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
8/29/2022
\$
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

•	1		
Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20221 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	40467
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CCI Systems, Inc. (FKA Cable Constructors Inc)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Astrea	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 190	
		(Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801	
		(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 un	
-	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	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)	
Privacy Act Notic	e: Sectior	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this	

Privacy Act Notice: Section 111 of title 1/ of the United States Code aution/zes the Copyright Office to collect the personally identifying information (Pil) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	40467
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future filie Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter known ngs.
Served		
	CITY OR TOWN	STATE
First	Solon Springs	WI
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	TEM II
Name	CCI Systems, Inc. (FKA			ors Inc)				010	404
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of t	he cable	
	system, that is, the retransmissi	-		-		•			
Secondary	about other services (including p	pay cable) in sp	bace F, i	not here. All th	e facts yoι	u state must be	those exist	ing on the	
Transmission	last day of the accounting period	·				,	hla avatama	hankan	
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•					-		
Rates	each category by counting the n	•				•			
	separately for the particular service <b>Rate:</b> Give the standard rate of	vice at the rate	indicate	d-not the nur	nber of set	ts receiving serv	/ice).	C C	
	unit in which it is generally billed								
	category, but do not include disc				iny standa				
	Block 1: In the left-hand block				ries of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca					0,	•		
	first set" and would be counted of								
	Block 2: If your cable system	0			· · ·	service that are	e different f	rom those	
	printed in block 1 (for example, t					•			
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.	OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТЕ			NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRIB	LING		CAIL	EGORY OF SERVICE SUBSCR		SUBSCRIBERS	11/1
	Service to first set		20	50.00	Preferr	ed Choice		43	75.
	Service to additional set(s)			50.00	Premie				95.
	• FM radio (if separate rate)				I Tellie	1 1 143		5	55.
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There a		,		0		0.0		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If ally is	ales are ci	larged on a van	able pei-p	lografii basis,	
ransmissions:	Block 1: Give the standard ra		the cable	e system for ea	ach of the	applicable servi	ces listed.		
	Block 2: List any services that				•	Ũ	•		
Rates		senarate charc	ge was r			those other oor	vices in the	e form of a	
Rates	listed in block 1 and for which a				ished. List	these other ser			
Rates	brief (two- or three-word) descrip		de the ra		ished. List		1		
Rates	brief (two- or three-word) descrip	ption and inclue BLO	CK 1	ate for each.				BLOCK 2	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue	CK 1 CATEG	ate for each. ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and includ BLO RATE	CK 1 CATEG Installa	ate for each. ORY OF SER ttion: Non-res	VICE			DRY OF SERVICE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	Ption and inclue BLO RATE 18.95	CK 1 CATEG Installa • Mot	ate for each. GORY OF SER ation: Non-res	VICE		Showti	DRY OF SERVICE	RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and includ BLO RATE	CK 1 CATEG Installa • Mot • Cor	ate for each. GORY OF SER Ition: Non-res el, hotel nmercial	VICE		Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	Ption and inclue BLO RATE 18.95	CK 1 CATEG Installa • Mot • Cor • Pay	ate for each. ORY OF SER ation: Non-res el, hotel nmercial r cable	VICE		Showti Stars &	DRY OF SERVICE	14.
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	Ption and inclue BLO RATE 18.95	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	CORY OF SER CORY OF SER Ition: Non-res el, hotel nmercial r cable r cable-add'l ch	VICE		Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	Ption and inclue BLO RATE 18.95	CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire	CORY OF SER CORY OF SER Ition: Non-res el, hotel nmercial cable cable-add'l ch protection	VICE		Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	Ption and inclue BLO RATE 18.95	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	CORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	VICE		Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	Ption and inclue BLO RATE 18.95	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	CORY OF SER CORY OF SER tion: Non-res el, hotel nmercial cable cable cable-add'l ch protection glar protection cervices:	VICE		Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	Ption and inclue BLO RATE 18.95	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	CORY OF SER CORY OF SER Ition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	VICE		Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	Ption and inclue BLO RATE 18.95	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ate for each. ORY OF SER ation: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection glar protection services: connect connect	VICE		Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	Ption and inclue BLO RATE 18.95	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	CORY OF SER CORY OF SER Ition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	VICE idential		Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.

ccounting Period: 2	2022/1			FORM SA1-2E. PAGE 3.	
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#	
		A Cable Constructors Inc)		40467	
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, With <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including in during the accounting period, except in effect on June 24, 1981, permitting 1 e)(2) and (4), or 76.63 (referring to 76.15 is explained in the next paragraph. It with respect to any distant stations of les, regulations, or authorizations: a in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carried in concerning substitute basis stations i's call sign. <i>Do not</i> report origination with a station according to its over-the he form. I with a station according to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instrin of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. it the community to which the station is the community with which the station i	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).	
	1. CALL SIGN	4. LOCATION OF STATION			
	KBJR HD	12	N	Rhinelander, WI	
	KBJR-D2 HD	5	N	Duluth, MN	
dd Rows as Necessary	KQDS HD	11	Ν	Duluth, MN	
	WDIO HD	10	N	Duluth, MN	
	WLEF	7	E	Park Falls, WI	

EGAL NAME O			YSTEM: Constructors Inc)					SYSTEM I 404
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein to the Co sign of o the static ion's sign g a check n's locati	II-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
						·		
							·	
	L							

Accounting Perio							FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				40467
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork televi	is <i>ion program.</i> broadcast by	/ a <i>distant</i> sta	tion. that vou	r cable svs	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	uthorization	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions in t	he paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	". leave the	e rest of this pa	ige blank. If vour answer i	s "Yes." vou i	must comple	te the proc	Iram
	log in block 2.	,		.ge slama n year anoner i	, <i>j</i>	indet compie	p	
	2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general catego	ries like "mo						
	"NBA Basketball: 76ers vs.		depet live ont	or "Voo" Othorwigg optor	"No."			
				er "Yes." Otherwise enter asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (	the community to which th	e station is li		e FCC or,	in
	the case of Mexican or Car							41-
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerais,	, with the h	nonth
			e substitute pr	ogram was carried by you	r cable syste	m. List the tir	nes accura	ately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program	nming that						0
	effect on October 19, 1976							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						_	-	
						_	-	
					·			
							-	
							-	
							-	
						_		
					·		-	
							-	
							-	
						_		
						_		
						_		
1		1	r			r		1

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	40467 YSTEM
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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 mount, see	3,234.00 Iss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	263,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	¢	E2 00
	Line 1. Royalty ree for accounting period	. <u> </u>	52.00 0.00
		¢	52.00
	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 \$137,1		52.00
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 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)	52.00	
Due	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2022/1								FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER CCI Systems, Inc. (F		tors Inc)						SYSTEM ID# 40467
M Channels	2. Enter the total number on which the cable sys	(2) the cable system's to er of channels on which ion broadcast stations.	otal numbon the cable s broadcast	er of activated cha	annels during the a	ccounting period		4	
N Individual to Be Contacted	INDIVIDUAL TO BE CO			RMATION IS NEE	DED (Identify an ir	ndividual to whor	n		
for Further Information	Name Kell	ly Tuttle					Telephone	906-776-2662	
	(Numb	Kent St. per, street, rural route, apartm Mountain, MI 493 town, state, zip) kelly.tuttle@ccis	801			Fax (optional	) 906-828-328		
O Certification	(Agent of ow in line 1 o	eby certify that (Check o r than corporation or p mer other than corpora f space B and that the o hartner) I am an officer (i f space B. atement of account and correct to the best of my 1(1986)] Typed or printed Title:	ation or partnership ation or partnership wwner is no if a corpora hereby de / knowledg X Enter an e Enter sign d name: CFO	ly one, of the boxe <b>artnership</b> ) I am the ot a corporation or p ration) or a partner eclare under penalt ge, information, and /s/ Jacob Mu electronic signature	s.) of the cable system the duly authorized a partnership; or (if a partnership) of y of law that all state d belief, and are main laikal on the line above to signature" (e.g., /s/	as identified in lin gent of the owne the legal entity ic ements of fact co de in good faith.	ne 1 of space I r of the cable s dentified as ow	system as identified ner of the cable syste	m
		Date:				8/24/22			

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

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
I Systems, Inc. (FKA Cable Constructors Inc)	4046
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?         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	
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 Assessmen
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	
x 0.00274         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	
x 0.00274         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         \$         -         (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
x 0.00274         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	
x 0.00274         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	

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.