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@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	20211 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							
	Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965  BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	· · · · ·							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	3330 State Highway 11B (Number, street, rural route, apartment, or suite number)							
	Nicholville, NY 12965 (City, town, state, zip)							
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes 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.	se						
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MyEVTV							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(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.

Silic Network Solutions, Inc. 3330 SH 11B, Nicholville, NY 12985  Instructions Use each separate community seemed by the cale system. A "community" is the same as a "community seem" as defined in PCC ruse.  Area munity" Please use in set the first community or all fusive filing.  Person as in set the first community or all fusive filing.  Person as in set the first community or all fusive filing.  Person as in set the first community or all fusive filing.  Person as in set the first community or all fusive filing.  Person as in set the first community or all fusive filing.  Person as in set the first community or all fusive filing.  Person as in set the first community or all fusive filing.  Person as the first community or all fusive filing.  Person as the first community or all fusive filing.  Person as the first community or all fusive filing.  Person as the first community or all fusive filing.  Person as the first community or all fusive filing.  Person as the first community or all fusive filing.  Person as the first community or all fusive filing.  Person as the first community or all fusive filing.  Person as the first community.  Person as the first community or all fusive filing single distribution for the filin		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated areas). "A 7C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the community." Please use it as the first community that you list will serve as a form of system identification hereafter known as the community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident of city.  CITY OR TOWN STATE  Johnsburg New York  Dickinson New York  Moira New York  Brandon New York  Canton New York  Star Lake New York  Piercefield New York  Wanakena New York  Wanakena New York  Lisbon New York  Pierrepont New York  Ciffon New York  Ciffon New York  Pierrepont New York  Waddington New York  Ciffon New York  Parishville New York  Sangor New York  Bangor New York  Stockholm New York  Clare New York  Madrid New York  Madrid New York  Mee York  New Yo	Name		
separate and distinct community or municipal entity (including unincorporated communities within 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 community." Please use it as the first community on all future filings.  Note: Entitles and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.  CITY OR TOWN STATE  Johnsburg New York  Dickinson New York  Moira New York  Brandon New York  Canton New York  Star Lake New York  Piercefield New York  Wanakena New York  Fine New York  Fine New York  Potsdam New York  Potsdam New York  Cilifon New York  Piercepont New York  Cilifon New York  Parishville New York  Cilifon New York  Parishville New York  Bangor New York  Stockholm New York  Stockholm New York  Ciare New York  New York  New York  Madrid New York  New York  New York  Madorid New York  Madone New York			
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Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63749

Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965

## 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	982	39.90			
Service to additional set(s)	1,339	5.95			
• FM radio (if separate rate)					
Motel, hotel	15	39.90			
Commercial					
Converter					
Residential	2,321	5.95			
Non-residential	23	5.95			
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# 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel	149.00		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	149.00		
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	149.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	100/hr		
		Move to new address			

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

Name

Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965

SYSTEM ID# 63749

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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
WTEN	10.1	N	Albany, NY
WVNY	22.1	N	Burlington, NY
wwti	50.1	N	Watertown, NY
WCAX	3.1	N	Burlington, NY
WRGB	6.1	N	Albany, NY
WWNY	7.1	N	Watertown, NY
WCWN	45.1	N	Schenectady, NY
WWTI-2	50.2	N-M	Watertown, NY
WFFF	44.1	N	Plattsburgh, NY
WNYF	7.2	N	Watertown, NY
WXXA	23.1	N	Albany, NY
WCWN-2	45.2	N-M	Schenectady, NY
WPTZ-2	5.2	I-M	Plattsburgh, NY
WNYA	51.1	I-M	Albany, NY
WNYT	13.1	N	Albany, NY
WPTZ	5.1	N	Plattsburgh, NY
WXXA-2	23.2	I-M	Albany, NY
WCFE	57.1	E	Plattsburgh, NY
WMHT	17.1	E	Albany, NY
WNPI	18.1	E	Norwood, NY
WRGB-2	6.2	I-M	Albany, NY
СВОТ	4	n	Ottawa, ON
СЈОН	11	N	Ottawa, ON

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965

63749

### 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 CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION CALL SIGN AM OR FM S/D	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									FOR	M SA1-2E. PAGE 5.
Name	Slic Network Solutions			Nicholville, NY 12965	5					SYSTEM ID# 63749
Substitute	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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. I explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2									For a further
Carriage:	1. SPECIAL STATEMENT			• • • • • • • • • • • • • • • • • • • •		,				
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Program Log	broadcast by a distant stat	ion?							YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Y	es," you mu	ust comple	te th	ne prograi	m
	log in block 2.									
	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 to delete under FCC rules and regulations in									
	effect on October 19, 1976.  WHEN SUBSTITUTE									
	S		E PROGRAM				AGE OCC			7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	6. FROM	TIM	ES TO	5227.011
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ccounting Period:	2021/1	FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	S	6374
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute thi 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.	ismission service is amount, see	9,650.70
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 but less than or equal to  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.	o \$263,800	
	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 accounting period is \$52.00	or this six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · · · ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)	
	1. Base amount under statutory formula	0	
	2. Enter amount of gross receipts from space K	0	
	3. Subtract line 2 from line 1	0	
	4. Enter the amount of gross receipts from space K	199,650.70	
	5. Enter the amount from line 3	64,149.30	
	6. Subtract line 5 from line 4	135,501.40	
	7. Multiply line 6 by .005 (enter figure here)	\$	677.51
	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	\$	677.51
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5.	27,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	0	
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	677.51	
otal Remittance Due			
	Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	697.51
	EFT Trace # or TRANSACTION ID # Ref 2625880		
	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 and the Excel instructions tab for		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Slic Network Solutions,		B, Nicho	lville, NY 12965		SYSTEM ID# 63749
M Channels	_			s on which the cable system carried television broa er of activated channels during the accounting per		
	Enter the total number of system carried television	23				
	Enter the total number of on which the cable system and nonbroadcast serving the serving system.	em carried television	n broadca			305
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an individual to wh	nom	
for Further Information	Name <b>Kevin</b>	Lynch			Telephone	315.328.9050
		tate Highway 1'		number)		
	Nichol (City, town,	ville, NY 12965 state, zip)	<b>;</b>			
	Email	kevin.lynch@slic.	com.	Fax (optio	nal	
0	CERTIFICATION (This state	ment of account mus	st be certi	fied and signed in accordance with Copyright Offic	e regulations)	
Certification	• I, the undersigned, hereby of	certify that (Check one	e, but only	one, of the boxes.)		
	(Owner other tha	n corporation or pai	rtnership	) I am the owner of the cable system as identified in I	line 1 of space E	3; or
				rtnership) I am the duly authorized agent of the owner not a corporation or partnership; or	er of the cable s	ystem as identified
	X (Officer or partn in line 1 of		a corpora	tion) or a partner (if a partnership) of the legal entity i	dentified as owr	ner of the cable system
		rect to the best of my	-	are under penalty of law that all statements of fact co e, information, and belief, and are made in good faith		
			X	/s/ Bradley Pattelli		
				lectronic signature on the line above to certify this state ature using an "/s/ signature" (e.g., /s/ John Smith)	ement.	
		Typed or printed r	name:	Bradley Pattelli		
			CEO e of official	oosition held in corporation or partnership)		
		Date:		8/26/2	021	

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.

Accounting Period: 2021/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63749 Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965 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-P 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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** 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 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. വ For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment days 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@copyright.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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Accounting period