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					
2-23-23	\$				
	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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20222 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
		CABLE ONE, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E. EARLL DRIVE [Number, street, rural route, apartment, or suite number)
		PHOENIX, AZ 85012-2626 (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 unless these s 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	IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1515 S. 20TH AVE (Number, street, rural route, apartment, or suite number)
		SAFFORD, AZ 85546 (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:	2022/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CABLE ONE, INC.							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete 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.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification.							
Served	city.							
	CITY OR TOWN	STATE						
First	SAFFORD	AZ						
Community	CLIFTON	AZ						
	GRAHAM COUNTY	AZ						
Add Rows as Necessary	MORENCI	AZ						
,	PIMA	AZ						
	SOLOMON	AZ						
	SWIFT TRAIL	AZ						
	THATCHER	AZ						

Accounting Period: 2022/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10577

CABLE ONE, INC.

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.

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
Service to first set	615	42.00	ECONOMY IPTV	83	42.00		
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	18	40.00	ECONOMY IPTV COMMERC	1	40.00		
Converter							
Residential							
Non-residential							
					l		

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	CATEGORY OF SERVICE	RA
Continuing Services:		Installation: Non-residential			
 Pay cable 	10.99 - 19.00	Motel, hotel	90.00	STANDARD CABLE	67
 Pay cable—add'l channel 	9.00	Commercial	90.00	STANDARD IPTV	67
 Fire protection 		• Pay cable		DIGITAL VALUE PACK	16
 Burglar protection 		Pay cable-add'l channel		HISPANIC TIER	6
Installation: Residential		Fire protection			
 First set 	90.00	Burglar protection			
 Additional set(s) 	30.00	Other services:			
 FM radio (if separate rate) 		• Reconnect	30.00		
 Converter 		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10577

CABLE ONE, INC.

G

Primary Transmitters: Television

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
KASW	27.1	l	PHOENIX, AZ
KAZT	7.1	l	PHOENIX, AZ
KAZT-2	7.2	I-M	PHOENIX, AZ
KNXV	15.1	N	PHOENIX, AZ
КРНО	17.1	N	PHOENIX, AZ
KPNX	18.1	N	MESA, AZ
KSAZ	10.1	l	PHOENIX, AZ
KTAZ	29.1	I	PHOENIX, AZ
KTVK	24.1	I	PHOENIX, AZ
KPNX-4	18.4	I-M	MESA, AZ
KUTP	26.1	l	PHOENIX, AZ
KAET	8.1	E	PHOENIX, AZ
KPNX-2	18.2	I-M	PHOENIX, AZ
KTAZ-2	29.2	I-M	PHOENIX, AZ
KPHO-2	17.2	I-M	PHOENIX, AZ
KAZT-4	29.4	I-M	PHOENIX, AZ
KTVK-2	24.2	I-M	PHOENIX, AZ
KTVK-5	24.5	I-M	PHOENIX, AZ
KASW-3	27.3	I-M	PHOENIX, AZ
KTAZ-4	29.4	I-M	PHOENIX, AZ
KTAZ-5	29.5	I-M	MESA, AZ
KTVK-SIMUL	24.1	I-M	PHOENIX, AZ
KPHO-SIMUL	17.1	N	PHOENIX, AZ

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10577

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION



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
KPNX-SIMUL	18.1	N	MESA, AZ
KAZT-SIMUL	7.1	l	PHOENIX, AZ
KAET-SIMUL	8.1	E	PHOENIX, AZ
KSAZ-SIMUL	10.1	l	PHOENIX, AZ
KNXV-SIMUL	15.1	N	MESA, AZ
KTAZ-SIMUL	29.1	l	MESA, AZ
KUPT-SIMUL	26.1	l	PHOENIX, AZ
KAZT-2-SIMUL	7.2	I-M	PHOENIX, AZ
KAZT-4-SIMUL	7.4	I-M	PHOENIX, AZ

Accounting Period: 2022/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

10577

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 	 					
	 	 					
		 					
		 					
		 					
	 						
	 						
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Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF (CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							10577
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peribroadcast by a distant station of the programmi station of	ry every non procounting peng that mus CONCERI iod, did you on? The result is the result in the res	network televis. Initially the included in the included included in the included included in the included included included included in the included in	tion program, broadcast by cific present and former FC this log, see page (v) of the TUTE CARRIAGE carry, on a substitute base of the line. Use abbreviations rows to the tables. Itsicon program ("substitute ur cable system substitutes. See page (v) of the general carry." Contention of the general carry. Otherwise enter "	a distant static C rules, regule e general instrusis, any nonno "Yes," you me wherever poprogram") the dofor the properal instruction titles, for expression of the program.	ations, or an uctions in the etwork tele ust complessible, if the at, during the gramming ons for furting the etwork telestates the	vision progra VES ete the progra eir meaning the accountin of another sta	m carried on a For a further -2 form. m X NO am is
	Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	dcast static adian statio th and day re "5/7." es when the Example: a er "R" if the and regulation	on's location (the state of the	ne community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting perio	e station is lice station is ide program. Us cable system :15 p.m. to 6: amming that d; enter the le er FCC rules	ntified). e numerals n. List the ti 28:30 p.m. your syster etter "P" if ti and regula	s, with the mo mes accurate should be m was <i>requin</i> he listed prog tions in	onth ely ed
						EN SUBST		
	S		E PROGRAM					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	BEELTION

Accounting Period:	2022/2			FORM:	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			,	SYSTEM ID# 10577
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation page (viii) 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.	stem's se n of how t	condary transm o compute this a	ssion service amount, see	
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more into	out less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	·		six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	: 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			-	
	Base amount under statutory formula	,		/	
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K				
	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 ar		•		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,		•		
	Enter the amount of gross receipts from space K	\$	298,128.22		
	Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		•		
	4. Multiply line 3 by .01			343.28	
	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			•	1,662.28
				<u> </u>	1,002.20
	FILING FEE AND TOTAL REMITTANCE DUE	<u> </u>			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,662.28	
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			\$	1,682.28
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				hts!

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM:		SYSTEM ID# 10577
M Channels	to its subscribe The total system carrie Enter the total on which the	rs, and (2) the cable system's total number of channels on which the detection broadcast stations. all number of activated channels cable system carried television by		
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.	R INFORMATION IS NEEDED (Identify an individual to w	hom
for Further Information	Name	JENAE HECK		Telephone 602-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartmen PHOENIX, AZ 85012-26 (City, town, state, zip)		
	Email	JENAE.HECK@C/	ABLEONE.BIZ Fax (optio	onal 602-364-6013
O Certification	I, the undersigned (Owned) (Agent) X (Official Control of the cont	or other than corporation or partner of owner other than corporation in line 1 of space B and that the owner or partner) I am an officer (if a c in line 1 of space B.	be certified and signed in accordance with Copyright Office of the lower of the boxes.) nership) I am the owner of the cable system as identified in line or partnership) I am the duly authorized agent of the owner owner is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity ideals declare under penalty of law that all statements of fact contowledge, information, and belief, and are made in good faith.	ne 1 of space B; or r of the cable system as identified lentified as owner of the cable system
		Typed or printed na	/ /s/ Quynh Tran Iter an electronic signature on the line above to certify this star signature using an "/s/ signature" (e.g., /s/ John Smith) ICE PRESIDENT & TREASURER If official position held in corporation or partnership)	tement.
<u> </u>		Date:	August 23	3, 2023

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: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ABLE ONE, INC.	10577
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 secribers 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	Special Statement
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission	ns
made by satellite carriers to satellite dish owners?	
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 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	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	_days
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>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase
** 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, pleal 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	

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.