THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE Washington, DC 20557-6400 \$ (202) 707-8150 3/30/22 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVE	RED BY THIS STATEMENT:		
Accounting Period	July 1-December 31,	2019		
B Owner	incorrect information and print or type the Give the full legal name of the owner rate title of the subsidiary, not that of the List any other name or names under If there were different owners durin a single statement of account and royal	er of the cable system. If the owner is a subsi e parent corporation. er which the owner conducts the business of th	idiary of another corporation, give the full corpo- ne cable system. <i>I ast day of the accounting period should subm</i>	iit 022117
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	Vyve Broadband A, LLC			
			02	2211720192
				022117 2019/2
	4 International Dr Suite 3 Rye Brook, NY 10573	330		
С			fy the business and operation of the system system, if different from the address given i	
System	1 IDENTIFICATION OF CABLE SYSTEM		<u>,</u>	
	MAILING ADDRESS OF CABLE SYST	EM:		
	2 (Number, street, rural route, apartment, or su	ite number)		
	(City, town, state, zip code)			
D Area Served	in FCC rules: "a separate and distin areas and including single, discrete of system identification hereafter kn	ct community or municipal entitiy (includ unincorporated areas)." 47 C.F.R. 76.t own as the "first community." Please us	"community" is the same as a "community ing unincorporated commuinites within unin 5(dd). The first community that list will serve e it as the first community on all future filing mobile home parks should be reported in pa	ncorporated e as a form gs.
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community	BALLINGER	TX		
form in order to pro numbers. By provid	cess your statement of account. PII is any pers ding PII, you are agreeing to the routine use of i	sonal information that can be used to identify or trac t to establish and maintain a public record, which ir	ersonally identifying information (PII) requested on this be an individual, such as name, address and telephone ncludes appearing in the Offce's public indexes and in 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.

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Vyve Broadband A, LLC							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
P								
D								
continued)								
Area								
Served								
			Π					

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS	STEM ID	
	Vyve Broadband A, LLC							02211	
Е	SECONDARY TRANSMISSION								
–	In General: The information in s	•	Ũ		•				
Secondary		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							
Transmission	last day of the accounting period	• • •		•					
Service: Sub-	Number of Subscribers: Both					ble system	ı, broken		
scribers and	down by categories of secondar	y transmission	service. In genera	l, you can co	mpute the numb	er of subsc	ribers in		
Rates	each category by counting the n			•		<i>,</i>	s charged		
	separately for the particular serv				•	,	no and the		
	Rate: Give the standard rate of unit in which it is generally billed	-				-	-		
	category, but do not include disc	· ·	,	•					
	Block 1: In the left-hand block				condary transmi	ssion servi	ce that cable		
	systems most commonly provide	e to their subso	ribers. Give the nu	umber of subs	scribers and rate	for each lis	sted category		
	that applies to your system. Not		-		-				
	categories, that person or entity								
	subscriber who pays extra for ca					nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					e different f	rom those		
	printed in block 1 (for example, t	-							
	with the number of subscribers a								
	sufficient.					DI 0.01	()		
	BLC	DCK 1 NO. OF				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:								
	 Service to first set 	92	25.	00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial	26	25.	00					
	Converter								
	Residential								
	Non-residential								
								1	
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	not covered in space E, that is, t								
	service for a single fee. There are		ons: you do not ne	a lo dive rale					
Services	furnished at cost or (2) services	or facilities fur	nished to nonsubs						
Services Other Than	furnished at cost or (2) services amount of the charge and the ur			cribers. Rate	information shou	Id include	both the		
	amount of the charge and the ur enter only the letters "PP" in the	nit in which it is rate column.	usually billed. If a	cribers. Rate ny rates are c	information shou charged on a var	ild include i iable per-p	both the		
Other Than Secondary Fransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rate	nit in which it is rate column. te charged by t	usually billed. If a the cable system f	cribers. Rate ny rates are o or each of the	information shou charged on a var applicable servi	ld include i iable per-pl ces listed.	both the rogram basis,		
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	hit in which it is rate column. te charged by t t your cable sy	usually billed. If a the cable system f stem furnished or	cribers. Rate ny rates are o or each of the offered during	information shou charged on a var applicable servi g the accounting	Id include iable per-p ces listed. period that	both the rogram basis, were not		
Other Than Secondary Fransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a	hit in which it is rate column. te charged by f t your cable sy separate charg	usually billed. If a the cable system f stem furnished or ge was made or es	cribers. Rate ny rates are o or each of the offered during tablished. Lis	information shou charged on a var applicable servi g the accounting	Id include iable per-p ces listed. period that	both the rogram basis, were not		
Other Than Secondary Fransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	hit in which it is rate column. te charged by t your cable sy separate charg ption and inclue	usually billed. If a the cable system fi stem furnished or ge was made or es de the rate for eac	cribers. Rate ny rates are o or each of the offered during tablished. Lis	information shou charged on a var applicable servi g the accounting	Id include iable per-p ces listed. period that	both the rogram basis, were not e form of a		
Other Than Secondary Fransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip	hit in which it is rate column. te charged by f t your cable sy separate charg	usually billed. If a the cable system fi stem furnished or ge was made or es de the rate for eac CK 1	cribers. Rate ny rates are o or each of the offered during tablished. Lis h.	information shou charged on a var e applicable servi g the accounting at these other ser	Id include include include include include include ces listed. period that vices in the	both the rogram basis, were not e form of a BLOCK 2	E RATE	
Other Than Secondary Fransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a	hit in which it is rate column. te charged by t your cable sy separate charg btion and inclu- BLO	usually billed. If a the cable system fi stem furnished or ge was made or es de the rate for eac	cribers. Rate ny rates are o or each of the offered during tablished. Lis h. SERVICE	information shou charged on a var applicable servi g the accounting	Id include include include include include include ces listed. period that vices in the	both the rogram basis, were not e form of a	E RATE	
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Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	hit in which it is rate column. te charged by t your cable sy separate charg btion and inclu BLO RATE 19.95	usually billed. If a the cable system fi stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protect	cribers. Rate ny rates are c or each of the offered during tablished. Lis h. <u>SERVICE</u> -residential	information shou charged on a var e applicable servi g the accounting at these other ser	Id include include include include include include ces listed. period that vices in the	both the rogram basis, were not e form of a BLOCK 2	E RATE	
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Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	hit in which it is rate column. te charged by t your cable sy separate charg btion and inclu BLO RATE 19.95	usually billed. If a the cable system fi stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF 3 Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protect Other services: • Reconnect	cribers. Rate ny rates are c or each of the offered during tablished. Lis h. <u>SERVICE</u> -residential	information shou charged on a var e applicable servi g the accounting at these other ser	Id include include include include include include ces listed. period that vices in the	both the rogram basis, were not e form of a BLOCK 2	E RATE	
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	hit in which it is rate column. te charged by t your cable sy separate charg btion and inclu BLO RATE 19.95	usually billed. If a the cable system fi stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF 3 Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protect Other services: • Reconnect • Disconnect	cribers. Rate ny rates are o or each of the offered during tablished. Lis h. <u>SERVICE</u> -residential d'I channel	information shou charged on a var applicable serving the accounting these other serving RATE	Id include inc	both the rogram basis, were not e form of a BLOCK 2		
Other Than Secondary Fransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	hit in which it is rate column. te charged by t your cable sy separate charg btion and inclu BLO RATE 19.95	usually billed. If a the cable system fi stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF 3 Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protect Other services: • Reconnect	cribers. Rate ny rates are of or each of the offered during tablished. Lis h. <u>SERVICE</u> -residential d'I channel tion	information shou charged on a var applicable serving the accounting these other serving RATE	Id include inc	both the rogram basis, were not e form of a BLOCK 2		

	LEGAL NAME OF OWNER OF CABLE SY	STEM:			FORM SA1-2. PAGE SYSTEM I
Name	Vyve Broadband A, LLC				0221 ⁻
	PRIMARY TRANSMITTERS: TELEVISION				
G	In General: In space G, identify every tell carried by your cable system during the a FCC rules and regulations in effect on Ju	ccounting period, exe	cept (1) stations ca	rried only on a part-time basis under	
Primary	76.59(d)(2) and (4), 76.61(e)(2) and (4), o				
Transmitters: Television	substitute program basis, as explained in Substitute Basis Stations: With resp		tions carried by yo	ur cable system on a substitute program	
	basis under specifc FCC rules, regulation				
	 Do not list the station here in space G— station was carried only on a substitute 		I (the Special State	ement and Program Log)—if the	
	List the station here, and also in space I basis. For further information concerni Column 1: List each station's call sign	, if the station was ca ng substitute basis sta n. Do not report origina	ations, see page (\ ation program serv	/) of the general instructions. ices such as HBO, ESPN, etc.	
	Column 2: Give the number of the char This may be different from the channel or			-	
	associated with a station according to its				
	the same on the form.	ther the station is a ne	twork station an i	ndependent station, or a noncommercial	
	educational station, by entering the letter				
	(for independent multicast), "E" (for nonco			ncommercial educational multicast).	
	For the meaning of these terms, see page Column 4: Give the location of each s			nity to which the station is licensed by the	
	FCC. For Mexican or Canadian stations, i	if any, give the name	of the community	with which the station is identifed.	
			•		
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION	
	SIGN	CHANNEL	OF		
		NUMBER	STATION		
	KTXS-CW	12.2	I-M		
	KTAB-CBS	32	N	ABILENE TX	
	KPCB-IND	17	I	SNYDER TX	
	KRBC-NBC	9	N	ABILENE TX	
	KXVA-FOX	15	I	ABILENE TX	
	KTXS-ABC	12	N	SWEETWATER/ABILENE TX	
	KTAB-Telemunodo	32.2	I-M	ABILENE TX	

ACCOUNTING PERIOD: 2019/2

FORM SA1-2. P LEGAL NAME OF		CABLE S	YSTEM:				SYSTEM ID#	Name
/yve Broadb	band A, LL	С					022117	
 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. 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 the Copyright Office regulations on this point, see page (v) of the general instructions. 						H Primary Transmitter Radio		
Column 1: Id Column 2: Si Column 3: If Ignal, indicate to Column 4: G	lentify the call tate whether t the radio stati this by placing ive the statior	sign of e he statio ion's sigr g a check n's locatio	ach station carried. n is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	ed by the cable sy e station is license	vstem as a sep ed by the FCC	parate a	nd discrete	
						0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:					SYSTEM ID# 022117
l	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac	fy every no	nnetwork televi	sion program broadcast by	a distant stati			
Substitute Carriage: Special Statement and Program Log	explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2.	CONCER iod, did yo tion?	RNING SUBS ur cable syster	TITUTE CARRIAGE m carry, on a substitute ba	asis, any non	network televis	Yes	XNo
	2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progr ace, please of every no distant sta gulations, ries like "mo Bulls." m was broa sign of the adcast stati hadian stati hath and day we "5/7." es when th Example: er "R" if the and regulat rogramming	am on a separ attach additio onnetwork tele tion and that y or authorizatio ovies" or "bask udcast live, ent station broadc ion's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect of	nal pages. vision program (substitute our cable system substitu ns. See page (v) of the ge tetball." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0° m was substituted for prog luring the accounting period	program) the ted for the pr neral instruct am titles, for "No." ram. le station is li e station is li e program. U Ir cable syste 1:15 p.m. to 6 ramming tha od; enter the	at, during the a ogramming of a tions for further example, "I Lov censed by the lentified). se numerals, w m. List the time 5:28:30 p.m. sh t your system v letter "P" if the	FCC or, ir with the more accurate ve Lucy" of FCC or, ir with the more accurate accu	ation on. r onth ely ed
	SI	JBSTITUT	E PROGRAM	1		EN SUBSTITU		7. REASON
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —		FOR DELETION

LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 022117	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions.	nission service	K Gross Receipts
Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 20,797.69 (Amount of gross receipts)	
 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions for more information. 	5263,801	L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
Line 1. Royalty fee for accounting period	\$ 52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	,	
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		
4. Enter the amount of gross receipts from space K		
5. Enter the amount from line 3		
6. Subtract line 5 from line 4	_	
7. Multiply line 6 by .005 (enter figure here)		
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
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 recepits (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		
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pageneral instructions for more information.	ge I of the	

FORM SA1-2. PAGE 6.

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 022117
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tations
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	7
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	116
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information		914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) am the owner of the cable system as identifed in line 1 of space B 	
	(Agent of owner other than corporation or partnership) am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	ner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	d herein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 2/26/2020	

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 effects 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 SA1-2. PAGE 8.	FORM	SA1-2	PAGE	8
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Vyve Broadband A, LLC	022117	Name
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not incluss cribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners? X NO	ısic de sub- 19."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions.	yment.	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	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- narge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, p list below the owner, address, first community served, ID number, and accounting period as given in the original f		
Owner Address		
ID number First community served Accounting period		
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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 effects of not providing the PII requested is that it may delay processing of your statement of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.