ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

January 1-June 30, 2022

	INSTE	RUCTIONS:										
B Owner												
		e 2. list any other 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.											
		7 7 1 7 0 0 0 1	Filing Period									
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*00									
		Vyve Broadband J, LLC										
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):										
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	_									
	3											
		Four International Drive, Suite 330	_									
		(Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573										
		(City, town, state, zip)	1									
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these										
С	name	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:	1									
		2504 Westwood Rd										
	2	(Number, street, rural route, apartment, or suite number)	1									
		Westlake, LA 70669										
		(City, town, state, zip code)	1									

	BLOC					
E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		182	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	• FM radio (if separate rate)					
Rates	Motel, hotel					
	Commercial		38	65.99		
	Converter					
	Residential					
	Non-residential					
		BLO	OCK 1			
	CATEGORY OF SERVICE	RATE	/ICE	RATE		
F	Continuing Services:		Instal	lation: Non-resi		
	Pay cable	19.95		 Motel, hotel 	T&M	
Services	 Pay cable—add'l channel 	15.95		 Commercial 		T&M
Other Than	Fire protection	N/A		 Pay cable 		T&M
Secondary	 Burglar protection 	N/A		• Pay cable-add'	l channel	T&M
Transmissions:	Installation: Residential			• Fire protection		N/A
Rates	First set	59.99		 Burglar protect 	ion	N/A
	Additional set(s)	19.99	Other	services:		
	• FM radio (if separate rate)	N/A		 Reconnect 		29.99
	Converter	-		 Disconnect 		-
				Outlet relocation		29.99
				Move to new a	ddress	29.99

BLOCK 1

	CHANNELS											
M	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.											
Channels	Enter the total number of channels on which the cable											
	1. Enter the total number of channels on which the cable											
	system carried television br	oadcast stations										
	2. Enter the total number of ac	ctivated channels				_						
	on which the cable system	carried television broadcast static	ons		148							
	and nonbroadcast services				. 140							
						-						
N	we can write or call about this	CTED IF FURTHER INFORMATION	ON IS NEEDED: (I	dentity an individual to whom								
Individual to	we can write or can about this	statement of account.)										
Be Contacted	Mana	Maria Canaanlana		Talantan a	044 024 0242							
for Further Information	Name	Marie Censoplano		Telephone	914-234-8313							
	Address	Four International Drive	e. Suite 330									
		(Number, street, rura		or suite number)								
		Rye Brook, NY 10573										
		(City, town, state, zip	p)			•						
	Email (optional)			Fax (optional)		•						
	CEPTIFICATION /This statemen	t of account must be certifed and	signed in accorda	nce with Convright Offce regu	lations							
0	as explained in the general instru		signed in accorda	nice with Copyright Office regu	ilations,							
Certifcation	· -	tify that (Check one, but only one	, of the boxes.)									
2011110011011	, , ,		,									
	(Owner other than corpo	oration or partnership) I am the	owner of the cable	system as identifed in line 1	of space B: or							
	(-,								
	•	nan corporation or partnership) B and that the owner is not a corp	-	-	he cable system as identified							
	iii iiio i oi opaco E	s and that the owner to not a corp.	oration of partitions	, inp, or								
	(Officer or partner) I am	an officer (if a corporation) or a p	oartner (if a partne	ship) of the legal entity identi	fed as owner of the cable syste	em						
	in line 1 of space E	3.										
	I have examined the statement	t of account and hereby declare ι	inder nenalty of lay	w that all statements of fact or	ontained herein							
		t to the best of my knowledge, inf										
	[18 U.S.C., Section 1001(1986											
	Handwritten signature:											
	Typed or printed name: Daniel J. White											
	Title: SVP - Financial Planning											
				tion held in corporation or partne	rship)							
		Date:		8/27/2021								

2. B'cast

Channel	3. Type of
Cilailiei	J. Type of

	Citatillei	3. Type of	
1. Call Sign	Number	Station	6. Location of Station
KLTL-HD 18 (PBS) Lake Charles	18	Е	Lake Charles
KLTL-PBS Create	18.3	E-M	Lake Charles
KLTL-PBS Kids	18.4	E-M	Lake Charles
KPLC 7 HD (NBC) Lake Charles	7	N	Lake Charles
KPLC-Bounce 7.3 Lake Charles	7.3	I-M	Lake Charles
KPLC-CW 7.2 Lake Charles	7.2	I-M	Lake Charles
KPLC-GritTV 7.4 Lake Charles	7.4	I-M	Lake Charles
KSWL-CBS 17 Lake Charles, LA HD	17	N	Lake Charles
KVHP (FOX) Lake Charles HD	29	I-M	Lake Charles
KVHP (ABC) Lake Charles HD	29.2	N-M	Lake Charles
KWWE-MyNetwork	19	I-M	Lake Charles

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

Return to:

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						
8/29/2022	\$ ALLOCATION NUMBER						

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

Α	AC	COUNTING PERIOD COVERED	BY THIS STATEMENT:						
Accounting Period		January 1-June 30, 202	2						
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. 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.								
	LE	GAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM						
		Vyve Broadband J, LLC							
				00)24282	20221			
					002428	2022/1			
		Four International Drive, St Rye Brook, NY 10573	uite 330						
С		, 0		fy the business and operation of the system ur system, if different from the address given in s					
System	1	IDENTIFICATION OF CABLE SYSTEM:		-,,					
	MAILING ADDRESS OF CABLE SYSTEM: 2504 Westwood Rd (Number, street, rural route, spartment, or sulte number) Westlake, LA 70669 (City, town, state, zip code)								
D	in F	CC rules: "a separate and distinct co	mmunity or municipal entitiy (includ	"community" is the same as a "community un ling unincorporated communities within unincor	rporated	ed			
Area Served	of s Not	ystem identification hereafter known	as the "first community." Please us	5(dd). The first community that list will serve as se it as the first community on all future filings. mobile home parks should be reported in para		ow			
 .	V:	CITY OR TOWN	STATE	CITY OR TOWN	STA	ATE			
First Community		nder en Parish	LA LA						
	Elt	on	LA						
	Ob	erlin	LA						

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.

Form SA1-2c Rev 04/2011

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband J, LLC

SYSTEM ID#

002428

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.

OCK 1	BLOCK 2				
NO. OF			NO. OF		
SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
182	25.00				
38	65.99				
	NO. OF SUBSCRIBERS 182	NO. OF SUBSCRIBERS RATE 182 25.00 38 65.99	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 182 25.00 38 65.99	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 182 25.00 38 65.99	

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	RATI
Continuing Services:		Installation: Non-residential			
Pay cable	19.95	Motel, hotel	T&M		
 Pay cable—add'l channel 	15.95	Commercial	T&M		
 Fire protection 	N/A	• Pay cable	T&M		
Burglar protection	N/A	Pay cable-add'l channel	T&M		
Installation: Residential		Fire protection	N/A		
• First set	59.99	Burglar protection	N/A		
 Additional set(s) 	19.99	Other services:			
 FM radio (if separate rate) 	N/A	Reconnect	29.99		
Converter		Disconnect			
		Outlet relocation	29.99		
		 Move to new address 	29.99		

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband J, LLC

SYSTEM ID#

002428

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 specifc 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. **Column 2:** Give the number of the channel on which the station's broadcasts are carried in its own community.

This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream 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 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.

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	6. LOCATION OF STATION
KLTL-HD 18 (PBS) Lake	18	E	Lake Charles
KLTL-PBS Create	18.3	E-M	Lake Charles
KLTL-PBS Kids	18.4	E-M	Lake Charles
KPLC 7 HD (NBC) Lake Cha	7	N	Lake Charles
KPLC-Bounce 7.3 Lake Cha	7.3	I-M	Lake Charles
KPLC-CW 7.2 Lake Charles	7.2	I-M	Lake Charles
KPLC-GritTV 7.4 Lake Char	7.4	I-M	Lake Charles
KSWL-CBS 17 Lake Charles	17	N	Lake Charles
KVHP (FOX) Lake Charles I	29	I-M	Lake Charles
KVHP (ABC) Lake Charles I	29.2	N-M	Lake Charles
KWWE-MyNetwork	19	I-M	Lake Charles

FORM SA1-2. F LEGAL NAME OF Vyve Broadi	F OWNER OF (YSTEM:					SYSTEM ID# 002428	Name
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 the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried.									Primary Transmitters: Radio
Column 2: S Column 3: If	State whether t the radio stat	the statio	each station carried. on is AM or FM. nal was electronically process onark in the "S/D" column.	se	d by the cable s	ystem as a se	parate a	nd discrete	
			on (the community to which t the community with which the				C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ī	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						l			
				-					
						l			
		 		-		 			
				-					
				-					
				_		l			
				-					
						l			
				-					
				-		l			
		ļ		-		 			
				_					
		ļ		_		 			
				-					

1	ı	11	ı		
				<u> </u>	

							FURI	VI 3A 1-2. PAGE 3.
Name	LEGAL NAME OF OWNER OF Vyve Broadband J, LL		EM:				,	8YSTEM ID# 002428
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 carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?							
	SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R FOR D		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	TO	
1							_	

FORM SA1-2. F	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 002428	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission servi (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)		K Gross Receipts
	during the accounting period.	38,216.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amoun	t of gross receipts)	
Instructions: • • • •	ROYALTY FEE 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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 If the general instructions for more information.		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 this six-mon accounting period is \$52.00	th	
	Line 1. Royalty fee for accounting period	52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	00_	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00	
	EFT Trace # or TRANSACTION ID # Not A	vailable	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info	ormation.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Vyve Broadband J, LLC	002428				
	OLIANDIELO.					
R.A	CHANNELS					
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations				
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.					
Onamicis	1. Enter the total number of channels on which the cable					
	system carried television broadcast stations	11				
	2. Enter the total number of activated channels					
	on which the cable system carried television broadcast stations	148				
	and nonbroadcast services	140				
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom					
14	we can write or call about this statement of account.)					
Individual to						
Be Contacted						
for Further	Name Marie Censoplano Telephone 9	914-234-8313				
Information						
	Address Four International Drive, Suite 330					
	(Number, street, rural route, apartment, or suite number)					
	Rye Brook, NY 10573					
	(City, town, state, zip)					
	Email (optional) Fax (optional					
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula	tions,				
0	as explained in the general instructions.)					
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 B; or					
	(Agent of owner other than corporation or partnership) I am the duly outberized agent of the copies of the cobie system as identified					
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 identified as owner of the cable system in line 1 of space B.					
	·					
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.					
	[18 U.S.C., Section 1001(1986)]					
	Q 1 9 0114:4.					
	Handwritten signature: /s/ Daniel J White					
	Typed or printed name: Daniel I White					
	Typed or printed name: Daniel J. White					
	Title: SVP - Financial Planning					
	(Title of official position held in corporation or partnership)					
	Date: 8/22/22					

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	002428	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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see	the basic of include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction During the accounting period did the cable system exclude any amounts of gross receipts for secondary trained by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.		Concerning Gross Receipts Exclusion
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 ur For an explanation of interest assessment, see page (viii) of the general instructions.	ıderpayment.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	o ,	
** 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 C list below the owner, address, first community served, ID number, and accounting period as given in the or		
Owner Address		
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.