## 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.

DATE RECEIVED

3/30/22

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

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\$

ALLOCATION NUMBER

## SA1-2 Short Form

Return to: Library of Congress

	Copyright Office
AMOUNT	Licensing Division
	101 Independence Ave.
	14/

101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

B inco Owner □ a si	prrect information and print or type the co Give the full legal name of the owner of title of the subsidiary, not that of the par List any other name or names under wi If there were different owners during th ingle statement of account and royalty fe Check here if this is the system's firs	d under the information given belo prrect information beside it. If the cable system. If the owner is rent corporation. hich the owner conducts the busin the accounting period, only the owner be payment covering the entire ac						
B inco Owner □ a si	prrect information and print or type the co Give the full legal name of the owner of title of the subsidiary, not that of the par List any other name or names under wi If there were different owners during th ingle statement of account and royalty fe Check here if this is the system's firs	prrect information beside it. i the cable system. If the owner is rent corporation. hich the owner conducts the busin the accounting period, only the owne be payment covering the entire acc	s a subsidiary of another corporation, give the full corpo-					
LE		st ning. If not, enter the system s	,	d 030492				
	GAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM						
	Vyve Broadband J, LLC							
			*03	049220192'				
				030492 2019/2				
	Four International Drive, S Rye Brook, NY 10573	uite 330						
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the							
System		ne 2, give the mailing address	s of the system, if different from the address given in	space B.				
J System	1 DENTIFICATION OF CABLE SYSTEM:							
2	MAILING ADDRESS OF CABLE SYSTEM: 1501 West Mississippi 2 (Number, street, rural route, apartment, or suite number)							
	Durant, OK 74701 (City, town, state, zip code)							
D in F	CC rules: "a separate and distinct c	community or municipal entitiy	stem. A "community" is the same as a "community u (including unincorporated communities within uning	corporated				
		, ,	R. 76.5(dd). The first community that list will serve ease use it as the first community on all future filings					
	te: Entities and properties such as h identified city.	otels, apartments, condiminiu	ms, or mobile home parks should be reported in particular the should be reported in p	ratheses below				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
	irant	OK	Calera	OK				
	mstrong Ikchito	OK OK	Cartwright Colbert	OK OK				
	yan County	OK	Tishomingo	OK				
	incumbe Creek	OK	Ravia	OK				
	ddo	OK						

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
Name	Vyve Broadband J, LLC	;							03049
Е	SECONDARY TRANSMISSION								
<b>E</b>	In General: The information in space E should cover all categories of secondary transmission service of the cable								
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								
Secondary Transmission	last day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-							ble system	n, broken	
scribers and	<b>Number of Subscribers:</b> 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								
Rates	each category by counting the n		<i>,</i>	0 , (			,	s charged	
	separately for the particular serv					•	,		
	Rate: Give the standard rate c	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· · ·	,				is within a	particular rate	
	Block 1: In the left-hand block					condary transmis	ssion servi	ce that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Not	e: Where an in	dividual	or organizatio	on is receiv	ing service that	falls unde	r different	
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.	,	5						
	BLC	DCK 1					BLOCH		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIUD	LIKO	TUTE	0/11		WICE	CODOCIVIDENC	TUT
	Service to first set		1,386	25.00					
	Service to additional set(s)		.,						4
	• FM radio (if separate rate)								4
	, , , ,								
	Motel, hotel		07	25.00					4
	Commercial		97	25.00					4
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				:e				
_	In General: Space F calls for rat					all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are i	not offered in	combinatio	on with any sec	ondary trar	nsmission	
	service for a single fee. There ar	•			•		• •	,	
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually I	billed. If any r	ates are cl	harged on a var	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ach of the	applicable servi	ces listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	je was m	ade or establ	ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:		Installa	tion: Non-res	sidential				
	• Pay cable	19.95	• Mote	el, hotel		T&M			
	<ul> <li>Pay cable—add'l channel</li> </ul>	15.95	• Com	mercial		T&M			
	Fire protection	N/A	• Pay	cable		T&M			
	<ul> <li>Burglar protection</li> </ul>	N/A	• Pay	cable-add'l cł	nannel	T&M			
			• Fire	protection		N/A			
	Installation: Residential								
	Installation: Residential     First set	59.99	• Burg	lar protection	1	N/A			
			• Burg Other s		I	N/A			
	• First set		Other s		I	N/A 29.99			
	• First set • Additional set(s)	19.99	Other s	ervices:	I				
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	19.99	Other so • Reco • Disc	ervices: onnect	I	29.99			
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	19.99	Other s • Reco • Disc • Outle	ervices: onnect onnect					

LEGAL NAME OF OWN	ER OF CABLE SYSTE	M:	Si				
Vyve Broadband	J, LLC			03049			
PRIMARY TRANSMITTERS	S: 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							
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 pert paragraph							
			ons carried by your cable system on a substitute program				
			(the Special Statement and Program Log) if the				
station was carried on	ly on a substitute ba	sis.					
	•						
Column 1: List each s	station's call sign. Do	o not report origina	tion program services such as HBO, ESPN, etc.				
			-				
associated with a station							
	each case whether	the station is a ne	twork station, an independent station, or a noncommercial				
				e			
	nadian stations, ir an	y, give the name t	of the community with which the station is identified.				
	2 B'CAST	3 TVPE					
SIGN	CHANNEL	OF	0. LOOKHON OF OTAHON				
	NUMBER	STATION					
KXII-CBS	12	N	SHERMAN TX				
KETA-PBS	13	E	OKLAHOMA CITY OK				
KWTV-NEWS 9	9.2	I-M	OKLAHOMA CITY OK				
KTEN-NBC	10	N	SHERMAN TX				
KXII-FOX	11	l	TEXOMA-SHERMAN TX				
KTEN-CW	14.2	I-M	SHERMAN TX				
KTEN-ABC	15.2	N-M	SHERMAN TX				
KXII-MYNET	17.2	I-M	SHERMAN TX				
KETA-OKLA	13.2	I-M	OKLAHOMA CITY OK				
KETA-CREATE	13.3	E-M	OKLAHOMA CITY OK				
KETA-KIDS	13.4	E-M	OKLAHOMA CITY OK				
KWTV-News 9 Now	9.2	N-M	OKLAHOMA CITY OK				
100000000000000000000000000000000000000							
	Vyve Broadband         PRIMARY TRANSMITTERS         In General: In space G, carried by your cable syst         FCC rules and regulation         76.59(d)(2) and (4), 76.6         substitute program basis         Substitute Basis State         basis under specific FCC         • Do not list the station here, and         basis. For further info         Column 1: List each station         Column 2: Give the r         This may be different from         associated with a station         the same on the form.         Column 3: Indicate in         educational station, by elifor independent multicas         For the meaning of these         Column 4: Give the log         FCC. For Mexican or Ca         1. CALL         SIGN         KXII-CBS         KETA-PBS         KWTV-NEWS 9         KTEN-NBC         KXII-FOX         KTEN-ABC         KXII-MYNET         KETA-CREATE         KETA-CREATE         KETA-CREATE	Vyve Broadband J, LLC         PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every televis carried by your cable system during the accor FCC rules and regulations in effect on June 2 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76 substitute program basis, as explained in the Substitute Basis Stations: With respect 1 basis under specifc FCC rules, regulations, o         • Do not list the station here in space G—but station was carried only on a substitute ba         • List the station here, and also in space I, if t basis. For further information concerning s Column 1: List each station's call sign. Do Column 2: Give the number of the channel This may be different from the channel on wh associated with a station according to its over the same on the form. Column 3: Indicate in each case whether educational station, by entering the letter "N" (for independent multicast), "E" (for noncomm For the meaning of these terms, see page (iv Column 4: Give the location of each station FCC. For Mexican or Canadian stations, if an 1. CALL         1. CALL       2. B'CAST CHANNEL NUMBER         KXII-CBS       12         KETA-PBS       13         KWTV-NEWS 9       9.2         KTEN-NBC       10         KXII-FOX       11         KTEN-ABC       15.2         KXII-MYNET       17.2         KETA-OKLA       13.4	Vyve Broadband J, LLC         PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every television station (includi carried by your cable system during the accounting period, exc FCC rules and regulations in effect on June 24, 1981, permittin 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 7 substitute pasis Stations: With respect to any distant stati basis under specifc FCC rules, regulations, or authorizations:         • Do not list the station here, and also in space G – but do list it in space I station was carried only on a substitute basis.         • List the station here, and also in space I, if the station was car basis. For further information concerning substitute basis state Column 1: List each station's call sign. Do not report origina Column 2: Give the number of the channel on which the state This may be different from the channel on which your cab; e syst associated with a station according to its over-thje-air designati the same on the form.         Column 3: Indicate in each case whether the station is a ne educational station, by entering the letter "N" (for network), "N-N (for independent multicast), "E" (for noncommercial educational For the meaning of these terms, see page (iv) of the general in: Column 4: Give the location of each station. For U.S. station FCC. For Mexican or Canadian stations, if any, give the name of the station station and the set the station station for the meaning of these terms, see page (iv) of the general in: Column 4: Give the location of each station. For U.S. station FCC. For Mexican or Canadian stations, if any, give the name of the station station station station for the station station for undition station for the station station for undition station for the station station for undition station for the station for undit the station station for the station for und	Vyve Broadband J, LLC           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 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 stations, see page (v) of the general instructons. Column 2: Give the number of the channel on which the station is proade. If we shaton. Indentify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.           Column 2: Give the occase 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 network multicast). The for nonexommercial education of each station. For U.S stations, list the community to which the station is licensed by th FCC. For Mexican or Canadian stations, if any, give the name of the community which the station is licensed by th FCC. For Mexican			

## ACCOUNTING PERIOD: 2019/2

FORM SA1-2. F EGAL NAME OF		CABLE S	YSTEM:				SYSTEM ID#	Name	
Vyve Broad							030492		
PRIMARY TRANSMITTERS: RADIO n General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an III-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. Column 1: Identify the call sign of each station carried.									
Column 2: S	tate whether t	he statio	each station carried. n is AM or FM. nal was electronically processe	ed by the cable s	ystem as a se	parate a	nd discrete		
Column 4: G	live the station	n's locatio	a mark in the "S/D" column. The community to which the community with which the			C or, in t	he case of		
CALL SIGN	AM or FM	S/D		CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/D	LOCATION OF STATION		
	·								

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband J, LL		TEM:				SYSTEM ID# 030492
	SUBSTITUTE CARRIAGI	E: SPECI	AL STATEME	NT AND PROGRAM L	OG		
Substitute	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system can substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions.						
Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting per broadcast by a distant stat</li> <li>Note: If your answer is "No log in block 2.</li> <li>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</li> </ol>	r CONCEF iod, did yo toon? ", leave the <b>PROGRA</b> titute progr ace, please of every no distant sta gulations, o	RNING SUBS ur cable system e rest of this pa AMS am on a separ attach addition connetwork tele tion and that y or authorizatio	TITUTE CARRIAGE m carry, on a substitute b age blank. If your answer rate line. Use abbreviatio nal pages. vision program (substitut our cable system substitut ns. See page (v) of the g	asis, any nor is "Yes," you ns wherever e program) th uted for the p eneral instruc	network television progr <b>Yes</b> must complete the prog possible, if their meaning nat, during the accounting rogramming of another s ctions for further informat	IS tation ion.
	"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 mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a gram was substituted for pr effect on October 19, 1976.	Bulls." In was broad sign of the adcast statility adian statility adian statility adian statility adian statility (5/7." es when the Example: er "R" if the and regulation ogramming	idcast live, ent station broadc ion's location ( ons, if any, the when your sy e substitute pr a program car e listed program ions in effect c	er "Yes." Otherwise ente casting the substitute pro- the community to which the community with which the stem carried the substitu- ogram was carried by you ried by a system from 6:00 m was substituted for pro- luring the accounting per-	r "No." gram. he station is i te program. I ur cable syst 01:15 p.m. to gramming the iod; enter the ete under FC	licensed by the FCC or, i dentified). Jse numerals, with the m em. List the times accura 6:28:30 p.m. should be at your system was requi letter "P" if the listed pro	n ionth itely red
	SI	JBSTITUT 2. LIVE?	E PROGRAM	1			7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO — — — —	
				·			
						<del>_</del>	
				·			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 030492	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 transr (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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	259,606.50 (Amount of gross receipts)	
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions for more information.</li> </ul>	:263,80(	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		
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		
2. Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Enter the amount of gross receipts from space K	259,606.50	
5. Enter the amount from line 3	4,193.50	
6. Subtract line 5 from line 4	255,413.00	
7. Multiply line 6 by .005 (enter figure here)	\$ 1,277.07	
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	\$ 1,277.07	
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		
<b>IMPORTANT</b> : 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	
Name		TEM ID# 030492
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable       12         system carried television broadcast stations       12	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual to whom we can write or call about this statement of account.)	
for Further Information	Name Marie Censoplano Telephone 914-234-8313	
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) Fax (optional)	
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 identified as owner of the cable system in line 1 of space B.	I
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	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:	
Vyve Broadband J, LLC 03	80492 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 fol- lowing 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 sub- scribers 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.	P Special Statement Concerning Gross Receipts
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	Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENTS	
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.	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	-
	ays
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)	-
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, 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 Offce to collect the personally identifying information (PII)	) requested on th

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 filing, a determination that would be made by a court of law.