This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/31/2021	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
		Barcode Data Filing Period (optional - see instructions)								
Accounting Period										
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner		List any other name or names under which the owner conducts the business of the cable system.								
		If there were different owners during the 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.								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Entouch System Inc								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		11011 Richmond Ave, Suite 400 (Number, street, rural route, apartment, or suite number)								
		Houston, TX 77042-6723								
		(City, town, state, zip)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	ETS Cable Vision									
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	11011 Richmond Ave, Suite 400 (Number, street, rural route, apartment, or suite number)								
		Houston, TX 77042-6723								
	1	(City, town, state, zip code)								

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM I
Name	Entouch System Inc	609
	Instructions: List each separate community served by the cable system. A "community" is the	
D	separate and distinct community or municipal entity (including unincorporated communitie	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a	a form of system identification hereafter known as the "f
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home p	arks should be reported in parentheses below the identif
Served	city.	
	CITY OR TOWN	STATE
First	Cypress (Blackhourse Ranch)	TX
Community	Cypress (Coles Crossing)	TX
	Cypress (Cypress Creek Lakes)	TX
Rows as Necessary	Cypress (Lone Oak)	TX
	Cypress (Stablegate)	TX
	Cypress (Westgate)	TX
	Houston (Berkshire)	TX
	Houston (Summerwood)	TX
	Katy (Cardiff Ranch)	TX
-	Katy (Cinco Southwest)	TX
	Katy (Grayson Lakes)	TX
	Katy (Seven Meadows)	TX
	Missouri City (Sienna Plantation)	TX
	Missouri City (Riverstone)	TX
	Richmond (Long Meadow Farm)	TX
	Richmond (Riverpark West)	TX
	Richmond (Westeimer Lakes)	TX
	Richmond (Williams Ranch)	TX
	Rosharon (Sterling Lakes)	TX
	Spring (Spring Trails)	TX
	Spring (Gleannloch Farms)	TX
	Sugerland (Aliana)	TX
	Sugerland (Tellfair)	TX
	Sugerland (Riverstone)	TX
	,	

Accounting Period: 2021/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2. **SYSTEM ID# 60915**

Entouch System Inc

Ε

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.

BLG	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	4,707	54.37					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel	180	54.37					
Commercial	135	54.37					
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:		Installation: Non-residential			
• Pay cable		Motel, hotel		Expanded Basic	34.79
Pay cable—add'l channel		Commercial		Digital Tier (Premier P	15.00
Fire protection		• Pay cable		Sports Tier	6.95
•Burglar protection		Pay cable-add'l channel		America's Tier	4.95
Installation: Residential		Fire protection		Premium HD Tier	3.25
First set	89.99	Burglar protection			
Additional set(s)	50.00	Other services:			
FM radio (if separate rate)		Reconnect	50.00		
Converter		Disconnect			
		Outlet relocation	50.00		
		Move to new address	50.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Entouch System Inc

SYSTEM ID#

60915

PRIMARY TRANSMITTERS: TELEVISION

G

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.
- 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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial 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). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KETH - TBN HD	57	N	Houston, TX
KFTH - GRIT TV	668	N	Houston, TX
KFTH - UniMAS HD	83 / 298	N	Houston, TX
KHOU - Bounce	650	N	Houston, TX
KHOU - CBS HD	11 / 301	N	Houston, TX
KHOU - True Crime No	673	N	Houston, TX
KHOU - Quest	672	N	Houston, TX
KIAH - Antenna TV	664	N	Houston, TX
KIAH - Comet	665	N	Houston, TX
KIAH - Court TV	653	N	Houston, TX
KIAH - CW HD	5 / 305	N	Houston, TX
KLTJ - Daystar	99	N	Houston, TX
KPRC - Heroes & Icon	671	N	Houston, TX
KPRC - MeTV	663	N	Houston, TX
KPRC - NBC HD	12 / 302	N	Houston, TX
KPRC - Start TV	674	N	Houston, TX
KPXB - iON HD	7 / 315	N	Houston, TX
KRIV - FOX HD	9 / 300	N	Houston, TX
KRIV - Decades (was	669	N	Houston, TX
KTBU - Quest (was Mo	55	N	Houston, TX
KTMD - Telemundo HI	6 / 307	N	Houston, TX
KTMD - TeleXitos	651	N	Houston, TX
KTRK - ABC HD	13 / 304	N	Houston, TX
KTRK - LAFF	662	N	Houston, TX

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Entouch System Inc SYSTEM ID#

PRIMARY TRANSMITTERS: TELEVISION

G 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.
- 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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial 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). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTRK - Live Well HD	661	N	Houston, TX
KTXH - Buzzr	675	N	Houston, TX
KTXH - Movies	670	N	Houston, TX
KTXH - My TV HD	4 / 306	N	Houston, TX
KUBE - The Kube HD	56	N	Houston, TX
KUHT - Create	658	N	Houston, TX
KUHT - PBS HD	8 / 303	N	Houston, TX
KUHT - PBS Kids	124	N	Houston, TX
KXLN - Court TV Myst	667	N	Houston, TX
KXLN - Univision HD	10 / 299	N	Houston, TX
KYAZ - Azteca	2	N	Houston, TX
KZJL - Estrella TV	54	N	Houston, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Entouch System Inc 60915

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.

Н

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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- 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
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Accounting Perio	d: 2021/1 LEGAL NAME OF OWNER OF	CADLE CVCT							FORM	M SA1-2E. PAGE 5.	
Name	Entouch System Inc	CABLE 2121	EIVI:							SYSTEM ID# 60915	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO)G						
Substitute	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 (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE							
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and Program Log	roadcast by a distant station?										
Frogram Log	Note: If your answer is "No"		rest of this nac	e blank If your answer	ic "V	es " vou mi	set comple			INO	
	log in block 2.	, leave trie	rest of this pag	je blatik. II your ariswer	15 1	es, you me	ist comple	ie ilie į	program	11	
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for October 19, 1976.										
		LIBETITLIT				WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATIO	ıNı	5. MONTH AND DAY		TIMES	TO	7. REASON FOR DELETION	
		100 01 140	CALL SIGIV	1. 01/110110 200/110		THE BITT	TITOM		10		
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Accounting Period:	2021/1			FORM	SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Entouch System Inc				SYSTEM ID					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for th (as identified in space E) during the accounting period. For a further explanate page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross	e system's sation of how	secondary transmi to compute this a	ission service mount, see						
L Copyright Royalty Fee	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. Use block 3 if the amount of gross receipts in space K is more than \$263,800. See page (vi) of the general instructions located in the paper SA1-2 form for more	00 but less t	han \$527,600	63,800						
	BLOCK 1: GROSS RECEIPTS OF \$	137,100 OF	R LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royaccounting period is \$52.00	alty fee that	you must pay for th	is six-month						
	Line 1. Royalty fee for accounting period									
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8									
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR I	LESS (but r	more than \$137,1	100)						
	Base amount under statutory formula	\$	263,800.00	-						
	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									
	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)									
	Enter the amount of gross receipts from space K	\$	371,114.00							
	Base amount under statutory formula	\$	263,800.00	-						
	3. Subtract line 2 from line 1	\$	107,314.00	=						
	4. Multiply line 3 by .01		\$	1,073.14						
	5. Royalty due on the first \$263,800 of gross receipts (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 line	s 4, 5, and 6	· · · · · · · · · · · · · · · · · · ·	\$	2,392.14					
	FILING FEE AND TOTAL DEMITTANCE	DUE			, , , ,					
	FILING FEE AND TOTAL REMITTANCE	DUE								
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,392.14	=					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations	s)	\$	20.00	-					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3.			\$	2,412.14					
	Important: Your remittance must be in the form of an electronic p See page i of the general instructions in the paper S				ghts!					

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: n inc				SYSTEM ID# 60915
M Channels	Enter the total system carried Enter the total on which the or	s, and (2) the cable system's t	s n broadcast stations	nels during the acc	counting period.	36
N Individual to Be Contacted	individual to					
for Further Information	Name Address	Katie Lake 650 College Road Eas			Telephone (516-521-3549
		(Number, street, rural route, apartment of the princeton, NJ 08540 (City, town, state, zip)	ent, or suite number)			
	Email	katie.lake@rcn.r	net		Fax (optional	
•	CERTIFICATION (This statement of account mu	st be certified and signed in ac	cordance with Co	pyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check on	e, but only one, of the boxes.)			
	(Owner	other than corporation or pa	rtnership) I am the owner of the	e cable system as	identified in line 1 of space B;	or
			ion or partnership) I am the du		nt of the owner of the cable sys	stem as identified
		er or partner) I am an officer (if in line 1 of space B.	a corporation) or a partner (if a	partnership) of the	legal entity identified as owne	er of the cable system
		e, and correct to the best of my	ereby declare under penalty of la knowledge, information, and be			
			X /s/ Parisa Saleh	ani		
			Enter an electronic signature on t Enter signature using an "/s/ sign			
		Typed or printed	name: Parisa Salehan	ni		
		Title:	Senior Vice President e of official position held in corporation			
		Date:			8/30/21	

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

counting Period: 2021/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ntouch System Inc	60915
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	-
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
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 filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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