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					
7-28-22	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
	Barcode Data Filing Period (optional - see instructions)					
Accounting Period						
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner	List any other name or names under which the owner conducts the business of the cable system.					
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.					
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
	Standard Tobacco Company, Inc.					
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
	Bracken Cablevision					
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
	PO Box 100					
	(Number, street, rural route, apartment, or suite number) Maysville, KY 41056					
	(City, town, state, zip)					
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.					
System	1 Bracken Cablevision					
	MAILING ADDRESS OF CABLE SYSTEM:					
	PO Box 100					
	2 (Number, street, rural route, apartment, or suite number)					
	Maysville, KY 41056 (City, town, state, zip code)					

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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.						
	T							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Humo	Standard Tobacco Company, Inc.	867						
	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 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 identified							
Area								
Served	city.							
	CITY OR TOWN	STATE						
First	Augusta	KY						
Community	Brooksville	КҮ						
	Germantown	КҮ						
Add Rows as Necessary	Mt. Olivet	KY						

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc.

SYSTEM ID#

E

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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	446	52.95					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							

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.

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	С	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	14.95	Motel, hotel				
 Pay cable—add'l channel 		Commercial				
Fire protection		Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set		Burglar protection				
 Additional set(s) 		Other services:				
• FM radio (if separate rate)		Reconnect				
Converter		Disconnect				
		Outlet relocation	15.00			
		Move to new address	15.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 867

Standard Tobacco Company, Inc.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKYT	21	N	Lexington, KY
WKYT-3	21-3	N-M	Lexington, KY
WKYT-4	21-4	N-M	Lexington, KY
WKYT-5	21-5	N-M	Lexington, KY
WLEX	28	N	Lexington, KY
WLEX-2	28-2	N-M	Lexington, KY
WKMR	30	E	Lexington, KY
NKMR-2	30-2	E-M	Lexington, KY
WKMR-3	30-3	E-M	Lexington, KY
WKRM-4	30-4	E-M	Lexington, KY
WLWT	20	N	Cincinnati, OH
NLWT-2	20-2	N-M	Cincinnati, OH
WXIX	29	N	Cincinnati, OH
WXIX-2	29-2	N-M	Cincinnati, OH
WXIX-3	29-3	N-M	Cincinnati, OH
WXIX-4	29-4	N-M	Cincinnati, OH
WCPO	26	N	Cincinnati, OH
WCPO-2	26-2	N-M	Cincinnati, OH
WCPO-3	26-3	N-M	Cincinnati, OH
WCPO-4	26-4	N-M	Cincinnati, OH
WCPO-5	26-5	N-M	Cincinnati, OH
WSTR	18	N	Cincinnati, OH
WSTR-2	18-2	N-M	Cincinnati, OH
WSTR-3	18-3	N-M	Cincinnati, OH
WSTR-4	18-4	N-M	Cincinnati, OH
WSTR-5	18-5	N-M	Cincinnati, OH

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Standard Tobacco Company, Inc.
PRIMARY TRANSMITTERS: TELEVISION

867

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
WKRC	12	N	Cincinnati, OH
WKRC-2	12-2	N-M	Cincinnati, OH
WKRC-3	12-3	N-M	Cincinnati, OH
WCET	34	E	Cincinnati, OH
WCET-2	34-2	E-M	Cincinnati, OH
WCET-3	34-3	E-M	Cincinnati, OH
WCET-4	34-4	E-M	Cincinnati, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Standard Tobacco Company, Inc.

867

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

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.

Primary Transmitters: Radio

- 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).

	1		T	1 -	1	_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio		0 A D.I. F. 0.V.O.T.	Th.						FORM	M SA1-2E. F	
Name	LEGAL NAME OF OWNER OF O									SYSTE	и ID# 867
	SUBSTITUTE CARRIAGE	· SPECIA	I STATEMEN	T AND PROGRAM I O)G						
 Substitute	In General: In space I, identif substitute basis during the ac	fy every non	network televis	ion program, broadcast b	y a c	rules, regula	ations, or au	uthoriza	ations. F	or a furthe	
Carriage:											
Special					asis	any nonne	twork telev	rision n	rogram	1	
Statement and		During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?									
Program Log	broadcast by a distant stat Note: If your answer is "No"		rest of this pac	ie blank. If vour answer	is "Y	es " vou mi	ıst comple		'ES I		
	,	, louve the	rest of this pag	je blank. II your anower	10 1	co, you me	ast comple	io ino _i	program		
	log in block 2.	PROGRA	MS								
	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 add additional rows to the tables. 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, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program	gulations, o ies like "mo Bulls."	r authorization: vies" or "baske	s. See page (v) of the ge tball." List specific progr	enera ram 1	al instructio titles, for ex	ns for furth	er info	rmation		
	Column 3: Give the call s Column 4: Give the broa	sign of the s	station broadca	sting the substitute prog	gram	l.	nsed by th	e FCC	or, in		
	the case of Mexican or Cana Column 5: Give the mon							with t	he mon	ıth	
	first. Example: for May 7 giv	,	Wileir your oyo	terri carried the substitut	to pi	ogram. ooc	Transcialo	, ••••••	110 111011		
	Column 6: State the time			. , ,		•				у	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:0)1:15	p.m. to 6:2	8:30 p.m.	should	be		
	Column 7: Enter the letter	er "R" if the	listed program	was substituted for prog	gram	nming that y	our system	ı was <i>ı</i>	required	d	
	to delete under FCC rules a									am	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete un	ider l	FCC rules a	ınd regulat	ions in			
	effect off October 19, 1970.										
	9	LIBSTITLIT	E PROGRAM			WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON				N FOR	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY		TIMES	то	DELET	
		103 01 140	OALL GIGIT	4. CIATION CEGOATION		AND DAT	TROW		10		
								_			
								_			

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	Standard Tobacco Company, Inc.		867
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pa all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary t (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ransmission service this amount, see	,027.95 ss receipts)
		<u> </u>	
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pa accounting period is \$52.00	ay for this six-month	
	Line 1. Royalty fee for accounting period	· · · · · · <u> </u>	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>	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 \$	137,100)	_
	1. Base amount under statutory formula	0.00	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1	2.05	
	4. Enter the amount of gross receipts from space K	141,027.95	
	5. Enter the amount from line 3	122,772.05	
	6. Subtract line 5 from line 4	18,255.90	
	7. Multiply line 6 by .005 (enter figure here)	\$	91.28
	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	····· <u>\$</u>	91.28
	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	0.00	
	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)	91.28	
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	\$	111.28
	EFT Trace # or TRANSACTION ID # 2711VD2I		
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab		

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:			SYSTEM ID# 867
M Channels	to its subscribers 1. Enter the total	number of channels on which	of channels on which the cable system carried to total number of activated channels during the activated channels.	accounting period.	18
	on which the c	number of activated channe cable system carried televisio cast services	on broadcast stations		105
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify an ir unt.)	ndividual to whom	
for Further Information	Name	Jeff Cracraft		Telephone (606-564-9220 ext. 316
		PO Box 100 626 Fore (Number, street, rural route, apartr Maysville, KY 41056 (City, town, state, zip)			
	Email	standtob@mays	rsvilleky.net	Fax (optional <u>866-491-8553</u>	
	CERTIFICATION (7	This statement of account mu	ust be certified and signed in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersigned	I, hereby certify that (Check or	one, but only one, of the boxes.)		
	(Owner	other than corporation or pa	partnership) I am the owner of the cable system a	as identified in line 1 of space B;	or
			ation or partnership) I am the duly authorized ag ne owner is not a corporation or partnership; or	ent of the owner of the cable sys	stem as identified
		r or partner) I am an officer (i n line 1 of space B.	(if a corporation) or a partner (if a partnership) of t	he legal entity identified as owne	er of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all staten ny knowledge, information, and belief, and are mad		
			X /s/ Jeffery A Cracraft		
		- 0	Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/.		
		Typed or printed	d name: Jeffery A Cracraft		
		Title:	Treasurer itle of official position held in corporation or partnership)		
		Date:		August 18, 2022	

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

counting Period: 2022/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
andard Tobacco Company, Inc.	867
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11 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 transmiss made by satellite carriers to satellite dish owners?	ic e sub- 9." Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayred an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	C. 3
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Ellie 2 Widiliply line 1 by the interest rate and effect the sum field	dovo
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
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	<u>-</u>
(interest char	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance p contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	lease
** 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, p list below the owner, address, first community served, ID number, and accounting period as given in the original filing the owner.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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CONTROL #: REMITTANCE #:

Radio

 \square Accepted

C	Cable Workshe	Total amount of remittance	Number of SAs	rec'd Initials	
		Date of remittance	Check □EFT	☐FILING FEES	
Cable ID#				Amount Initials	
Examined by	Reviewed b	Date examination completed	Allocation number		
Space A Accounting	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)				
Period	□ Letter sent □ Information received				
	□ Accepted □ Phone call/Date/Contact				
Space B Owner					
	☐ Letter sent		Information received		
	□Accepted]	Phone call/Date/Contact		
Space D Area Served					
	☐Letter sent]	☐Information received		
	□Accepted]	☐Phone call/Date/Contact		
Space E Secondary Transission					
Service Subscribers:	□ Letter sent □ Information received				
and Rates	□Accepted □Phone call/Date/Contact				
Space G Primary Transmitters:					
Television	☐Letter sent	□ Letter sent □ Information received			
	□Accepted	[Phone call/Date/Contact		
Space H Primary Transmitters:					

 \square Phone call/Date/Contact

		Carriage
	☐ Information received	Carriage
☐ Accepted		
	☐Phone call/Date/Contact	Space J
		Part-time Carriage Log
	☐ Information received	(SA3 only)
□Accepted	☐Phone call/Date/Contact	
_, коортов		Space K
		Gross Receipts
	☐ Information received	
	☐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
		Certification
☐Letter sent	☐ Information received	
□Accepted	Phone call/Date/Contact	
		Space P Statement of
		Gross Receipts
☐Letter sent	☐Information received	
□Accepted	Phone call/Date/Contact	
		Space Q Interest
		Assessment
☐Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	