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 COVERED BY THIS STATEMENT: January 1-June 30, 2020 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 003833 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northland Cable Television, Inc (OTHELLO) 003833 2020/1 101 Stewart St. Suite 700 Seattle, WA 98101 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 Northland Cable Television MAILING ADDRESS OF CABLE SYSTEM: 254 N FIG ST 2 (Number, street, rural route, apartment, or suite number) MOSES LAKE, WA 98837 City, town, state, zip code Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE OTHELLO WA First Community WA ADAMS COUNTY 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 Office'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 suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2020/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Northland Cable Television, Inc (OTHELLO)							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
P								
D								
ontinued)								
Area								
Served								

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						0.14	TEM ID
Name	Northland Cable Televis	ion, Inc (O	THELL	_0)					00383
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in sp	pace E should	cover a	Ill categories of	seconda	ry transmission s	ervice of th	ne cable	
	system, that is, the retransmissio								
Secondary	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).								
Transmission Service: Sub-	Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi								
	Rate: Give the standard rate ch	-	-	-			-		
	unit in which it is generally billed. category, but do not include disco	· · ·	,		ny standa	ard rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ries of se	condarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity s						•		
	subscriber who pays extra for cal first set" and would be counted or						der "Servic	e to the	
	Block 2: If your cable system h						different fr	om those	
	printed in block 1 (for example, ti	•							
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tv	vo- or thr	ee-word descripti	on of the s	ervice is	
	sufficient.				<u>г</u>				
	BLC	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CA	TEGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		132	39.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		22	39.99					
	Converter								
	Residential				•••••				
	Non-residential								
	SERVICES OTHER THAN SECO	ONDARY TRA	NSMIS						
_				SIONS: RATES	S				
	In General: Space F calls for rate	e (not subscrib	er) info		-	all your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th	nose services t	hat are	rmation with re not offered in o	spect to a combination	ion with any seco	ondary trans	smission	
-	not covered in space E, that is, the service for a single fee. There are	nose services t e two exception	hat are ns: you	rmation with re not offered in a do not need to	spect to a combination give rate	ion with any seco	ondary trans cerning (1)	smission services	
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		LEGAL NAME OF OWN	NER OF CABLE SYS	TEM:	SYSTEM ID			
Name		Northland Cable	Television. Inc	(OTHELLO)	00383			
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	In General: In space G, identify e carried by your cable system duri FCC rules and regulations in effe 76.59(d)(2) and (4), 76.61(e)(2) a substitute program basis, as expl basis under specifc FCC rules, re • Do not list the station here in sp • List the station here, and also in This may be different from the ch associated with a station accordin the same on the form. educational station, by entering the	every television station (inclu- ing the accounting period, ex- ect on June 24, 1981, permitt and (4), or 76.63 (referring to lained in the next paragraph. Substitute Basis Sta egulations, or authorizations: hace G—but do list it in space station was carried or h space I, if the station was co- basis. For further info Column 1: List each Column 2: Give the r hannel on which your cab; e s ing to its over-thje-air designation Column 3: Indicate in the letter "N" (for network), "N	Accept (1) stations ca ing the carriage of a 76.61(e)(2) and (4) ations: With respect e I (the Special Stat hly on a substitute b arried both on a sul rmation concerning station's call sign. I number of the chan ystem carried the s ation. For example, n each case whethe I-M" (for network mi	bstitute basis and also on some other substitute basis stations, see page (v) of the Do not report origination program services su nel on which the station's broadcasts are can tation. Identify each multicast stream , report multicast stream "WETA-2" as er the station is a network station, an indepen ulticast), "I" (for independent), "I-M"	general instructions. ch as HBO, ESPN, etc. ried in its own community			
	For the meaning of these terms,	see page (iv) of the general Column 4: Give the I	instructions. ocation of each state e of the community	bncommercial educational multicast). tion. For U.S. stations, list the community to w with which the station is identifed.	which the station is licens			
	I. CALL SIGN	2. 0 0/101	3. TYPE	6. LOCATION OF STATION				
	1. CALL SIGN	CHANNEL	OF	6. LOCATION OF STATION				
		CHANNEL NUMBER	OF STATION					
	кауи	CHANNEL NUMBER 28	OF STATION N	SPOKANE, WA				
	KAYU KHQ	CHANNEL NUMBER 28 15	OF STATION N	SPOKANE, WA SPOKANE, WA				
	KAYU KHQ KNDU	CHANNEL NUMBER 28 15 26	OF STATION N N M	SPOKANE, WA SPOKANE, WA RICHLAND, WA				
	KAYU KHQ KNDU KREM	CHANNEL NUMBER 28 15 26 20	OF STATION N	SPOKANE, WA SPOKANE, WA RICHLAND, WA SPOKANE, WA				
	KAYU KHQ KNDU KREM KSKNCW	CHANNEL NUMBER 28 15 26 20 22	OF STATION N M N I	SPOKANE, WA SPOKANE, WA RICHLAND, WA SPOKANE, WA SPOKANE, WA				
	KAYU KHQ KNDU KREM KSKNCW KSPS	CHANNEL NUMBER 28 15 26 20 22 7	OF STATION N M N I E	SPOKANE, WA SPOKANE, WA RICHLAND, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA				
	KAYU KHQ KNDU KREM KSKNCW KSPS KXLY	CHANNEL NUMBER 28 15 26 20 22 7 13	OF STATION N M N I E N	SPOKANE, WA SPOKANE, WA RICHLAND, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA				
	KAYU KHQ KNDU KREM KSKNCW KSPS	CHANNEL NUMBER 28 15 26 20 22 7	OF STATION N M N I E	SPOKANE, WA SPOKANE, WA RICHLAND, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA				
	KAYU KHQ KNDU KREM KSKNCW KSPS KXLY	CHANNEL NUMBER 28 15 26 20 22 7 13	OF STATION N M N I E N	SPOKANE, WA SPOKANE, WA RICHLAND, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA				
	KAYU KHQ KNDU KREM KSKNCW KSPS KXLY	CHANNEL NUMBER 28 15 26 20 22 7 13	OF STATION N M N I E N	SPOKANE, WA SPOKANE, WA RICHLAND, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA				

ACCOUNTING PERIOD: 2020/1

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Northland Cable Television, Inc (OTHELLO) 003833 003833 PRIMARY TRANSMITTERS: RADIO 003833 003833 PRIMARY TRANSMITTERS: RADIO n General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an H III-band basis whose signals were "generally receivable" by your cable system during the accounting period. Primary Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, and the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. Primary	FORM SA1-2. PAGE 4.						NG PERIOD: 2020/		
 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. Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eccivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, and 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: 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 ignal, 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). 	LEGAL NAME O	FOWNER OF (Name
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 ignal, 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 Aexican or Canadian stations, if any, the community with which the station is identified).	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.						Primary Transmitters:		
CALL SIGN AM or FM SD LOCATION OF STATION CALL SIGN AM or FM SD LOCATION OF STATION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stat this by placing live the station	he statio ion's sigr g a check n's locatio	n is AM or FM. nal was electronically processe mark in the "S/D" column. on (the community to which the	e station is licens	ed by the FCC			
CALL SIGN AM OF FM SUD LOCATION OF STATION CALL SIGN AM OF FM SUD LOCATION OF STATION Image: Sign Sign Sign Sign Sign Sign Sign Sign									
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			 						
									
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	· ·						FORM	/I SA1-2. PAGE 5.
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	Northland Cable Televi	ision, Inc	(OTHELLO))				003833
Name Substitute Carriage: Special Statement and Program Log		Sion, Inc SPECIA fy every non counting pe ng that mus CONCER od, did you ion? concer bod, did you ion? concer bod bod, did you ion? concer bod bod bod bod bod bod bod bod bod bod	(OTHELLO) L STATEMEN anetwork televis riod, under spect t be included in NING SUBST r cable system rest of this pag MS mon a separa attach additionan network televi on and that you r authorizations vies" or "baske least live, enter station broadca on's location (th	IT AND PROGRAM LOC ion program broadcast by a cific present and former FC this log, see page (v) of the TUTE CARRIAGE carry, on a substitute bas the blank. If your answer is the line. Use abbreviations al pages. ision program (substitute p ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "P isting the substitute program the community to which the	a distant station C rules, regula <u>e general instru</u> is, any nonner "Yes," you mu "Yes," you mu wherever pos program) that, d for the prog eral instruction n titles, for exa No." am. station is lice	tions, or auth actions. twork televis ist complete sible, if their during the a ramming of a ns for further ample, "I Low	able system ca norizations. For ion program Yes the program meaning is ccounting another statio information. <i>re</i> Lucy" or	SYSTEM ID# 003833 arried on a or a further
	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 lette to delete under FCC rules a gram was substituted for pro effect on October 19, 1976.	e "5/7." es when the Example: a er "R" if the nd regulatic	substitute prog program carrie listed program ons in effect du	gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	cable system. 15 p.m. to 6:2 amming that y l; enter the let a under FCC r	List the time 8:30 p.m. sh our system v ter "P" if the	es accurately ould be vas required listed pro ulations in	
	S	SUBSTITUTE PROGRAM		CARR	IAGE OCC	URRED	7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	IMES	FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	_ то	
							_	
							_	
							_	
						-	_	
						_	_	
							_	
							_	
							_	
							_	

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	Nomo
Northland Cable Television, Inc (OTHELLO) 003	3833 ^{Name}
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle 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. 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.	
 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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information. 	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 this six-month accounting period is \$52.00	
Line 1. Royalty fee for accounting period \$ 52.0	<u>)0</u>
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	<u>)0</u>
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.0	0
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	
3. Subtract line 2 from line 1	
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	<u>)0</u>
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 \$ 263,800.00	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$ 1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	
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 page I of the general instructions for more information.	

ACCOUNTING PERIOD: 2020/1	ACCOUNTING	PERIOD:	2020/1
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		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Northland Cable Television, Inc (OTHELLO)	003833
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	ations
	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	8
	system carried television broadcast stations	-
	0. Estado total combos de alterta de base de	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	45
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone 9	14-235-8313
Information		
	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)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ons,
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified 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 s	ystem 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 identifed as own	er of the cable system
	in line 1 of space B.	
	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.	
	[18 U.S.C., Section 1001(1986)]	
	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: 8/27/2020	

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 suffciency of the fling, a determination that would be made by a court of law.

FORM	SA1-2.	PAGE	8.
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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."	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(g)(1)(A), of the Copyright Act by adding the fol- lowing santence. The determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers eaelying 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. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by subline carniers to satellite did owners? To The total here and list the satellite carrier(s) below. The TEREST ASSESSMENTS You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of hitrest statesessment, see page (viii) of the general instructions. Line 1 Enter the amount of late payment or underpayment. Enter 2 Multiply line 1 by the interest rate* and enter the sum here	Northland Cable Television, Inc (OTHELLO)	003833	Indille
Maing Address Maing Address Image: Complete this worksheet covering a statement of account already submitted as a result of a late payment or underpayment. Image: Complete this worksheet covering a statement of account already submitted as a result of a late payment or underpayment. Image: Complete this worksheet covering a statement of account already submitted as a result of a late payment or underpayment. Image: Complete this worksheet covering a statement of account already submitted as a result of a late payment or underpayment. Image: Complete this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served Image: Complete this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served Image: Complete this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served Image: Complete this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served Owner Address Image: Community served Image: Community served ID number First community served Image: Community served Image: Community served	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not ind scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmised by satellite carriers to satellite dish owners? X NO 	basic clude sub- n 119."	Special Statement Concerning Gross Receipts
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet complete this worksheet complete the sum here			
For an explanation of interest assessment, see page (viii) of the general instructions. Interest Line 1 Enter the amount of late payment or underpayment			
Assessment x Line 2 Multiply line 1 by the interest rate* and enter the sum here		payment.	Q
x	Line 1 Enter the amount of late payment or underpayment		
x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are 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 filling. Owner Address ID number First community served		days	
space L, (page 7)		- 274	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are 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	space L, (page 7) \$	- charge)	
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.		ce 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	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
Address ID number First community served			
First community served			
	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 this	Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying info	ormation (PII) requeste	d 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.