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	2600 DAVIS BLVD. (Number, street, rural route, apartment, or suite number)
		JOPLIN, MO 64804 [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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/2	FORM SA1-2F DAGE 15								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#								
Name										
	CABLE ONE, INC.	14553								
	Instructions: List each separate community served by the cable system. A "community"									
D	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	e parks should be reported in parentheses below the identified								
Served	city.									
Serveu										
	CITY OR TOWN	STATE								
-	MIAMI	OK								
First										
Community	COMMERCE	OK								
	NORTH MIAMI	OK								
Add Rows as Necessary	OTTAWA	OK								
,										

Accounting Period: 2022/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14553

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			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	469	42.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	2	7.50-15.00			
Commercial	71	35.00-72.00	ECONOMY IPTV	37	54.00
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	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	10.99-19.00	Motel, hotel	90.00	Standard Cable	67.75	
 Pay cable—add'l channel 	9.00-12.00	Commercial	50.00-200.00	IPTV	67.75	
 Fire protection 		• Pay cable		Digital Value Pack	16.00	
Burglar protection		Pay cable-add'l channel		Hispanic Tier 6.0		
Installation: Residential		Fire protection				
• First set	90.00	Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	30.00			
Converter		Disconnect				
		Outlet relocation	90.00			
		Move to new address	90.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14553

4. LOCATION OF STATION

PITTSBURG, KS

CABLE ONE, INC.

1. CALL SIGN

KFJX-1

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.

2. B'CAST CHANNEL NUMBER

13

KOAM-1 7 N PITTSBURG, KS **KODE** 23 Ν JOPLIN, MO **KOED** 11 Ε TULSA, OK KOZJ 35 Ε JOPLIN, MO **KSNF** 17 Ν JOPLIN, MO KFJX-2 13 I-M PITTSBURG, KS **KOAM-SIMUL** 7 Ν PITTSBURG, KS **KODE-SIMUL** 23 Ν JOPLIN, MO **KFJX-SIMUL** 13 JOPLIN, MO ı KSNF-SIMUL 17 Ν JOPLIN, MO **KOZJ-SIMUL** Ε JOPLIN, MO 35

3. TYPE OF STATION

Add Rows as Necessary

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

SYSTEM ID#

CABLE ONE, INC.

14553

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	nd: 2022/2							FORM SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							14553
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant state Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each substitute	ify every non ccounting pe ing that mus r CONCER iod, did you tion? ", leave the	nnetwork televis. priod, under spe t be included in NING SUBST r cable system rest of this pag	ion program, broadcast by crific present and former FC this log, see page (v) of the TTUTE CARRIAGE a carry, on a substitute base ge blank. If your answer is	a distant static CC rules, regula e general instru sis, any nonne "Yes," you mi	ations, or a uctions in t etwork tele ust compl	authorization the paper sevision provision province YES	ystem carried on a ons. For a further SA1-2 form. ogram X NO ogram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Canton 5: Give the mor first. Example: for May 7 given Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	of every not distant statis gulations, o ies like "mor Bulls." In was broad sign of the sadcast static hadian statio had a station as we "5/7." Example: a er "R" if the land regulation ming that y	nnetwork televion and that yor authorization: vies" or "baskedcast live, entestation broadcapn's location (thous, if any, the when your system of a program carrilisted program ons in effect du	ision program ("substitute our cable system substitute s. See page (v) of the geretball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the stem carried the substitute or gram was carried by your ed by a system from 6:01 a was substituted for programing the accounting period	ed for the progression of the progression of the progression of the progression of the program. Use the program of the program	gramming ns for furt cample, "I ensed by the ntified). enumeral can be 28:30 p.m. your systetter "P" if the statement of the system of the sys	of another ther information in the formation in the forma	er station nation. y" or or, in e month urately ee quired
	S		E PROGRAM		CARRI	AGE OC	CURRED	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	FROM	TIMES — T	О
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Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#				
Haine	CABLE ONE, INC.				14553				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's setion of how	econdary transm to compute this	ission service amount, see	7,146.51				
	CODVENCIAL DOVAL TV EEE								
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 \$263,800 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.								
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for thi	s six-month					
	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 lin	es 1 and 2 .		· ·					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)					
	Base amount under statutory formula	\$	263,800.00	-					
	2. Enter amount of gross receipts from space K	. \$	217,146.51	-					
	3. Subtract line 2 from line 1	\$	46,653.49	-					
	4. Enter the amount of gross receipts from space K			217,146.51					
	5. Enter the amount from line 3			46,653.49					
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)				852.47				
	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		\$	852.47				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)					
	Enter the amount of gross receipts from space K								
	Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1			_					
	4. Multiply line 3 by .01		-						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		. \$	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	, 5, and 6							
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and	A Developer Developer Association Associat		¢.	050.47					
Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)			852.47					
	Filing Fee (See the instructions for more information on filing fee calculations)		<u> \$ </u>	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	872.47				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				its!				

Accounting Period: 2	2022/2			FORM SA1-2E. PAGE 7.
Name	CABLE ONE, I	OWNER OF CABLE SYSTEM:		SYSTEM ID# 14553
M Channels	to its subscribe 1. Enter the total system carrie 2. Enter the total on which the	rs, and (2) the cable system's total and number of channels on which the ed television broadcast stations		12 268
N Individual to Be Contacted		D BE CONTACTED IF FURTHER I about this statement of account.)	INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	JENAE HECK	Tek	ephone 602-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartment, c PHOENIX, AZ 85012-262 (City, town, state, zip)	,	
	Email	JENAE.HECK@CAE	BLEONE.BIZ Fax (optional 602-	-364-6013
O Certification	I, the undersigned (Owned) (Agent) X (Office) I have examined	r other than corporation or partner of owner other than corporation of in line 1 of space B and that the owner or partner) I am an officer (if a cor in line 1 of space B. the statement of account and hereby te, and correct to the best of my know	e certified and signed in accordance with Copyright Office regulationly one, of the boxes.) rship) I am the owner of the cable system as identified in line 1 of some partnership) I am the duly authorized agent of the owner of the cert is not a corporation or partnership; or rporation) or a partner (if a partnership) of the legal entity identified any declare under penalty of law that all statements of fact contained he wiedge, information, and belief, and are made in good faith.	pace B; or cable system as identified as owner of the cable system
		Enter Enter Typed or printed name Title: VIC	/s/ Quynh Tran er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith) ee: QUYNH TRAN CE PRESIDENT & TREASURER Official position held in corporation or partnership)	
		Date:	February 23, 2023	l

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.

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 of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers are develong secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (viii) 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 satellitic carriers to satellite dish owners? NO YES, Enter the total here and list the satellite carrier(s) below. S INTEREST ASSESSMENT You must complete this worksheet for those royally 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. Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 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. S (interest charge) *To view the interest rate chart click on www.copyringt.govicensing/interest-vate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. *This is the decimal equivalent of 1365, 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.	ounting Period: 2022/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satalitale Horne Viewer Act of 1988 amended Title 17, section 111(l/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 and the gross amounts paid to the cable 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 satellitic carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. S Name Mailing Address Name Mailing Address NITEREST 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. Line 2 Multiply line 1 by the interest rate* and enter the sum here	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No	BLE ONE, INC.	14553
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No	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."	Special Statement Concerning Gross Receipts Exclusion
VES. Enter the total here and list the satellite carrier(s) below	During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
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. Line 2 Multiply line 1 by the interest rate* and enter the sum here	X NO	
Mailing Address Mailing Address	YES. Enter the total here and list the satellite carrier(s) below	
Q Interest Assess Line 2 Multiply line 1 by the interest rate* and enter the sum here		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
contact the Licensing Division at (202) 707-8150 or licensing@loc.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	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u>. </u>
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		
Owner Address	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address		
	Owner	
	Address	
ID number First community served Accounting period		

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