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
1/27/2022	\$ 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	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		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.
		T
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Coastal Link Communications, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 2008 (Number, street, rural route, apartment, or suite number)
		Brazoria, TX 77422 (City, town, state, zip)
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
<u> </u>	 	Now, and and the sour

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.

Accounting Period:	2021/2	
	1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Coastal Link Communications, LLC	63077
	Instructions: List each separate community served by the cable system. A "commu	
D	separate and distinct community or municipal entity (including unincorporated corunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will:	
	community." Please use it as the first community on all future filings.	serve as a form of system identification hereafter known as the first
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the identified
Area	city.	Theme parks should be reported in parentheses below the identified
Served		
	CITY OR TOWN	STATE
First	Brazoria	Texas
Community	Jones Creek	Texas
Add Rows as Necessary		
,		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63077

Coastal Link Communications, LLC

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	618	41.49	Basic Expanded	573	52.50	
Service to additional set(s)	2,265	4.99	Digital Package	361	17.50	
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Premium 1	13.95
Pay cable—add'l channel		Commercial		Premium 2	10.95
Fire protection		• Pay cable		Premium 3	9.95
•Burglar protection		Pay cable-add'l channel		Premium 4	9.95
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)		Other services:			
FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Coastal Link Communications, LLC

SYSTEM ID# 63077

G

Primary Transmitters: Television

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
KFTH-DT	36	I-M	Alvin, TX
KFTH-HD	36.1	l	Alvin, TX
KFTH2	36.2	I-M	Alvin, TX
KHOU	11	N-M	Houston, TX
KHOU2	11.1	N-M	Houston, TX
KHOU-HD	11.2	N	Houston, TX
KHOU3	11.3	N-M	Houston, TX
KIAH-DT	38	I-M	Houston, TX
KIAH-HD	38.1	l	Houston, TX
KLTJ	23	I	Galveston, TX
KPRC-DT	35	N-M	Houston, TX
KPRC-HD	35.1	N	Houston, TX
KPRC3	35.2	N-M	Houston, TX
KPRC4	35.3	N-M	Houston, TX
KRIV-DT	26.1	I-M	Houston, TX
KRIV-HD	26	I	Houston, TX
KTMD-DT	48	I-M	Galveston, TX
KTMD-HD	48.1	l	Galveston, TX
KTRK-DT	13	N-M	Houston, TX
KTRK-HD	13.5	N-M	Houston, TX
KTRK2	13.1	N-M	Houston, TX
KTRK2-HD	13.4	N-M	Houston, TX
KTRK3-HD	13.2	N	Houston, TX
KTRK4	13.3	N-M	Houston, TX

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Coastal Link Communications, LLC

SYSTEM ID# 63077

G

Primary Transmitters: Television 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
KTXH-DT	19	I-M	Houston, TX
KTXH-HD	19.1	I	Houston, TX
KUBE-TV	31	I	Baytown, TX
KUBE-HD	31.1	I-M	Baytown, TX
KUHT-DT	8	E-M	Houston, TX
KUHT-HD	8.3	E	Houston, TX
KUHT2Create	8.1	E-M	Houston, TX
KUHT3	8.2	E-M	Houston, TX
KXLN-DT	45	I-M	Rosenberg, TX
KXLN-HD	45.1	I	Rosenberg, TX
KXLN3	45.2	I-M	Rosenberg, TX
KYAZ	25	I	Katy, TX
KYAZ-HD	25.1	I-M	Katy, TX
KZJL-DT	44	I	Houston, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Coastal Link Communications, LLC

63077

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		CADLE CVCT	ENA.						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF C									SYSTEM ID# 63077
	SUBSTITUTE CARRIAGE	: SPECIA	STATEMEN	T AND PROGRAM I C)G					
Substitute	In General: In space I, identifications substitute basis during the acceptanation of the programmi	fy every non ecounting pe	network televis	ion program, broadcast b	oy a o	rules, regula	ations, or au	uthoriz	zations. F	or a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE						
Special	During the accounting peri				asis	any nonne	twork telev	ision	nrogram	1
Statement and	broadcast by a distant stat		r cable cycloni	ourry, orra outomate to	uo.o,	, any nomi				V
Program Log	Note: If your answer is "No"		root of this noo	to blank. If your answer	ic "V	/os " vou mi	ist comple		YES	INO
	log in block 2.	, leave trie	rest or this pag	le biank. Il your answer	15 1	es, you m	ust comple	ie ine	prograi	11
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, received to the categorie of the column 2: If the program Column 3: Give the call of Column 4: Give the broad the case of Mexican or Canace Column 5: Give the monofirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00—6:30 p.m." Column 7: Enter the letted to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian static th and day e "5/7." es when the Example: a er "R" if the nd regulatio	m on a separa add additional in the twork televion and that yo rauthorizations vies" or "basked cast live, enterestation broadca on's location (the ins, if any, the ownen your system of the program carrielisted program ons in effect du	sows to the tables. sion program ("substitutur cable system substitutur cable system substitutur cable system substitutur cable system substitutur. List specific program "Yes." Otherwise enter sting the substitute program was carried by you tend by a system from 6:00 was substituted for progring the accounting peri	te pruted ener ram "Nogram he state prur casultate prusaltate gram gram iod; e	rogram") that for the program instruction titles, for exp." a. tation is liceration is ider rogram. Use able system 5 p.m. to 6:2 mming that yenter the let	at, during the content of the conten	ne according another info er info ove L e FC0 , with mes a should n was e liste	counting ther stat ormatior ucy" or C or, in the monaccurated be required ed progra	ion n. Ith Ty
						WHE	N SUBST	TTUT	E	
	S	<u>UBSTITUT</u>	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	N	5. MONTH AND DAY	6. FROM	TIMES —	TO	522211011
								_		
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Accounting Period:	2021/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Coastal Link Communications, LLC				63077
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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.	stem's sec of how to	condary transmi compute this a	ssion service mount, see	9,363.09 oss receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less thai ormation.	n \$527,600	63,800	
				41-	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	ee that you	ı must pay tor tni	s 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 2. Interest draige. Lines the amount norm line 4, space Q, page 0			_	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K		159,363.09		
	3. Subtract line 2 from line 1	\$	104,436.91		
	4. Enter the amount of gross receipts from space K		. \$ 1	59,363.09	
	5. Enter the amount from line 3		\$ 1	04,436.91	
	6. Subtract line 5 from line 4		\$	54,926.18	
	7. Multiply line 6 by .005 (enter figure here)			\$	274.63
	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 ar	nd 8		\$	274.63
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but I	ess than \$527,	600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00	•	
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross 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	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)		. \$	274.63	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \dots		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	294.63
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		nts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER Coastal Link Comm					SYSTEM ID# 63077
M Channels	to its subscribers, and 1. Enter the total num system carried tele	d (2) the cable system's to ober of channels on which evision broadcast stations	otal numb	els on which the cable system carried te ber of activated channels during the ac ble	ecounting period.	. 38
	on which the cable	nber of activated channels system carried television services	n broadca			200
N Individual to Be Contacted		CONTACTED IF FURTH t this statement of accour		DRMATION IS NEEDED (Identify an inc	lividual to whom	
for Further Information		de Aucoin			Telephon	e 979-798-2121
	(Num	D. Box 2008 ber, street, rural route, apartm azoria, TX 77422 town, state, zip)	nent, or suite	ite number)		
	Email	wade@btel.com			Fax (optional	
0	CERTIFICATION (This :	statement of account mu	st be certi	rtified and signed in accordance with Co	opyright Office regulations)
Certification		reby certify that (Check one		ly one, of the boxes.) p) I am the owner of the cable system as	identified in line 1 of space	B; or
				artnership) I am the duly authorized ager s not a corporation or partnership; or	nt of the owner of the cable	system as identified
		partner) I am an officer (if e 1 of space B.	f a corpora	ration) or a partner (if a partnership) of the	e legal entity identified as o	vner of the cable system
		d correct to the best of my		clare under penalty of law that all stateme lge, information, and belief, and are made		1
			X	/s/ Wade A. Aucoin		_
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name:	Wade A. Aucoin		
				President Integrated Services (position held in corporation or partnership)		
		Date:			1/27/2022	

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.

		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
pastal Link Communications, LLC		63077
SPECIAL STATEMENT CONCERNING GROSS RECEII The Satellite Home Viewer Act of 1988 amended Title 17, section 11 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broad scribers and amounts collected from subscribers receiving se For more information on when to exclude these amounts, see the not located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amount made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below.	anounts paid to the cable system for the basic dcast transmitters, the system shall not include subscondary transmissions pursuant to section 119." te on page (vii) of the general instructions unts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submit For an explanation of interest assessment, see page (viii) of the general		Q
Line 4. Entroller amount of late annual to a sure demands		Interest Assessment
Line 1 Enter the amount of late payment or underpayment		
	X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum	here	
Line 3 Multiply line 2 by the number of days late and enter the sum	here	
Line 3 Multiply line 2 by the number of days late and enter the sum Line 4 Multiply line 3 by 0.00274** and enter here		
	x 0.00274 3 line 6 \$ -	
Line 4 Multiply line 3 by 0.00274** and enter here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here	x 0.00274 \$	
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