.4	E-M	PORTLAND, OR						
	ΚΡΤΥ	12.1	N	PORTLAND, OR						
	KPTV DT2	12.2	N-M	PORTLAND, OR						
				PORTLAND, OR						
	KPTV DT3	12.3	N-M	PORTLAND, OR						
	KPTV DT3 KWVT-LD	12.3 17.1	N-M N	PORTLAND, OR SALEM, OR						
	KWVT-LD	17.1	N	SALEM, OR						
	KWVT-LD KPXG	17.1 22.1	N N	SALEM, OR SALEM, OR						
	KWVT-LD KPXG KPXG DT2	17.1 22.1 22.2	N N N-M	SALEM, OR SALEM, OR SALEM, OR						
	KWVT-LD KPXG KPXG DT2 KPXG DT3	17.1 22.1 22.2 22.3	N N N-M N-M	SALEM, OR SALEM, OR SALEM, OR SALEM, OR						
	KWVT-LD KPXG KPXG DT2 KPXG DT3 KNMT DT1	17.1 22.1 22.2 22.3 24.1	N N N-M N-M E	SALEM, OR SALEM, OR SALEM, OR SALEM, OR PORTLAND, OR						
	KWVT-LD KPXG KPXG DT2 KPXG DT3 KNMT DT1 KNMT DT2	17.1 22.1 22.2 22.3 24.1 24.2	N N N-M E E-M	SALEM, OR SALEM, OR SALEM, OR SALEM, OR PORTLAND, OR PORTLAND, OR						

ounting Period:	: 2019/2			FORM SA1-2E. PAG				
	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I				
Name	CASCADE ACCESS, LLC							
	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, <i>except</i> (1) stations carried only on a part-time basis under							
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, a	n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. : With respect to any distant stations ca	(e)(2) and (4))]; and (2) certain sta	tions carried on a				
	basis under specific FCC ru	lles, regulations, or authorizations: e in space G—but do list it in space I (th						
	List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W Column 3: Indicate in each	 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. 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 						
	(for independent multicast), For the meaning of these te Column 4: Give the locatio	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the statior	ional multicast). n is licensed by the				
		2 RICAST CHANNEL NUMBER	3 TYPE OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KRCW	32.1	N	4. LOCATION OF STATION SALEM, OR				
	KRCW KRCW DT2	32.1 32.2	N N-M	4. LOCATION OF STATION SALEM, OR SALEM, OR				
	KRCW KRCW DT2 KRCW DT3	32.1 32.2 32.3	N N-M N-M	4. LOCATION OF STATION SALEM, OR SALEM, OR SALEM, OR				
	KRCW KRCW DT2 KRCW DT3 KRCW DT4	32.1 32.2 32.3 32.4	N N-M N-M N-M	4. LOCATION OF STATION SALEM, OR SALEM, OR SALEM, OR SALEM, OR				
	KRCW KRCW DT2 KRCW DT3	32.1 32.2 32.3	N N-M N-M	4. LOCATION OF STATION SALEM, OR SALEM, OR SALEM, OR SALEM, OR SALEM, OR				
	KRCW KRCW DT2 KRCW DT3 KRCW DT4 KPWC-LD	32.1 32.2 32.3 32.4 37.1	N N-M N-M N-M N	4. LOCATION OF STATION SALEM, OR SALEM, OR SALEM, OR SALEM, OR				
	KRCW KRCW DT2 KRCW DT3 KRCW DT4 KPWC-LD KPDX	32.1 32.2 32.3 32.4 37.1 49.1	N N-M N-M N-M N N	4. LOCATION OF STATION SALEM, OR SALEM, OR SALEM, OR SALEM, OR SALEM, OR VANCOUVER, WA				
	KRCW KRCW DT2 KRCW DT3 KRCW DT4 KPWC-LD KPDX KPDX DT2	32.1 32.2 32.3 32.4 37.1 49.1 49.2	N N-M N-M N-M N N N N	4. LOCATION OF STATION SALEM, OR SALEM, OR SALEM, OR SALEM, OR SALEM, OR VANCOUVER, WA VANCOUVER, WA				

Accounting P			NOTEN .					I SA1-2E. PAGE
			YSTEM:					SYSTEM ID
CASCADE A	CCESS, LL	.C						152
PRIMARY TRAM			rried on a separate and discre	te hasis and liet t	hose FM stati	ons car	ied on an	н
			nerally receivable by your cabl					
								Primary
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,								Transmitters
on the basis of r	monitoring, to	be recei	ved at the headend, with the s	ystem's FM ante	nna, during ce	ertain sta	ated intervals.	Radio
		t the Co	pyright Office regulations on the	nis point, see pag	e (v) of the ge	eneral in	structions in the.	
aper SA1-2 for Column 1: Id		sian of e	each station carried.					
			n is AM or FM.					
			nal was electronically processe	ed by the cable sy	/stem as a se	parate a	nd discrete	
			c mark in the "S/D" column.				, , , , , , , , , , , , , , , , , , ,	
			on (the community to which the the community with which the			c or, in t	he case of	
		, ii any, i			.u).			
			,	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
NA								
			<u>+</u>					

Accounting Perio	od: 2019/2					FO	RM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				SYSTEM ID#	
Name	CASCADE ACCESS, LI	LC					1525	
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG	3			
Substitute	substitute basis during the ad	n General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried oubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:								
Special	During the accounting per	iod, did you	ır cable system	carry, on a substitute bas	sis, any nonne	twork television progra	ım	
Statement and Program Log	broadcast by a distant stat		2			YES	×NO	
r rogram Log	2				"Maa"			
	Note: If your answer is "No"	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ust complete the progra	am	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	Column 3: Give the call 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." Column 7: Enter the letter	ce, please of every no distant stat gulations, c ies like "mo Bulls." n was broad sign of the s adcast statio th and day <i>v</i> e "5/7." es when the Example: a er "R" if the	add additional i nnetwork telev ion and that yo or authorization wies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific progra r "Yes." Otherwise enter " asting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for progr	program") that ad for the prog- leral instructio m titles, for ex No." am. e station is licer station is ider program. User cable system :15 p.m. to 6:2 amming that y	at, during the accountin rramming of another st ns for further information ample, "I Love Lucy" of insed by the FCC or, in tified). In underals, with the model List the times accurate 28:30 p.m. should be rour system was <i>requir</i>	ng ation on. r n ponth cely red	
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nming that y			er FCC rules a	and regulations in	gram	
	s		TE PROGRAM		CARR	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO		
	NA					_		
					-			
			+		-			
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Accounting Period:	2019/2 FORM SA1-2E	E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST CASCADE ACCESS, LLC	1525 TEM
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	
L Copyright Royalty Fee	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	52.00 0.00 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K	
		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 6	57.00
	EFT Trace # or TRANSACTION ID # 26NFHM6I <u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM:			SYSTEM ID# 1525
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, and (2) the cable system's otal number of channels on whi ried television broadcast station otal number of activated chann- ne cable system carried televisi	ns	nting period.	36 344
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of acco	HER INFORMATION IS NEEDED (Identify an individ unt.)	ual to whom	
for Further Information	Name	JESSICA LANG		Telephone 503-630-894	7
	Address	PO BOX 189 (Number, street, rural route, apar ESTACADA, OR 97((City, town, state, zip)			
	Email	langj@rconnec	ts.net F	ax (optional 503-630-1910	
O Certification	I, the undersig (Ow X (Age (Off I have examin are true, comp	ned, hereby certify that (Check of ner other than corporation or p ont of owner other than corpor in line 1 of space B and that th icer or partner) I am an officer in line 1 of space B. ed the statement of account and	ust be certified and signed in accordance with Copyrine, <i>but only one</i> , of the boxes.) bartnership) I am the owner of the cable system as identified and represent the owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legent of the the boxes, information, and belief, and are made in the boxes of the boxes of the boxes.) X /s/ Matthew Day	ntified in line 1 of space B; or the owner of the cable system as identified al entity identified as owner of the cable sys of fact contained herein	
		Typed or printe Title: (T Date:	Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John S d name: Matthew Day General Manager Itle of official position held in 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.

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ASCADE ACCESS, LLC	1525
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address 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 2 Multiply line 1 by the interest rate* and enter the sum here	
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@copyright.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	

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