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

FOR COPYRIGHT	OFFICE USE ONLY	ema
DATE RECEIVED	AMOUNT	cor
8/31/2022	\$	For con Offi
	ALLOCATION NUMBER	(20

Return completed workbook by email to

oplicsoa@copyright.gov

or additional information, ontact the U.S. Copyright Office Licensing Division at 202) 707-8150.

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/2 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		BEE LINE INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 2276
		(Number, street, rural route, apartment, or suite number)
		SKOWHEGAN ME 04976 (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 unless these 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)
Briveou Act Notice	· Soction	a 111 of Title 17 of the United States Code authorizes the Convricts Office to collect the personally identifying information (PII) requested on this

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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	BEE LINE INC	32
D	Instructions: List each separate community served by the cable system. A "comr separate and distinct community or municipal entity (including unincorporated o unincorporated 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. Note: Entities and properties such as hotels, apartments, condominiums, or mot	munity" is the same as a "community unit" as defined in FCC rules: ' communities within unincorporated areas and including single, disc serve as a form of system identification hereafter known as the "fil
Area Served	city.	
	CITY OR TOWN	STATE
First	FARMINGTON	ME
Community	WILTON	ME
	INDUSTRY	ME
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM IC
Name	BEE LINE INC	ADEE OT OT EIM.						010	329
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission	•		•		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					-		
Rates	each category by counting the n								
	separately for the particular serv							wa and the	
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				y otanida		o manir a		
	Block 1: In the left-hand block	•		0		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					I in the count un	der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-h	and block. A two	o- or thre	e-word descripti	on of the s	service is	
	sufficient.	OCK 1		П			BLOC	< 2	
		NO. OF		5.75				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Service to first set		968	41.58					
	Service to additional set(s)		896	N/C					+
	• FM radio (if separate rate)								†
	Motel, hotel		6	137.38					1
	Commercial		6	80.60					
	Converter								ļ
	Residential								ļ
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
F	In General: Space F calls for rate				pect to a	ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t					,			
Services	service for a single fee. There an furnished at cost or (2) services		,		,		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		ho ophic	evetor for one	b of the	applicable convi	oog ligtod		
Fransmissions: Rates	Block 2: List any services that					• •		t were not	
	listed in block 1 and for which a				hed. List	these other service	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	the ra	te for each.					
		BLO	-					BLOCK 2	-
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	PP		tion: Non-resid el, hotel	iential	20.00			
	Pay cable Add'l channel	FF		nmercial		20.00			+
	Fire protection			cable		20.00			t
	•Burglar protection		· ·	cable-add'l cha	nnel				†
	Installation: Residential		• Fire	protection					[
	• First set	20.00	• Burg	glar protection					
	 Additional set(s) 	20.00	Other s	ervices:					
	• FM radio (if separate rate)			onnect		20.00			ļ
			Diec						
	Converter			connect					
	• Converter		• Out	connect et relocation ve to new addres		20.00 20.00			

	LEGAL NAME OF OWNER C	IF CABLE SYSTEM:		SYSTEM
Name	BEE LINE INC			
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary smitters: levision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, W Column 3: Indicate in eacl educational station, by enter	entify every television station (including tra em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph. s: With respect to any distant stations carr- rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried b on concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a	I) stations carried only on a part-ti carriage of certain network progr. e)(2) and (4))]; and (2) certain statistic ied by your cable system on a su Special Statement and Program both on a substitute basis and also be page (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repo- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep	ime basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream : the air in its community a noncommercial pendent), "I-M"
	For the meaning of these to Column 4: Give the location	erms, see page (iv) of the general instruction of each station. For U.S. stations, list th adian stations, if any, give the name of the	ions in the paper SA1-2 form. he community to which the station	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCSH	6	Ν	PORTLAND ME
	WCSH-2	6.2	N-M	PORTLAND ME
vs as Necessary	WCSH-3	6.3	N-M	PORTLAND ME
	WCSH-4	6.4	N-M	PORTLAND ME
	WPFO	23	N	PORTLAND ME
	WPFO-2	23.2	N-M	PORTLAND ME
		23.3	N. N.	
	WPFO-3	23.3	N-M	PORTLAND ME
	WSBK	23.3	N-M	BOSTON MA
	WSBK	21	N	BOSTON MA
	WSBK WABI	21 13	N N	BOSTON MA BANGOR ME
	WSBK WABI WABI-2	21 13 13.2	N N N-M	BOSTON MA BANGOR ME BANGOR ME
	WSBK WABI WABI-2 WABI-3	21 13 13.2 13.3	N N N-M N-M	BOSTON MA BANGOR ME BANGOR ME BANGOR ME
	WSBK WABI WABI-2 WABI-3 WVII	21 13 13.2 13.3 7	N N N-M N	BOSTON MA BANGOR ME BANGOR ME BANGOR ME BANGOR ME
	WSBK WABI WABI-2 WABI-3 WVII WVII-2	21 13 13.2 13.3 7 7.2	N N-M N-M N N-M	BOSTON MA BANGOR ME BANGOR ME BANGOR ME BANGOR ME BANGOR ME
	WSBK WABI WABI-2 WABI-3 WVII WVII-2 WMTW	21 13 13.2 13.3 7 7.2 8	N N N-M N N N-M N	BOSTON MA BANGOR ME BANGOR ME BANGOR ME BANGOR ME BANGOR ME POLAND SPRINGS ME
	WSBK WABI WABI-2 WABI-3 WVII WVII-2 WMTW WMTW-2	21 13 13.2 13.3 7 7 7.2 8 8 8.1	N N-M N-M N N-M N-M N-M	BOSTON MA BANGOR ME BANGOR ME BANGOR ME BANGOR ME BANGOR ME POLAND SPRINGS ME POLAND SPRINGS ME
	WSBK WABI WABI-2 WABI-3 WVII WVII-2 WMTW WMTW-2 WMTW-3	21 13 13.2 13.3 7 7.2 8 8 8.1 8.2	N N N-M N-M N N-M N-M N-M N-M	BOSTON MA BANGOR ME BANGOR ME BANGOR ME BANGOR ME BANGOR ME POLAND SPRINGS ME POLAND SPRINGS ME
	WSBK WABI WABI-2 WABI-3 WVII WVII-2 WMTW WMTW-2 WMTW-3 WMEB	21 13 13.2 13.3 7 7.2 8 8.1 8.2 25	N N-M N-M N-M N-M N-M N-M N-M E	BOSTON MA BANGOR ME BANGOR ME BANGOR ME BANGOR ME BANGOR ME POLAND SPRINGS ME POLAND SPRINGS ME AUGUSTA ME AUGUSTA ME
	WSBK WABI WABI-2 WABI-3 WVII WVII-2 WMTW WMTW-2 WMTW-3 WMEB-2	21 13 13.2 13.3 7 7.2 8 8.1 8.2 25 25.2	N N N-M N-M N N-M N-M N-M E E E-M	BOSTON MA BANGOR ME BANGOR ME BANGOR ME BANGOR ME BANGOR ME POLAND SPRINGS ME POLAND SPRINGS ME POLAND SPRINGS ME AUGUSTA ME
	WSBK WABI WABI-2 WABI-3 WVII WVII-2 WMTW WMTW-2 WMTW-3 WMEB WMEB-2 WMEB-3	21 13 13.2 13.3 7 7.2 8 8.1 8.2 25 25.2 25.3	N N N-M N-M N-M N-M N-M N-M E E E-M E-M	BOSTON MA BANGOR ME BANGOR ME BANGOR ME BANGOR ME BANGOR ME POLAND SPRINGS ME POLAND SPRINGS ME POLAND SPRINGS ME AUGUSTA ME AUGUSTA ME AUGUSTA ME
	WSBK WABI WABI-2 WABI-3 WVII WVII-2 WMTW WMTW-2 WMTW-3 WMEB WMEB-2 WMEB-3 WMEB-4	21 13 13.2 13.3 7 7.2 8 8.1 8.2 25 25.2 25.2 25.3 25.4	N N-M N-M N-M N-M N-M N-M E E-M E-M E-M E-M	BOSTON MA BANGOR ME BANGOR ME BANGOR ME BANGOR ME BANGOR ME POLAND SPRINGS ME POLAND SPRINGS ME POLAND SPRINGS ME AUGUSTA ME AUGUSTA ME AUGUSTA ME AUGUSTA ME AUGUSTA ME

BEE LINE IN	С						1	32
	t every radio s	tation ca	rried on a separate and discre rerally receivable by your cable				ied on an	н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether ti the radio stati this by placing sive the station	the sys be receivent the Cop sign of e he statio on's sign a check a's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. on is AM or FM. nal was electronically processes are mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	idend, and (2) nna, during cel e (v) of the ger vstem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7 0. 1	6,5			7 0. 1 11	0,2		
				J				

	d: 2021/2						FOR	M SA1-2E. PAGE 5
N	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	BEE LINE INC							3295
	SUBSTITUTE CARRIAGE	E: SPECIAI	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	riod, under spe	cific present and former FCC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMEN	-			general meas		o paper erri	
Special	During the accounting per	-			s any nonne	twork telev	ision program	n
Statement and	broadcast by a distant sta			carry, on a cubolitato bach	o, any nonno		` Ŭ	X
Program Log	5					L	YES	
	Note: If your answer is "No	," leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complet	te the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			4- line i-4i		-:		
	In General: List each subs clear. If you need more spa				wnerever pos	sidle, if the	eir meaning is	5
				sion program ("substitute p	program") that	it, during th	e accounting	I
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							n.
	"NBA Basketball: 76ers vs.	Bulls."		⁻ "Yes." Otherwise enter "N		ampie, i L	Ove Lucy of	
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			e FCC or, in	
	the case of Mexican or Car			community with which the s			with the mor	ath
	first. Example: for May 7 giv		when your syst			numerais,		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	l5 p.m. to 6:2	8:30 p.m. s	should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	n was <i>require</i>	d
	to delete under FCC rules a							
	was substituted for program	0 ,	our system wa	s permitted to delete under	r FCC rules a	and regulati	ions in	
	effect on October 19, 1976							
	c					N SUBST		
		ORSIIIOI	E PROGRAM			IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		

Accounting Period:	2021/2 FORM SA1-2E. P.	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM:	/ ID# 3295
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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 service (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 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.	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800. • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	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-month 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	0
	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 \$ 241,538.22	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 241,538.22	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here) \$ 1,096.3 8. Interest charge. Enter the amount from line 4, space Q, page 8 0.0	
	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	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,116.3	8
	EFT Trace # or TRANSACTION ID #	_
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BEE LINE INC	SYSTEM ID# 3295
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	23
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	171
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name JAMES DUNSTAN-MOBIUS LEGAL GROUP PLLC Telephone 703-85' Address PO BOX 6104 Telephone 703-85'	1-2843
	(Number, street, rural route, apartment, or suite number) SPRINGFIELD VA 22150 (City, town, state, zip)	
	Email jdunstan@mobiuslegal.com Fax (optional	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (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; or (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 X (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 as identified 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)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: GEORGE C ALLEN	
	Title: GM/VP (Title of official position held in corporation or partnership)	
	Date: 08/25/2022	

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 filing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	3295
 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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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