This form is effective beginning with the January 1 to June 30, 2017, accounting period (201	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

## SA1-2E Short Form

STATEMEN	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary T	ransmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Systems General instructior		7-12-22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of th	is workbook.		ALLOCATION NUMBER	(202) 707-8150.
A AC	COUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	YY/(Period))	
		7		
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		1		
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
B	Give the full legal name of the owner of th subsidiary, not that of the parent corporat		ary of another corporation, give the full corporat	e title of the
Owner	List any other name or names under which	n the owner conducts the business of the	cable system.	
	If there were different owners during the a statement of account and royalty fee payn		e last day of the accounting period should submi od.	t a single
	Check here if this is the system's first filing	g. If not, enter the system's ID number as	signed by the Licensing Division.	3305
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	BROCKWAY TELEVISION, INC.			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	501 MAIN ST. (Number, street, rural route, apartment, or suite n	under and		
	BROCKWAY, PA 15824	umber)		
	(City, town, state, zip)		if the business and encurties of the su	
			ify the business and operation of the sy- system, if different from the address give	
System 1	IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM	:		

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.

2

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
Name	BROCKWAY TELEVISION, INC.	33				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discre unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification.					
Area Served	city.	e parks should be reported in parentheses below the identif				
	CITY OR TOWN	STATE				
First	BROCKWAY BOROUGH	PA				
Community	SNYDER TOWNSHIP	PA				
	HORTON TOWNSHIP	PA				
ld Rows as Necessary	SANDY TOWNSHIP	PA				
	WASHINGTON TOWNSHIP	PA				

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	
Name								010	330
	BROCKWAY TELEVISIO	, inc.							
Е	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND RA	ATES				
E	In General: The information in s	•		U U					
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary each category by counting the n								
Rates	separately for the particular serv	•	<i>.</i>	0 , (			,	charged	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed	· · ·	,			rd rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	( )	
	BLC	NO. OF					BLUCP	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:				-				
	Service to first set		60	44.50		ter Resident	98	###	
	Service to additional set(s)					g Home	1	###	
	• FM radio (if separate rate)				Bed &	Breakfast <5	1	###	
	Motel, hotel								
	Commercial		2	44.50					
	Converter		564	400.75					
	Residential		561	106.75					
	Non-residential		17	111.75					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s				
-	In General: Space F calls for rat					ll your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t					-			
Services	service for a single fee. There ar furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the					-		-	
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not								
Rales	listed in block 1 and for which a				-	-	-		
	brief (two- or three-word) descrip		•						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable		• Mot	tel, hotel		150.00	Pay Ca	ble Premium	13.6
	Pay cable—add'l channel		• Cor	nmercial		150.00	Pay Ca	ble Premium	16.0
	Fire protection		• Pay	cable			Pay Ca	ble Premium	10.8
	•Burglar protection		• Pay	v cable-add'l cł	hannel		Pay Ca	ble Premium	10.8
	Installation: Residential		• Fire	protection				ble Premium	28.7
	• First set	100.00	• Bur	glar protection	l			ble Premium	3.7
	· Additional act(a)		Other s	services:				ble Premium	8.4
	<ul> <li>Additional set(s)</li> </ul>								
	• FM radio (if separate rate)		• Rec	connect		30.00	30.00 Pay Cable Premiu		6.1
				connect connect		30.00		ble Premium ble Premium	6.1 6.1
	• FM radio (if separate rate)		• Disc			30.00			••••••

Accounting Period:	2022/1			FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID						
	BROCKWAY TELEVIS	SION, INC.		330						
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, <i>except</i> (1) stations carried only on a part-time basis under ECC rules and regulations in effect on June 24, 1981, permitting the carriage of certain petwork programs [sections]									
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program								
	<ul> <li>Do not list the station here station was carried only on</li> <li>List the station here, and a</li> </ul>	e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried	both on a substitute basis and also	on some other						
	Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pu d with a station according to its over-the the form.	rogram services such as HBO, ESPN	I, etc. Identify each						
	Column 2: Give the channer of license. For example, WF Column 3: Indicate in each	al number the FCC assigned to the telev RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (f	station, an independent station, or a r	oncommercial						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	r "E-M" (for noncommercial educatio ctions in the paper SA1-2 form. the community to which the station is	nal multicast). s licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KDKA	2	N	PITTSBURGH, PA						
	WPSU	3	Е	STATE COLLEGE, PA						
dd Rows as Necessary	WTAE	4	N	PITTSBURGH, PA						
	WJAC	6	N	JOHNSTOWN, PA						
	WWCP	8	N	JOHNSTOWN, PA						
	WTAJ	10	N	ALTOONA, PA						
	WPXI	11	N	PITTSBURGH, PA						
	WQED	13	E	PITTSBURGH, PA						
	WATM	23	N	JOHNSTOWN, PA						
	WPNT	22	I	PITTSBURGH, PA						
	WPCW	19	I	PITTSBURGH, PA						
	WKBS	47	I	ALTOONA, PA						

EGAL NAME OF								SYSTEM I 33
	every radio s	tation ca	arried on a separate and discre				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate 1	it is carried by monitoring, to irmation about m. lentify the call tate whether t the radio stati ihis by placing	the sys be recein the Cop sign of e he static ion's sign a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column.	t the system's he system's FM ante his point, see pag ed by the cable s	adend, and (2) enna, during ce je (v) of the ge system as a se	) it can b ertain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in tl	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+	+		
					<b>_</b>	<b></b>		
					+	<b> </b>		
					+	+		
					+	+		
					†	<b>†</b>		
					1	<u> </u>		
					L	<b>_</b>		
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					+	<u>+</u>		
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Accounting Perio							FOR	M SA1-2E. PAGE 5
Name			EM:			_		SYSTEM ID# 3305
	BROCKWAY TELEVISION, INC. 33							
I	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 available the programming that must be included in this log, so page (v) of the appreciations in the pager SA1.2 form						For a further	
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage: Special	1. SPECIAL STATEMENT	-				twork tolo	vision program	-
Statement and Program Log	<ul> <li>During the accounting peri broadcast by a distant stat</li> </ul>	-	cable system	carry, on a substitute bas	s, any nonne			NO
r rogram 20g	<b>Note:</b> If your answer is "No,		rest of this pag	e blank If your answer is	'Yes " vou mu	ust comple		
	log in block 2.		oot of the pag		, journe		te the program	
	<ul> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</li> <li>Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.</li> <li>Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 4: Give the broadcast 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).</li> <li>Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."</li> <li>Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."</li> <li>Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substit</li></ul>							
	effect on October 19, 1976. SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
		L	L	l	J L		—	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	BROCKWAY TELEVISION, INC.	3305
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service
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 \$20 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800.
	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 thi accounting period is \$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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)
	1. Base amount under statutory formula \$ 263,800.00	
	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	0.00
	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         \$ 452,524.65	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,887.25
	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, 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)	3,206.25
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	\$ 3,226.25
	EFT Trace # or TRANSACTION ID # 270RAI54	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BROCKWAY TELEVISION, INC.	SYSTEM ID# 3305
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.	
	system carried television broadcast stations	20
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	120
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	Name ADELE HESSLER Telephone §	314-268-6565
Information		
	Address 501 MAIN ST.	
	(Number, street, rural route, apartment, or suite number)	
	BROCKWAY, PA 15824 (City, town, state, zip)	
	Email ahessler@brockwaytv.com Fax (optional 814-265-1300	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
0		
Certification	• 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 identified in line 1 of space B;	or
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syn in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne in line 1 of space B.	or of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	X /s/ Denise Foradori	
	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: <b>DENISE FORADORI</b>	
	Title: CHAIRMAN (Title of official position held in corporation or partnership)	
	Date: JULY 11, 2022	

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ounting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
OCKWAY TELEVISION, INC.	330
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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
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Cable Works		ble rksheet	Total amount of remittance	Nur	nber of SAs rec'd	1	nitials	
			Date of remittance	Check	EFT		G FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocatio	on number			
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun J	period) or /2 (for Jul-De	ec period) No spa	ces)	
Period	Letter	rsent	C	Information rec	ceived			
		oted	C	Phone call/Date	e/Contact			
Space B Owner								
	Letter	rsent	□ Information received					
		oted	Phone call/Date/Contact					
Space D Area Served								
	Letter	rsent	E	Information rec	ceived			
		oted	Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	Letter	rsent	C	□Information received				
and Rates		oted	C	Phone call/Date	e/Contact			
Space G Primary Transmitters:								
Television	Letter	r sent	[	Information re	ceived			
		oted	[	Phone call/Dat	e/Contact			
Space H Primary Transmitters:								
Radio		oted	[	Phone call/Dat	e/Contact			

		Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	□Information received	(SA3 only)
	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐Information received	
	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	