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 COPYRIGH	T OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8-24-22	\$
	ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31				
Accounting		20221 Barcode Data Filing Period (optional - see instructions)				
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				
		Frontier North, Inc.				
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM				
		401 Merrit 7				
		(Number, street, rural route, apartment, or suite number)				
		Norwalk, CT 06851 (City, town, state, zip)				
С	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles	ss these			
C	name	es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	ce B.			
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		63682				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		(Clib. town otato, via ando).				
		(City, town, state, zip code)				

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

Accounting Period:	2022/1	
Accounting Feriou.	2022/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Frontier North, Inc.	63682
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	separate and distinct community or municipal entity (including unincorporated of 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 motels.	communities within unincorporated areas and including single, discrete I serve as a form of system identification hereafter known as the "first
Area Served	city.	one nome parks should be reported in parentheses selow the identified
	CITY OR TOWN	STATE
First	Bloomington	L
Community	Normal	IL
	Heyworth	IL
Add Rows as Necessary	McLean	IL .
	Shirley	IL .

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Frontier North, Inc.

SYSTEM ID# 63682

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

OCK 1	BLOCK 2				
NO. OF			NO. OF		
SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
109	24.99				
1	34.99				
	NO. OF SUBSCRIBERS 109	NO. OF SUBSCRIBERS RATE 109 24.99 1 34.99	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 109 24.99 1 34.99	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 109 24.99 1 34.99	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residen	itial		
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l chann	el		
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
Basic FIOS TV		Outlet relocation			
		Move to new address			
		Basic FIOS TV			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Frontier North, Inc.

FORM SA1-2E. PAGE 3.

SYSTEM ID#

63682

PRIMARY TRANSMITTERS: TELEVISION

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, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WHOIDT **Primary** 18 WEEKDT2 19 Primary Ν Ν **WEEK** 25 **Primary** N **WMBDDT** 31 **Primary WYZZDT** 43 Ν **Primary** WEEKDT3 44 NM Multicast Parent WEEK **WTVPDT** 47 Ν **Primary** WAOEDT 59 Ν **Primary** WMBDDT2 68 NM Multicast Parent WMBD WYZZDT3 69 NM Multicast Parent WYZZ WTVPDT2 70 **Multicast Parent WTVP** NM 71 WTVPDT3 NM Multicast Parent WTVP WMBDDT3 72 NM Multicast Parent WMBD

Add Rows as Necessary

ounting Period:	2022/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
Name	Frontier North, Inc.			6368
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(d) substitute program basis, a Substitute Basis Stations basis under specific FCC rules to not list the station here station was carried only on List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel of license. For example, Willes	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pd with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	(1) stations carried only on a part-time the carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute basis and also or see page (v) of the general instruction or ogram services such as HBO, ESPN, the air designation. For example, report the vision station for broadcasting over the	e basis under s [sections ns carried on a itute program g)—if the n some other is. , etc. Identify each multistream e air in its community
	educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	a case whether the station is a network in the letter "N" (for network), "N-M" ("E" (for noncommercial educational), cerms, see page (iv) of the general instrum of each station. For U.S. stations, list dian stations, if any, give the name of the station of the stations	for network multicast), "I" (for independ or "E-M" (for noncommercial educational actions in the paper SA1-2 form. the community to which the station is I	dent), "I-M" al multicast). licensed by the

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Frontier North, Inc. 63682

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Primary Transmitters: Radio

Form SA1-2E Short Form (Rev. 05-17)

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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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U.S. Copyright Office

Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF O	ADI E QVQTI	=NA:					FOR	RM SA1-2E. PAGE 5.
Name	Frontier North, Inc.	ADLE STSTI	=ivi.						SYSTEM ID# 63682
	SUBSTITUTE CARRIAGE	SPECIAL	_ STATEMEN	T AND PROGRAM LOG	-				
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every noni counting pe	network televisi	on program, broadcast by cific present and former FC	a d	rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special Statement and	During the accounting peri-	od, did your	cable system	carry, on a substitute bas	sis,	any nonne	twork telev	ision prograr	n
Program Log	broadcast by a distant stat	on?						YES	X NO
	Note: If your answer is "No,"	' leave the i	est of this pag	e blank. If your answer is	"Y	es," you mu	ıst complet	e the progra	m
	log in block 2.		. 0	•		•	·		
	2. LOG OF SUBSTITUTE	PROGRAI	VIS						
	In General: List each substi		•		wh	nerever pos	sible, if the	ir meaning is	5
	clear. If you need more space Column 1: Give the title of				pro	ogram") tha	ıt. durina th	e accounting	a
	period, was broadcast by a	distant stati	on and that you	ır cable system substitute	ed f	for the prog	ramming o	f another sta	ition
	under certain FCC rules, reg Do not use general categori								
	"NBA Basketball: 76ers vs. I		ries oi baske	ibali. List specilic progra	111 L	illes, ioi ex	ample, i Li	ove Lucy of	
	Column 2: If the program								
	Column 3: Give the call s Column 4: Give the broa						nsed by the	e FCC or, in	
	the case of Mexican or Cana	adian statioi	ns, if any, the c	ommunity with which the	sta	ation is iden	itified).	,	
	Column 5: Give the monifirst. Example: for May 7 give	•	when your syst	em carried the substitute	pro	ogram. Use	numerals,	with the mo	nth
	Column 6: State the time		substitute prog	gram was carried by your	ca	ble system.	List the tin	nes accurate	ely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01	:15	p.m. to 6:2	8:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	r "R" if the I	isted program	was substituted for progr	am	ming that v	our svstem	was require	ed
	to delete under FCC rules a	nd regulatio	ns in effect du	ring the accounting period	d; e	enter the let	ter "P" if the	e listed prog	
	was substituted for program effect on October 19, 1976.	ming that yo	our system wa	s permitted to delete unde	er F	FCC rules a	ınd regulati	ons in	
	ellect off October 19, 1970.								
	WHEN SUBSTITUTE			_	7 5540011505				
		2. LIVE?	E PROGRAM 3. STATION'S		╂	5. MONTH	AGE OCC	TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	╛┞	AND DAY	FROM	— то	
								_	
								_	
					11				
					- -				
					- -				
					-41				
					-4				
								_	
								_	
					11				
					-				
					-				
					_				
					1			_	
					1				

Accounting Period: 2	2022/1	FORM SA1-	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier North, Inc.	SYS	63682
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 transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion service nount, see	790.88 receipts)
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 \$26: 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.	3,800.	
	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 this accounting period is \$52.00.	six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10)	0)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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 \$527,6)	00)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.	
Name	Frontier North,	WNER OF CABLE SYSTEM:		SYSTEM ID# 63682	
M Channels	to its subscriber	s, and (2) the cable system's	of channels on which the cable system carried television broadcast stations total number of activated channels during the accounting period.	13	
	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		D BE CONTACTED IF FURT about this statement of acco	HER INFORMATION IS NEEDED (Identify an individual unt.)		
for Further Information	Name Address	Karol Whittaker 7979 N Beltline Road		214-534-6827	
	Address	(Number, street, rural route, apar Irving, TX 75063 (City, town, state, zip)			
	Email	karol.whittaker	@ftr.com Fax (optional		
	CERTIFICATION ((This statement of account m	ust be certified and signed in accordance with Copyright Office regulations)		
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, but only one, of the boxes.)		
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system as identified in line 1 of space B	; or	
			ation or partnership) I am the duly authorized agent of the owner of the cable sy ne owner is not a corporation or partnership; or	stem as identified	
		er or partner) I am an officer in line 1 of space B.	if a corporation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system	
		te, and correct to the best of n	hereby declare under penalty of law that all statements of fact contained herein by knowledge, information, and belief, and are made in good faith.		
			X /s/ Jessica Matushek		
			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	d name: Jessica Matushek		
		Title:	Sr. Director Accounting tle of official position held in corporation or partnership)		
		Date:	8/22/2022		

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counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ontier North, Inc.	63682
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	_
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	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	□Check	□EFT	□FILING	FEES
Cable ID #						Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation	on number		
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for .	I Jul-Dec period) No space	s)
Period	☐Letter se	ent		☐Information re	ceived		
	□Accepted	d]Phone call/Dat	e/Contact		
Space B Owner							
	□ Letter sent □ Information received						
	Accepted Phone call/Date/Contact						
Space D Area Served							
	□ Letter sent □ Information received						
	□Accepted	d		Phone call/Dat	re/Contact		
Space E Secondary Transission							
Service Subscribers:	☐Letter se	ent	С]Information re	ceived		
and Rates	□Accepted	d		Phone call/Dat	e/Contact		
Space G Primary Transmitters:							
Television	□Letter se	ent]	☐Information re	eceived		
	□Accepted	d	[□Phone call/Da	te/Contact		
Space H Primary Transmitters:							
Radio	□Accepted	d]	Phone call/Da	te/Contact		

		<u> </u>
		Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time
		Carriage Log
Letter sent	☐Information received	(SA3 only)
□Accepted	☐Phone call/Date/Contact	
		Space K
		Gross Receipts
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space L
		Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
□Accepted	☐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
	☐Information received	
	□Phone call/Date/Contact	
□Accepted	Prione cali/Date/contact	Space Q
		Interest
		Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	Phone call/Date/Contact	