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.

8-30-21

DATE RECEIVED

SA1-2E Short Form

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

	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20211 Barcode Data Filing Period (optional - see instructions)
ting d		
		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.
er		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
		CCI Systems, Inc. (FKA Cable Constructors Inc)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Astrea MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 190 (Number, street, rural route, apartment, or suite number)
		(Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip)
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the 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.
m	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	1	(City, town, state, zip code)

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

FOR COPYRIGHT OFFICE USE ONLY

AMOUNT

ALLOCATION NUMBER

\$

for Secondary Transmissions by Cable Systems (Short Form) General instructions are located

STATEMENT OF ACCOUNT

in the first tab of this workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	6297				
D	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 filings.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile nome parks should be reported in parentheses below the identifie				
Served	city.					
	CITY OR TOWN	STATE				
First	Bonduel	WI				
Community	Krakow	WI				
	Nichols	WI				
d Rows as Necessary						

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID 6297
	CCI Systems, Inc. (FKA	Cable Cons	structo	ors Inc)					0201
-	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND RA	ATES				
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Secondary Transmission	last day of the accounting period	· · ·					e those exis	ung on the	
Service: Sub-	Number of Subscribers: Both						able system	ı, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block			-					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					I in the count u	inder "Servi	ce to the	
	first set" and would be counted o					convice that a	a different	from these	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.				1	-			
	BLO	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		15	45.00	Preferred Choice Premier Plus			96	70.0
	 Service to additional set(s) 				Premie	r Plus		32	96.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	S				
F	In General: Space F calls for rate	te (not subscri	per) info	rmation with re	spect to a	ll your cable sy	/stem's serv	vices that were	
F	not covered in space E, that is, t					-	-		
Services	service for a single fee. There an furnished at cost or (2) services	•			•		υ.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			-		-		-	
Transmissions:	Block 1: Give the standard rat			-				twore not	
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	•			Shea. Eist				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	TUTE		ation: Non-res		TUTE	0,1120		TUTE
	• Pay cable	18.95		tel, hotel			Showti	me & TMC	14.9
	• Pay cable—add'l channel	11.95		mmercial			Stars 8	Encore Tier	12.9
	Fire protection		• Pay	/ cable			• ••••••••••••••	Cinemax Tier	27.9
	•Burglar protection		-	/ cable-add'l ch	nannel				
	Installation: Residential		5	e protection					
	• First set		• Bur	glar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)			connect					
	• Converter			connect			1		
				CONTICCL					
	Convertor			tlet relocation					

	LEGAL NAME OF OWNER O			SYSTEM				
Name				629				
	CCI Systems, Inc. (FKA Cable Constructors Inc) PRIMARY TRANSMITTERS: TELEVISION							
G Primary nsmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC	lentify every television station (including tr em during the accounting period, except (s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. \mathbf{s} : With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (the	(1) stations carried only on a part-tin e carriage of certain network program (e)(2) and (4))]; and (2) certain stati rried by your cable system on a sub-	ne basis under ms [sections ions carried on a stitute program				
	basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann	nel number the FCC assigned to the telev	see page (v) of the general instruction ogram services such as HBO, ESPI air designation. For example, report	ons. N, etc. Identify each rt multistream				
	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				
	WBAY	8	N	Green Bay, WI				
	WBAY WBAY HD	642	N	Green Bay, WI Green Bay, WI				
ows as Necessary								
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
ows as Necessary	WBAY HD WFRV	642 5	N N	Green Bay, WI Green Bay, WI Green Bay, WI				
ws as Necessary	WBAY HD WFRV WFRV HD	642 5 640	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI				
ws as Necessary	WBAY HD WFRV WFRV HD WCWF	642 5 640 10	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI				
ws as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
ows as Necessary	WBAY HD	642	N	Green Bay, WI				
	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				

								SYSTEM II
JCI Systems	5, INC. (FKA	Cable	Constructors Inc)					629
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be receint the Co sign of e the station ion's sign g a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the	t the system's heasystem's heasystem's FM ante his point, see page his by the cable s	adend, and (2 nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the			0 01, 111		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	onstructors	Inc)				62970
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
l	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instru	ictions in the p	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No	. leave the	rest of this pag	e blank. If vour answer is '	'Yes." vou mι	ust complete t	-	
	log in block 2.	,		o blaint in jour allonoi lo	, journe		ine pregrai	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	;
	clear. If you need more spa				rogropp") the	t during the		
	period, was broadcast by a			sion program ("substitute p ur cable system substituted				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo						
		n was broad		"Yes." Otherwise enter "N				
		0		sting the substitute progra e community to which the		ncod by the F	CC or in	
	the case of Mexican or Can							
				em carried the substitute p			ith the mor	nth
	first. Example: for May 7 giv							
	Column 6: State the time to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example. a	i program carne	eu by a system nom 0.01.	15 p.m. to 0.2	o.50 p.m. sno		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	• •	our system wa	s permitted to delete unde	r FCC rules a	ind regulation	is in	
								1
	S	UBSTITUT	E PROGRAM			N SUBSTIT	RRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES TO	DELETION
						_		

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	CCI Systems, Inc. (FKA Cable Constructors Inc)		62970
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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 receipts.	ission service mount, see	1,551.52 bss receipts)
	COPYRIGHT ROYALTY FEE		<u> </u>
L 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 \$2 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 located in the paper SA1-2 form for more information. 	63,800	
	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 th accounting period is \$52.00	is six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	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		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	-	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross 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 lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		its!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM: c. (FKA Cable Constructor	rs Inc)			SYSTEM ID# 62970
M Channels	to its subscribers 1. Enter the total system carried	, and (2) the cable system's to number of channels on which	the cabl	s on which the cable system carried television er of activated channels during the accountir		4
	on which the c	able system carried television cast services	broadca			144
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account		RMATION IS NEEDED (Identify an individual	I to whom	
for Further Information		Kelly Tuttle			Telephone	906-776-2662
		105 Kent St. (Number, street, rural route, apartme Iron Mountain, MI 4980 (City, town, state, zip)		number)		
	Email	kelly.tuttle@ccisy	/tems.co	m Fax	(optional 906-828-328	39
0	CERTIFICATION (T	This statement of account mus	st be cert	fied and signed in accordance with Copyrigh	t Office regulations)	
Certification		I, hereby certify that (Check one other than corporation or par		r <i>one</i> , of the boxes.)) I am the owner of the cable system as identifi	ied in line 1 of space E	3; or
	ir	n line 1 of space B and that the	owner is	rtnership) I am the duly authorized agent of the not a corporation or partnership; or tion) or a partner (if a partnership) of the legal 6		
	I have examined t	e, and correct to the best of my l	-	are under penalty of law that all statements of f e, information, and belief, and are made in goo		
			Enter an e	/s/ Jacob Mulaikal lectronic signature on the line above to certify th ature using an "/s/ signature" (e.g., /s/ John Smit		
		Typed or printed n		Jacob Mulaikal		
			CFO of official	position held in corporation or partnership)	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.

AL NAME OF OWNER OF CABLE SYSTEM: Systems, Inc. (FKA Cable Constructors Inc) SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 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? NO YES. Enter the total here and list the satellite carrier(s) below	SYSTEM ID 6297(P Special Statement Concerning Gross Receipts Exclusion
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? NO	P Special Statement Concerning Gross
 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? NO 	- Special Statement Concerning Gross
	1
Name Name Mailing Address Mailing Address	-
	<u>+</u>
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	-
* 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 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	

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