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

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 | Library of C Copyright C | |
|---------------|-----------------------------|-----------------------------|
| DATE RECEIVED | AMOUNT | Licensing D |
| 8/29/2022 | | 101 Indepe |
| 0/29/2022 | \$ | Washingtor (202) 707-8 |
| | ALLOCATION NUMBER | For courier |
| | | see page ii instructions |

Return to:
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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | |
|--------------------|---|----------|--------------|------------|--------------|--|
| Accounting Period | January 1-June 30, 2022 | 2 | | | | |
| B Owner | — Indonest information and print of type the correct information beside it. | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northland Cable Television INC | | | | | |
| | | | | | | |
| | | | *00 |)4145202 | <u>'</u> 21* | |
| | | | | 004145 202 | 22/1 | |
| | 101 Stewart St, Ste 700 Seattle, WA 98101 | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION | | | | | |
| System | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 515 WEST TYLER (Number, street, rural route, apartment, or suite number) MEXIA, TX 76667 (City, town, state, zip code) | | | | | |
| 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 entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form | | | | | |
| Area Served | 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, condiminiums, or mobile home parks should be reported in paratheses below the identified city. | | | | | |
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE | | |
| First Community | MEXIA LAKE MEXIA (UNINC) | TX TX | |) | | |
| | Fairfield | TX | | | | |
| | Fairfield Outside City | TX | | | | |
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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 suffciency 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 S Northland Cable Television II | | SYSTEM ID 00414 | | |
|----------------|---|-------|--------------------|-------|--|
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE | |
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FORM SA3. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 004145 **Northland Cable Television INC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-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 scribers and Rates 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 BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE **SUBSCRIBERS** RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 626 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 194 70.70 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. **BLOCK 1** BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential • Pay cable · Motel, hotel 25.50 • Pay cable—add'l channel 16.00 Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set 50.00 Burglar protection 20.00 Additional set(s) Other services: • FM radio (if separate rate) Reconnect 70.00 Converter Disconnect

Outlet relocation

· Move to new address

45.00 45.00

KCEN-ION .5

KXAS - DT3 Local (In Market)

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 004145 **Northland Cable Television INC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 pr Television 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 othe 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 strean 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 noncom 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 license FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION CHANNEL SIGN OF NUMBER **STATION** KXAS - (Out of Market) TEMPLE/WACO, TX 41.1 I-M TEMPLE/WACO, TX KTXA-IND 18 KWTX-MeTV .3 TEMPLE/WACO, TX 10.3 N-M KDFW-FOX TEMPLE/WACO, TX 35 DALLAS, TX KCEN-NBC N-M 9.3 KDFI-MyNetwork 36 DALLAS, TX **KWTX-CBS** TEMPLE/WACO, TX 10 Ν KTVT-CBS DALLAS, TX 19 Ν KXXV-ABC I-M DALLAS, TX 25.2 **KERA-PBS** 14 Ε DALLAS, TX KWTX Telemundo (26411) analo 10.1 N-M TEMPLE/WACO, TX KDFW-FOX HD 35.1 I-M TEMPLE/WACO, TX **KCEN-NBCHD** 9.3 I-M DALLAS, TX KWTX-CBS HD TEMPLE/WACO, TX 10.2 N-M KXXV-ABC HD 25.2 I-M DALLAS, TX **KERA-PBS HD** 14.1 DALLAS, TX E-M KXXV-Grit .2 25.2 I-M DALLAS, TX 25.3 **KXXV** Weather Now DALLAS, TX I-M **KXXV-Court TV** 25.4 I-M DALLAS, TX **KERA-PBS Kids .2** 14.2 E-M DALLAS, TX **KERA-Create .3** 14.3 E-M DALLAS, TX KXAS-Cozi.2 41.2 I-M TEMPLE/WACO, TX KCEN-MyTX .2 9.2 I-M DALLAS, TX KCEN-Heroes & Icons .3 9.3 I-M DALLAS, TX **KCEN-Justice Network .4** 9.4 I-M DALLAS, TX

9.5

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I-M

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DALLAS, TX

TEMPLE/WACO, TX

| FORM SA1-2. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | Name | | | | |
|---|-----------------|-----------|-------------------------------|-----|-----------|-----------------------------------|------|---------------------|---|
| Northland C | able Televi | sion IN | IC | | | | | 004145 | |
| | t every radio s | tation ca | rried on a separate and discr | | | | | | н |
| all-band basis whose signals were "generally receivable" by your cable system during the accounting period. 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. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the 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). | | | | | | Primary Transmitters: Radio | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | H | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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|--|---|-----------------------|------------------------|----------------------------|---------------------|--------------|---------------|---------------------------|--|--|
| Name | LEGAL NAME OF OWNER OF | | | | | | ; | SYSTEM ID# | | |
| | Northland Cable Televi | ISION INC | | | | | | 004145 | | |
| l | 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 | | | | | | | | | |
| Substitute Carriage: | explanation of the programming that must be included in this log, see page (v) of the general instructions. | | | | | | | | | |
| Special Statement and Program Log | 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? | | | | | | | | | |
| | Note: If your answer is "No" log in block 2. | | | e blank. If your answer is | "Yes," you m | ust complete | e the program | | | |
| | 2. LOG OF SUBSTITUTE PROGRAMS 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 attach additional pages. 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. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. 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). 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." 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." Column 7: Enter the letter "R" 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 pro | | | | | | | | | |
| gram was substituted for programming that your system was permitted to delete under FCC rules and regulation effect on October 19, 1976. | | | | | | | | | | |
| | S | UBSTITUT | E PROGRAM | | FOD DEI | | | 7. REASON FOR DELETION | | |
| | TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | | TIMES TO | TONBELLTION | | |
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| F | ORM SA1-2. PAGE 6. | OVOTEM ID# | | | |
|---|--|----------------------------|--------------------------|--|--|
| | LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC | SYSTEM ID# 004145 | 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 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. | | | | | |
| | Gross receipts from subscribers for secondary transmission service(s) during the accounting period. | \$ 144,415.00 | | | |
| | IMPORTANT: You must complete a statement in space P concerning gross receipts. | (Amount of gross receipts) | | | |
| : | 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 \$200 block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 beepage (vi) of the general instructions for more information. | 263,800 | 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 th accounting period is \$52.00 | is six-montl | | | |
| | Line 1. Royalty fee for accounting period | | | | |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 | | | |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 | | | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 | 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 | 44,415.00 | | | |
| | 5. Enter the amount from line 3 \$ 1 | 19,385.00 | | | |
| | 6. Subtract line 5 from line 4 | 25,030.00 | | | |
| | 7. Multiply line 6 by .005 (enter figure here) | \$ 125.15 | | | |
| | 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 | \$ 125.15 | | | |
| Ĺ | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527 | ,600) | | | |
| | 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 recepits (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 | | | | |
| r | | | | | |
| i | Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | \$ 125.15 | | | |
| Ç | 2. Filling 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 | \$ 145.15 | | | |
| | EFT Trace # or TRANSACTION ID # | Not Available | | | |
| | See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for | or more information. | | | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC 004145 |
|---|--|
| 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 system carried television broadcast stations. |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services |
| N Individual to Be Contacted for Further | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) Name Marie Censoplano Telephone 914-235-8313 |
| Information | Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip) Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363 |
| O Certifcation | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • 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 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)] |
| | Handwritten signature: /s/ Daniel J White Typed or printed name: Daniel J White |
| | Title: SVP Financial Planning (Title of official position held in corporation or partnership) |
| | Date: 8/22/2022 |

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 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: Northland Cable Television INC | S | 8YSTEM ID# 004145 | Name |
|--|--|--------------------------------|---|
| SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gr service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receiving | n 111(d)(1)(A), of the Copyright Act by adding to the cable system for the boroadcast transmitters, the system shall not include secondary transmissions pursuant to section | basic clude sub- i 119." | P Special Statement Concerning |
| For more information on when to exclude these amounts, see the During the accounting period did the cable system exclude any a made by satellite carriers to satellite dish owners? X NO | | | Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below Name Mailing Address | Name Mailing Address | | |
| INTEREST ASSESSMENTS | | | |
| You must complete this worksheet for those royalty payments su For an explanation of interest assessment, see page (viii) of the | | payment. | Q |
| Line 1 Enter the amount of late payment or underpayment | x | | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum her | x x | days | |
| Line 3 Multiply line 2 by the number of days late and enter the s | x 0.0027 | - 74 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, bloc space L, (page 7) | | arge) | |
| * To view the interest rate chart click on www.copyright.gov/lic contact the Licensing Division at (202) 707-8150 or licensin | | ce please | |
| ** This is the decimal equivalent of 1/365, which is the interes | st assessment for one day late. | | |
| NOTE: If you are fling this worksheet covering a statement of acclist below the owner, address, first community served, ID number Owner Address | | - | |
| | | | |
| ID number | | | |
| First community served Accounting period | | | |
| Accounting believe | | | |

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 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.