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					
2/28/2022	\$				
	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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner		List any other name or names under which the owner conducts the business of the cable system.					
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.					
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63543				
		т.					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	DIRECTV, LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		2260 E Imperial Hwy Room 839					
		(Number, street, rural route, apartment, or suite number)					
		El Segundo, CA 90245 (City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp					
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)					

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	DIRECTV, LLC	6354
D	Instructions: List each separate community served by the cable system. A "community" is the separate and distinct community or municipal entity (including unincorporated communities wunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a focommunity." Please use it as the first community on all future filings.	same as a "community unit" as defined in FCC rules: "a vithin unincorporated areas and including single, discret
_	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home park	s should be reported in parentheses below the identifi
Area Served	city.	
	CITY OR TOWN	STATE
First	HARLINGEN	TX
Community	ALTON	TX
	Brownsville	TX TV
Rows as Necessary	CAMERON UNINCORPORATED COUNTY	TX TV
	EDINBURG HIDALGO UNINCORPORATED COUNTY	TX TX
	MCALLEN	TX
	MISSION	TX
	Penitas	TX
	PHARR	TX
	South Padre Island	TX

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

DIRECTV, LLC

63543

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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	493	\$19	HD Tech Fee	281	\$10.00
Service to additional set(s)			Set-Top Box	507	\$0- \$15 \$8.99-
• FM radio (if separate rate)			Broadcast TV Surcharge	493	\$9.99
Motel, hotel					
Commercial	14	\$20			
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
					\$0-
• Pay cable		Motel, hotel		Video on Demand	\$100
					\$0-
Pay cable—add'l channel	\$5-\$199	Commercial		Service Activation Fee	\$35
					\$0-
Fire protection		• Pay cable		Credit Management Fe	\$449
Burglar protection		Pay cable-add'l channel		Dispatch on Demand	\$99
					\$0-
Installation: Residential		Fire protection		Wireless Receiver	\$49
First set	\$0-\$199	Burglar protection		HD Premium Tier	\$10
 Additional set(s) 		Other services:		DVR Upgrade Fee	\$105
• FM radio (if separate rate)		Reconnect	\$0-\$35	Vacation Hold	\$7
Converter		Disconnect		Progran Downgrade Fo	\$5
		Outlet relocation	\$0-\$55	Non-return Equip Fee	0-\$150
		Move to new address			

Accounting Period: 2021/2

Page 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
DIRECTV, LLC

SYSTEM ID#

63543

PRIMARY TRANSMITTERS: TELEVISION

G
Primary
Transmitters:

Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCWT-CD/KCWTCH	21/1021	I	La Feria, TX
KFXV-LD/KFXVLH	60/1060	l	McAllen, TX
KLUJ	44	I	Harlingen, TX
KNVO/KNVOHD	48/1048	l	McAllen, TX
KRGV/KRGVHD	5/1005	N	Weslaco, TX
KTFV-CD	32	l	McAllen, TX
KTLM/KTLMHD	40/1040	l	Rio Grande City, TX
KVEO/KVEOHD	23/1023	N	Brownsville, TX
KVEOD2/KVEOH2	23/1023	N	Brownsville, TX
XERV/XERVHD	9/1009	l	Reynosa, Tamaulipas
XHAB/XHABHD	7/1007	I	Matamoros, Tamaulipas

Add Rows as Necessary

Accounting Period:	2021/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	DIRECTV, LLC			63543				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	during the accounting period, except	translator stations and low power televi (1) stations carried only on a part-time	basis under				
Primary Transmitters:	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.							
Television			arried by your cable system on a substi	tute program				
	•		ne Special Statement and Program Log	y)—if the				
	• List the station here, and a basis. For further informatio Column 1: List each station	s.						
	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				

ccounting Period:	2021/2		FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DIRECTV, LLC		S	YSTEM ID 6354
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ama all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transm o compute this a	ission service mount, see	4,122.53 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 less the Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for t	his 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 r	nore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00	=	
	2. Enter amount of gross receipts from space K	174,122.53	<u>-</u>	
	3. Subtract line 2 from line 1	89,677.47		
	4. Enter the amount of gross receipts from space K	\$	- 174,122.53	
	5. Enter the amount from line 3	. \$	89,677.47	
	6. Subtract line 5 from line 4		84,445.06	
	7. Multiply line 6 by .005 (enter figure here)			422.23
	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		\$	422.23
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	it less than \$527	7,600)	
	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		=	
	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 otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	422.23	
Due	2. 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		\$	442.23
	Important: Your remittance must be in the form of an electronic payment pay: See page i of the general instructions in the paper SA1-2 form forms.	-		nts!

Accounting Period: 2	2021/2					FORM SA1-2E. PAGE 7.		
Name	LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:				SYSTEM ID# 63543		
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable							
			S			20		
	2 Enter the total nur	mber of activated channel						
	on which the cable	e system carried televisio				594		
N Individual to Be Contacted		CONTACTED IF FURTH at this statement of accoun	ER INFORMATION IS NEED	DED (Identify an inc	dividual to whom			
for Further Information	Name My	riam Nassif			Telephone	310-964-1930		
inomation	(Nur	60 E Imperial Hwy mber, street, rural route, apartm Segundo, CA 9024	ent, or suite number)					
	(City	/, town, state, zip)						
	Email	mn112s@att.com	n		Fax (optional			
	CERTIFICATION (This	s statement of account mu	st be certified and signed in a	accordance with Co	pyright Office regulations)			
O Certification	• I, the undersigned, he	ereby certify that (Check on	e, but only one, of the boxes.)					
	(Owner other	er than corporation or pa	rtnership) I am the owner of t	he cable system as	identified in line 1 of space E	3; or		
			ion or partnership) I am the co		nt of the owner of the cable s	ystem as identified		
		partner) I am an officer (if le 1 of space B.	a corporation) or a partner (if a	partnership) of the	legal entity identified as own	er of the cable system		
		nd correct to the best of my	ereby declare under penalty of knowledge, information, and b					
			X /s/ Michael Sar	ntogrossi				
			Enter an electronic signature or Enter signature using an "/s/ sig		•			
		Typed or printed	name: Michael Santo	grossi				
			Vice President – Fina e of official position held in corporati					
		Date:			February 22, 2022			

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ounting Period: 2021/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RECTV, LLC	63543
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 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.	Neceipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	4
Name Mailing Address Mailing Address	
INTEDECT ACCECOMENT	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* 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 Accounting period	-
/ tooodinaring portion	

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