## 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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
3/30/22	\$					
	ALLOCATION NUMBER					

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

For courier deliveries, see page ii of the general instructions

A	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:					
Accounting Period		January 1-June 30, 202	1					
Bowner	rate	f there are any changes, draw a line through the absidiary of another corporation, give the full corporation of the cable system.  In the last day of the accounting period should substing period.  In the assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		4 International Dr Suite 330			2021/1			
	INIC	Rye Brook, NY 10573	ciones ou trade nomes would to ide	tife the business and an aution of the system				
C				ntify the business and operation of the systen e system, if different from the address given				
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM	:					
	2	(Number, street, rural route, apartment, or suite no	umber)					
		(City, town, state, zip code)						
	las			A Hanney with this the angular and the second				
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 entitiy (including unincorporated communities 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			•	use it as the first community on all future filin	•			
Served		e: Entities and properties such as hidentified city.	otels, apartments, condiminiums, c	or mobile home parks should be reported in p	aratheses below			
		CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First		onticello	AR					
Community		ew County	AR					
	WI	Imer	AR					
1								

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 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.

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM									
	Vyve Broadband A, LLC	CTATE	OLTY OR TOWN	OTATE						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
D										
ontinued)										
Area										
Served										

Rates

FORM SA3, PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 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 blocks in space E call for the number of subscribers to the cable system, broken scribers and

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.

BLO	OCK 1	BLOCK 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
<ul> <li>Service to first set</li> </ul>	1,071	28.50	
<ul> <li>Service to additional set(s)</li> </ul>			
<ul> <li>FM radio (if separate rate)</li> </ul>			
Motel, hotel			
Commercial	190	28.50	
Converter			
Residential			
Non-residential			
	·	T	

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	CATEGO	RY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	19.95	<ul> <li>Motel, hotel</li> </ul>				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
<ul> <li>Fire protection</li> </ul>		• Pay cable				
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
<ul> <li>First set</li> </ul>	64.95	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	39.95			
<ul> <li>Converter</li> </ul>		Disconnect				
		<ul> <li>Outlet relocation</li> </ul>	20.00			
		<ul> <li>Move to new address</li> </ul>	39.95			

Name	LEGAL N	NAME OF OWNER	OF CABLE SYSTEM:	SYSTEM ID					
	Vyve Broadband A, LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
	In General: In space G, identify every tele	vision station (incl	luding translator eta	tions and law navar talavisian stations)					
G	carried by your cable system during the ac	,	_	·					
	FCC rules and regulations in effect on Jur	• .	,	· · · · · · · · · · · · · · · · · · ·					
Primary	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a								
ransmitters: Television	substitute program basis, as explained in			any distant stations carried by your cable system on a substitute prog					
relevision	basis under specifc FCC rules, regulation		•	any distant stations carried by your cable system on a substitute prog					
	• Do not list the station here in space G—			atement and Program Log)—if the					
			n a substitute basis.						
	• List the station here, and also in space I			ubstitute basis and also on some other stitute basis stations, see page (v) of the general instructions.					
				of the pasts stations, see page (v) of the general instituctions.  It report origination program services such as HBO, ESPN, etc.					
	Column	2: Give the numb	er of the channel o	n which the station's broadcasts are carried in its own community.					
	This may be different from the channel on	•	-	•					
	associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as								
	the same on the form.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme								
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"								
	(for independent multicast), "E" (for nonco			noncommercial educational multicast).					
	For the meaning of these terms, see page			For LLS, stations, list the community to which the station is licensed.					
		<b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1 00. For Modell of Canadian Stations, if any, give the name of the community with which the Station is Identified.								
	4 0011	O D'CACT	2 TVDE	C LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION					
	SIGN	NUMBER	STATION						
	KETS-PBS 2 HD	2	OTATION						
			E	Little Rock, AR					
	KARK-NBC 4 HD		E N	Little Rock, AR Little Rock, AR					
	KARK-NBC 4 HD KATV-ABC 7 HD	4 7	N	Little Rock, AR					
	KATV-ABC 7 HD	4		Little Rock, AR Little Rock, AR					
		4 7	N	Little Rock, AR					
	KATV-ABC 7 HD KASN-CW 38 HD	4 7 38	N N I	Little Rock, AR Little Rock, AR Pine Bluff, AR					
	KATV-ABC 7 HD KASN-CW 38 HD KTHV-CBS 11 HD	4 7 38 11	N N I	Little Rock, AR Little Rock, AR Pine Bluff, AR Little Rock, AR					
	KATV-ABC 7 HD KASN-CW 38 HD KTHV-CBS 11 HD KARZ-MNT 42 HD	4 7 38 11 42	N N I	Little Rock, AR  Little Rock, AR  Pine Bluff, AR  Little Rock, AR  Little Rock, AR					
	KATV-ABC 7 HD KASN-CW 38 HD KTHV-CBS 11 HD KARZ-MNT 42 HD KLRT-FOX 16 HD	4 7 38 11 42 16	N N I	Little Rock, AR  Little Rock, AR  Pine Bluff, AR  Little Rock, AR  Little Rock, AR  Little Rock, AR					
	KATV-ABC 7 HD KASN-CW 38 HD KTHV-CBS 11 HD KARZ-MNT 42 HD KLRT-FOX 16 HD KVTN-IND 25 HD	4 7 38 11 42 16 25	N N I N I	Little Rock, AR  Little Rock, AR  Pine Bluff, AR  Little Rock, AR  Little Rock, AR  Little Rock, AR  TOPEKA KS					
	KATV-ABC 7 HD KASN-CW 38 HD KTHV-CBS 11 HD KARZ-MNT 42 HD KLRT-FOX 16 HD KVTN-IND 25 HD KETS-Create 2.2	4 7 38 11 42 16 25 2.2	N N I N I I I E-M	Little Rock, AR  Little Rock, AR  Pine Bluff, AR  Little Rock, AR  TOPEKA KS  Little Rock, AR					
	KATV-ABC 7 HD KASN-CW 38 HD KTHV-CBS 11 HD KARZ-MNT 42 HD KLRT-FOX 16 HD KVTN-IND 25 HD KETS-Create 2.2 KETS-PBS Kids 2.3	4 7 38 11 42 16 25 2.2 2.3	N N I N I I E-M E-M	Little Rock, AR  Little Rock, AR  Pine Bluff, AR  Little Rock, AR  TOPEKA KS  Little Rock, AR  Little Rock, AR					
	KATV-ABC 7 HD KASN-CW 38 HD KTHV-CBS 11 HD KARZ-MNT 42 HD KLRT-FOX 16 HD KVTN-IND 25 HD KETS-Create 2.2 KETS-PBS Kids 2.3 KETS-World 2.4	4 7 38 11 42 16 25 2.2 2.3 2.4	N N I N I I I E-M E-M	Little Rock, AR  Little Rock, AR  Pine Bluff, AR  Little Rock, AR  Little Rock, AR  Little Rock, AR  TOPEKA KS  Little Rock, AR  Little Rock, AR  Little Rock, AR					
	KATV-ABC 7 HD KASN-CW 38 HD KTHV-CBS 11 HD KARZ-MNT 42 HD KLRT-FOX 16 HD KVTN-IND 25 HD KETS-Create 2.2 KETS-PBS Kids 2.3 KETS-World 2.4 KARK-Laff 4.2	4 7 38 11 42 16 25 2.2 2.3 2.4 4.2	N	Little Rock, AR  Little Rock, AR  Pine Bluff, AR  Little Rock, AR					
	KATV-ABC 7 HD  KASN-CW 38 HD  KTHV-CBS 11 HD  KARZ-MNT 42 HD  KLRT-FOX 16 HD  KVTN-IND 25 HD  KETS-Create 2.2  KETS-PBS Kids 2.3  KETS-World 2.4  KARK-Laff 4.2  KARZ-Bounce 42.2	4 7 38 11 42 16 25 2.2 2.3 2.4 4.2	N	Little Rock, AR  Little Rock, AR  Pine Bluff, AR  Little Rock, AR  Little Rock, AR  Little Rock, AR  TOPEKA KS  Little Rock, AR					
	KATV-ABC 7 HD KASN-CW 38 HD KTHV-CBS 11 HD KARZ-MNT 42 HD KLRT-FOX 16 HD KVTN-IND 25 HD KETS-Create 2.2 KETS-PBS Kids 2.3 KETS-World 2.4 KARK-Laff 4.2 KARZ-Bounce 42.2 KATV-Comet TV 7.2	4 7 38 11 42 16 25 2.2 2.3 2.4 4.2 42.2 7.2	N	Little Rock, AR  Little Rock, AR  Pine Bluff, AR  Little Rock, AR  Little Rock, AR  Little Rock, AR  TOPEKA KS  Little Rock, AR  Little Rock, AR					

LEGAL NAME OF	FOWNER OF (	CABLE SY	YSTFM·					SYSTEM ID#	Name
Vyve Broadk			. • . =					OTOTEW ID#	Name
Tyve Broads	Jana A, EE								
PRIMARY TRA									
	•		rried on a separate and discr						Н
all-band basis w	vhose signals	were "ge	enerally receivable" by your ca	ab	ole system during	g the accounti	ng perio	d.	
Special Instruc	ctions Conce	rnina All	-Band FM Carriage: Under (	Cd	opyright Office re	egulations an	FM sign	al is generally	Primary
-		_	tem whenever it is received a			-	_	-	Transmitters:
` '	•	-	ved at the headend, with the		•	•	•	•	Radio
	•		Copyright Office regulations	-	•				
			each station carried.	٠.	роли, осо	page (r) or an	90		
	•	•	n is AM or FM.						
			nal was electronically process	se	d by the cable s	vstem as a se	parate a	ind discrete	
		_	mark in the "S/D" column.			,	•		
-			on (the community to which the	he	station is licens	ed by the FC0	C or, in t	he case of	
			the community with which the			-	,		
			•			,			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Name	LEGAL NAME OF OWNER OF		ТЕМ:					SYSTEM ID#		
Name	Vyve Broadband A, LL	С								
Substitute Carriage: Special Statement and Program Log	IDIOQUEQUE DV A UISIAITE STATIOTE									
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst	PROGRA	MS	·						
	clear. If you need more space Column 1: Give the title of period, was broadcast by a sunder certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call of Column 4: Give the broad the case of Mexican or Canac Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes.	ce, please a of every nor distant static gulations, of es like "more Bulls." In was broad sign of the static adian static adian static atth and day be "5/7."	attach additional nnetwork televition and that your authorizations vies" or "basked deast live, enter station broadcaton's location (thous, if any, the county when your systems substitute programmers.	al pages. sion program (substitute pur cable system substitute s. See page (v) of the gen sball." List specific program "Yes." Otherwise enter "I sting the substitute progra e community to which the community with which the em carried the substitute gram was carried by your	program) that, and for the program titles, for extending the station is licented station is ider program. Use cable system	during the a gramming of a ns for further ample, "I Lowensed by the ntified).  I have numerals, we numerals, we have the time	ccounting another static information. The Lucy or FCC or, in with the montes accurately	h		
	stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a gram was substituted for proeffect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if the	listed pro			
	S	UBSTITUT	E PROGRAM			JBSTITUTE OCCURRE		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. T FROM –	IMES - TO	FOR DELETION		
		 			-					
					-	_	== <mark></mark>			
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						_				
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Vyve Broadband A, LLC		Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	mission service	<b>K</b> Gross Receipts
during the accounting period	(Amount of 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  • 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.	\$263,800	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 accounting period is \$52.00  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 LESS (but more than \$137,	100)	
1. Base amount under statutory formula	-	
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	218,163.39	
5. Enter the amount from line 3	45,636.61	
6. Subtract line 5 from line 4	172,526.78	
7. Multiply line 6 by .005 (enter figure here)	\$ 862.63	
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	\$ 862.63	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
Enter the amount of gross receipts from space K		
2. Base amount under statutory formula	<del>-</del>	
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)		
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		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See p general instructions for more information.	age I of the	

ACCOUNTING PERIOD: 2021/1
FORM SA1-2. PAGE 7.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Vyve Broadband A, LLC	
	CHANNELS	
M	<b>Instructions</b> : You must give (1) the number of channels on which the cable system carried television broadcast	stations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	Enter the total number of channels on which the cable	17
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	190
	and nonbroadcast services	
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	Name Mario Conconlano	014 225 9212
for Further Information	Name Marie Censoplano Telephone	914-235-8313
	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) 914-234-836	3
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regu	lations
0	as explained in the general instructions.)	ations,
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 identifed in line 1 of space	o Pr or
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	e b, oi
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab	e system 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 a in line 1 of space B.	owner of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact containance true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	ned herein
	Handwritten signature: /s/ Daniel J White	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)	
	Date: 8/27/2021	

**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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Vyve Broadband A, LLC	Name
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."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	Concerning Gross Receipts
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?	Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
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.	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** 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 filing.	
Owner	
Address	
ID number	
ID number 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 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.