## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA3 Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

| FOR COPYRIGHT OFFICE USE ONLY |                      |  |  |  |
|-------------------------------|----------------------|--|--|--|
| DATE RECEIVED                 | AMOUNT               |  |  |  |
| 2-27-20                       | \$ ALLOCATION NUMBER |  |  |  |
|                               |                      |  |  |  |

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202)707-8150

For courier deliveries, see page ii of the general instructions.

| Accounting<br>Period | ł  | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)  January 1-June 30  |                 |            |          |  |  |  |  |  |
|----------------------|--|--|-----------------|------------|----------|--|--|--|--|--|
| B<br>Owner           | Giv  | INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  In line 2, list any other 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.  1 LEGAL NAME OF OWNER OF CABLE SYSTEM: |                 |            |          |  |  |  |  |  |
|                      |  | AMERICAN SAMOA ENTERTAINMENT   |                 |            |          |  |  |  |  |  |
|                      | 2  | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFEREN   | IT):            |            |          |  |  |  |  |  |
|                      | 3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM:  P.O. BOX 478 (Number, street, rural route, apartment, or suite number)  PAGO PAGO, AMERICAN SAMOA 96799 (City, town, state, zip)  |  |                 |            |          |  |  |  |  |  |
| C<br>System          | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. |  |                 |            |          |  |  |  |  |  |
| <b>Oy</b> 0.0        | IDENTIFICATION OF CABLE SYSTEM:  |  |                 |            |          |  |  |  |  |  |
|                      | 2  | MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)   |                 |            | ······   |  |  |  |  |  |
| D<br>Area            |  | Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.   |                 |            |          |  |  |  |  |  |
| Served               | CITY OR TOWN STATE   |  |                 |            |          |  |  |  |  |  |
| First ►              | PAGO PAGO AMERICAN SAMOA   |  |                 |            |          |  |  |  |  |  |
| Community            | Bel  | ow is a sample for reporting communities if you report multiple channel line-  | ups in Space G. |            | •        |  |  |  |  |  |
|                      |  | CITY OR TOWN (SAMPLE)  | STATE           | CH LINE UP | SUB GRP# |  |  |  |  |  |
| Sample ►             |  | da<br>liance   | MD MD           | А В        | 2        |  |  |  |  |  |
|                      |  | ring   | MD              | В          | 3        |  |  |  |  |  |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                                       |   |   |                            |  |  |  |  |
|--|---------------------------------------|---|---|----------------------------|--|--|--|--|
| AMERICAN SAMOA ENTERTAINMENT   |                                       |   |   |                            |  |  |  |  |
| 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 fillings. |                                       |   |   |                            |  |  |  |  |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.  |                                       |   |   |                            |  |  |  |  |
| If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).  |                                       |   |   |                            |  |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-channel line-up designated by an alpha-letter(s) (based on your Space G reportin (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns   | g) and a subs                         | sis, associate eacl<br>criber group desig | h community with a nated by a number    |                            |  |  |  |  |
| CITY OR TOWN   | STATE                                 | CH LINE UP                                | SUB GRP#                                |                            |  |  |  |  |
|  |                                       | [ · · · · · · · · · · · · · · · · · · ·   |   | , <b>◀</b> First Community |  |  |  |  |
|  | l                                     |   |   | Community                  |  |  |  |  |
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

AMERICAN SAMOA ENTERTAINMENT

## E

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BLOCK   | .1                    |                    | BLOCK 2                              |  |  |  |
|---|-----------------------|--------------------|--------------------------------------|--|--|--|
| CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIBERS | RATE               | CATEGORY OF SERVICE SUBSCRIBERS RATE |  |  |  |
| Residential:  • Service to first set  • Service to additional set(s)  • FM radio (if separate rate) | 2,329<br>470          | \$55.99<br>\$28.00 |                                      |  |  |  |
| Motel, hotel  | 60                    | \$10.00            |                                      |  |  |  |
| Commercial Converter  |                       |                    |                                      |  |  |  |
| Residential     Non-residential   |                       |                    |                                      |  |  |  |

# F

Services
Other Than
Secondary
Transmissions:
Rates

#### **SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES**

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

|   | BLOCK 1                     |  |                               |                     |      |  |
|---|-----------------------------|--|-------------------------------|---------------------|------|--|
| CATEGORY OF SERVICE   | RATE                        | CATEGORY OF SERVICE  | RATE                          | CATEGORY OF SERVICE | RATE |  |
| Continuing Services: Pay cable Pay cable—add'I channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter | \$9.99<br>\$0.00<br>\$50.00 | Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable—add'l channel  • Fire protection  • Burglar protection  Other services:  • Reconnect  • Disconnect  • Outlet relocation  • Move to new address | \$10.00<br>\$50.00<br>\$50.00 |                     |      |  |

FORM SA3. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: Name AMERICAN SAMOA ENTERTAINMENT PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: · Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately: for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). Channel For the meaning of these terms, see page (v) of the general instructions. Line-Up Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, identify the line-up in the far right column here in Space G based on your channel line-up reported in Space D. Use a separate space G for each channel line-up. 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** (Yes or No) CARRIAGE OF **STATION NUMBER** (If Distant) 2 **KVZK** Ε NO AMERICAN SAMOA **KVZK** 5 Ε NO AMERICAN SAMOA 7 Ε NO AMERICAN SAMOA **KVZK KVZK** Ε 8 NO AMERICAN SAMOA NO K11UU 11 AMERICAN SAMOA **KKHJ** ı NO AMERICAN SAMOA 13

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

#### AMERICAN SAMOA ENTERTAINMENT



Primary
Transmitters:
Radio

### **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 (vi) of the general instructions.

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 |
|-----------|-------------|--|---------------------|---------------------------------------|----------|-----|---------------------|
| KSBS      | FM          |  | PAGO PAGO           |                                       | _        |     | •                   |
| KKHJ      | FM          |  | PAGO PAGO           |                                       |          | _   |                     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM  |  |   |  |   |  |   | Name     |  |
| AMERICAN SAMOA ENTERTAINMENT   |  |   |  |   |  |   |          |  |
| SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (vi) of the general instructions.  |  |   |  |   |  |   |          |  |
| <ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>Yes</li> <li>No</li> <li>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.</li> </ul>   |  |   |  |   |  |   |          |  |
| 2. LOG OF SUBSTITUTE PRO In General: List each substitute clear. If you need more space, p Column 1: Give the title of e period, was broadcast by a dis station under certain FCC rule information. Do not use genera Love Lucy" or "NBA Basketball Column 2: If the program wa Column 3: Give the call sign Column 4: Give the broadca the case of Mexican or Canadia Column 5: Give the month ar first. Example: for May 7 give "s Column 6: State the times wi to the nearest five minutes. Ex stated as "6:00-6:30 p.m." Column 7: Enter the letter "R to delete under FCC rules and gram was substituted for progreffect on October 19, 1976. | e program blease atta very nonr stant station categoric 76ers vs s broadca of the sta st station an stations d day who for nen the su ample: a " if the list regulations | ach additional network televison and that young and that young as like "movies at live, enter tion broadcast is location (the spen your system abstitute program carried program was in effect duri | pages. sion program (substitute our cable system substitute our cable system substitute or "basketball." List "Yes." Otherwise enter ting the substitute programmunity to which the carried the substitute or many was carried by your ed by a system from 6 as substituted for program the accounting period. | e program) ituted for the ger specific pro "No." Iram. he station is program. U cable syste :01:15 p.m. ramming the od; enter the | that, during the a<br>he programming<br>teral instructions<br>ogram titles, for e<br>s licensed by the<br>identified).<br>se numerals, with<br>em. List the times<br>to 6:28:30 p.m.<br>at your system wa<br>e letter "P" if the | accounting of another for further example, "I FCC or, in the month accurately should be as required listed pro- |          |  |
| SUB  | STITUTE I  | PROGRAM   |  |   | SUBSTITUTE<br>GE OCCURRED  | 7. REASON   |          |  |
| 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No  | 3. STATION'S<br>CALL SIGN   | 4. STATION'S LOCATION  | 5. MONTH<br>AND DAY   | 6. TIMES<br>FROM — TO  | FOR<br>DELETION   |          |  |
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

#### AMERICAN SAMOA ENTERTAINMENT

J

Part-Time Carriage Log

#### PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

**Column 1 (Call sign):** Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.-3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m."

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|--|---------------------------------------|-------------------------|----------------------------|--------------|---|--------------|-------------|
|  | WHEN CA                               | RRIAGE OCCURRE          |                            | -            | WHEN CARRIAGE OCCURRED                  |              |             |
| CALL SIGN                              | DATE                                  | HOURS<br>FROM           | TO                         | SIGN         | DATE                                    | HOURS        | S<br>T      |
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| 01                  | GAO. FAGE F.   |   |
|---------------------|--|---|
| LEGAL               | NAME OF OWNER OF CABLE SYSTEM:   |   |
| AME                 | RICAN SAMOA ENTERTAINMENT  | ' Name  |
| Instr               | DSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service  | K   |
| (as id<br>page<br>G | dentified in space E) during the accounting period. For a further explanation of how to compute this amount, see (vii) of the general instructions.  iross receipts from subscribers for secondary transmission service(s)  uring the accounting period  | Gross Receipts  |
| IMP                 | ORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)   |   |
| COF                 | PYRIGHT ROYALTY AND FILING FEES ructions: Use the blocks in this space L to determine the royalty fee you owe:   | L   |
| · Co<br>· If y      | omplete block 1, showing your minimum fee. omplete block 2, showing whether your system carried any distant television stations. your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum e from block 1 on line 1 of block 4, and calculate the total royalty fee. your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule ecompanying this form and attach the schedule to your statement of account. | Copyright<br>Royalty Fee                                    |
|                     | part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of lock 3 below.   |   |
|                     | part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block below.  |   |
|                     | part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line in block 4 below.   |   |
| Block<br>1          | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.  |   |
|                     | Line 1. Enter the amount of gross receipts from space K  | Í   |
|                     | Line 2. Multiply the amount in line 1 by 0.01064   | ,   |
|                     | Enter the result here. This is your minimum fee.   |   |
|                     | This is your minimum fee   |   |
| Block<br>2          | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  Yes—Complete the DSE schedule.   |   |
|                     |  |   |
| Block<br>3          | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero   | •   |
|                     | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero  |   |
|                     | Line 3. Add lines 1 and 2 and enter here   |   |
| Block<br>4          | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger  |   |
|                     | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.   | Cable systems<br>submitting<br>additional<br>deposits under |
|                     | Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)  | Section 111(d)(7)<br>should contact<br>the Licensing        |
|                     | Line 4. FILING FEE: \$725.00   | Division for the  |
|                     | TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here   | appropriate form for submitting the additional fees.        |
|                     | Remit this amount via <i>electronic payment</i> payable to <i>Register of Copyrights</i> . (See page (i) of the general instructions for more information.)  |   |

| Name                                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | Name  |
|--|---|---|
|  | AMERICAN SAMOA ENTERTAINMENT  | - Tuine                                     |
| M<br>Channels                            | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televito its subscribers and (2) the cable system's total number of activated channels, during the activated total number of channels on which the cable system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  | 6   |
|  | and nonlineaded. Got vices in the second of | ,   |
| N Individual to Be Contacted for Further | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  ALA POASA  | 684-699-2759                                |
| Information                              | Name  | rea code)                                   |
|  | P.O. BOX 478 Address  |   |
|  | PAGO PAGO, AMERICAN SAMOA 96799 (City. town, state, zip)  | ······································      |
|  | Email (optional) Fax (optional)   |   |
| 0  | CERTIFICATION (This statement of account must be certified and signed in accordance with  | n Copyright Office regu-                    |
|  | lations, as explained in the general instructions.)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)   |   |
| Certification                            | (Owner other than corporation or partnership) I am the owner of the cable system as id  | entified in line 1                          |
|  | of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent the cable system as identified in line 1 of space B and that the owner is not a corporation of  |   |
|  | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legowner of the cable system in line 1 of space B.   | gal entity identified as                    |
|  | I have examined the statement of account and hereby declare under penalty of law that all contained herein are true, complete, and correct to the best of my cowledge, information made in good faith. [18 U.S.C. sec. 1001]  | statements of fact<br>, and belief, and are |
|  | Handwritten signature:  |   |
|  | Typed or printed name:  |   |
|  | Title: CEO  (Title of official position held in corporation or part)  | nership)                                    |
|  | Date: 02 21 1020  |   |

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