## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY		
DATE RECEIVED	AMOUNT	
2-28-23	\$	
	ALLOCATION NUMBER	

Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	July 1-December 31, 20	22						
<b>B</b> Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  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.  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 ADI							
	Northland Cable Television,	, INC (ALICEVILLE)						
			*00	0203020222	2*			
				002030 2022/2	2			
	101 Stewart St, Suite 700							
	Seattle, WA 98101							
С			fy the business and operation of the system u					
_		e 2, give the mailing address of the	system, if different from the address given in s	pace B.				
System	1 IDENTIFICATION OF CABLE SYSTEM:	1//010N						
	NORTHLAND CABLE TELEVISION  MAILING ADDRESS OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:   307 1ST STREET SOUTH							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
		:4	"	iul d-£:d				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated							
_			5(dd). The first community that list will serve a					
Area		·	se it as the first community on all future filings.					
Served	Note: Entities and properties such as ho	tels, apartments, condiminiums, or	mobile home parks should be reported in para	theses below				
	the identified city.							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First	ALICEVILLE	AL	PICKENS COUNTY	AL				
Community	CARROLTON	AL	PICKENS COUNTY (NORTH)	AL				
	GORDO KENNEDY	AL AI	PICKENSVILLE	AL				
	LAMAR COUNTY	AL AL	REFORM	AL				
	MILLPORT	AL AL						
	milli Oiti	76	-					

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

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYS  Northland Cable Television, Inc			SYSTEM 0020
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
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Area				<b>†</b>
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Converter

FORM SA3, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CARLE SYSTEM: Name 002030 Northland Cable Television, Inc (ALICEVILLE) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES F In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Transmission Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE SUBSCRIBERS SUBSCRIBERS Residential: · Service to first set 643 25.00 Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 41 70.70 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Rates 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 25.00 · Motel, hotel 29.99 • Pay cable—add'l channel 16.00 Commercial Fire protection Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential Fire protection First set 50.00 · Burglar protection Additional set(s) 20.00 Other services: • FM radio (if separate rate) Reconnect 75.00

> Disconnect Outlet relocation

· Move to new address

45.00

45.00

WIAT-Court TV Mystery 42.2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002030 Northland Cable Television, Inc (ALICEVILLE) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progra Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space L 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommerc educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL SIGN 2. B'CAST 3. TYPE 6. LOCATION OF STATION CHANNEL OF NUMBER STATION BIRMINGHAM, AL WRMA - ARC 8.1 N-M BIRMINGHAM, AL WBMA - ABC HD 8.2 N-M TUPELO, MS WTVA-NBC 8 N WTTO CW 3 Ν **BIRMINGHAM, AL** 35 Ν COLUMBUS, AL WCBI-CBS WCBI-MyNetwork TV .2 35.2 N-M COLUMBUS, AL BIRMINGHAM, AL WBRC-FOX 50 WVUA-IND 23 TUSCALOOSA. AL WIAT-CBS 30 N BIRMINGHAM, AL WIIO-PRS 19 Ε **DEMOPOLIS. AL** TUSCALOOSA. AL WSES-Heroes & Icons 11 1 **BIRMINGHAM, AL** WVTM-NRC 13 Ν 74 **BIRMINGHAM, AL** WGN America N TUPELO, MS WTVA-NBC HD 8.3 N-M BIRMINGHAM, AL N-M WTTO-CW HD 10.3 35.1 N-M COLUMBUS. AL WCBI-CBS HD WCBI-MyNetwork TV .2 35.2 N-M COLUMBUS, AL WBRC-FOX HD 50.1 I-M BIRMINGHAM, AL WIAT-CBS HD 30.1 N-M BIRMINGHAM, AL WIIQ-PBS HD 19.1 E-M DEMOPOLIS, AL WVTM-NBC HD 13.1 N-M BIRMINGHAM, AL WVTM-MeTV .2 13.2 N-M BIRMINGHAM, AL WBRC-Bounce .2 50.2 I-M **BIRMINGHAM, AL** WIIQ-PBS Create .3 E-M **DEMOPOLIS, AL** 19.3 WIIQ-PBS World .4 E-M **DEMOPOLIS, AL** 19.4 WIIQ-PBS Kids .2 19.2 E-M DEMOPOLIS, AL **BIRMINGHAM, AL** WIAT-Justice Network 42.3 42.3 N-M

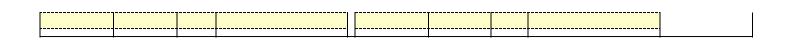
N-M

42.2

**BIRMINGHAM, AL** 

N	LEG	AL NAME OF OWNER	R OF CABLE SYSTEM	:	SYSTEM ID#		
Name	No	rthland Cable Te	elevision, Inc (Al	LICEVILLE)	002030		
	PRIMARY TRANSMITTERS: TELEVISION		· · ·	·			
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 sis 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 and also on some other basis. For further information concerning substitute basis sations, see page (v) of the general instructions.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.  Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M"						
	(for independent multicast), "E" (for nonco For the meaning of these terms, see page Coli FCC. For Mexican or Canadian stations, if	(iv) of the general in umn 4: Give the loca	structions. ation of each station.	For U.S. stations, list the community to which th	e station is licensed by		
	1. CALL SIGN  2. B'CAST CHANNEL OF NUMBER STATION  6. LOCATION OF STATION						
	WBRC-Grit .5 WBRC-Circle .3 WBRC-FOX VOD	50.5 50.3 50	I-M I-M	BIRMINGHAM, AL BIRMINGHAM, AL BIRMINGHAM, AL			

FORM SA1-2. F	FOWNER OF (		YSTEM:					SYSTEM ID#	Name
NOT UITATIU C	able TeleVI	aiuii, ii	ic (ALICEVILLE)					002030	
	t every radio s	tation ca	rried on a separate and discrenerally receivable" by your ca						Н
Special Instructive receivable if (1) on the basis of For detailed information Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	ctions Concell it is carried by monitoring, to ormation about dentify the call state whether to the radio state this by placing Give the station	rning All y the sys be recei t the the sign of e the statio ion's sign g a check i's location	l-Band FM Carriage: Under often whenever it is received a ved at the headend, with the Copyright Office regulations each station carried.  In is AM or FM.  In all was electronically process a mark in the "S/D" column.  In on (the community to which the community with which the	Co at sy oi	opyright Office re the system's hea ystem's FM ante in this point, see d by the cable sy	egulations, an adend, and (2 nna, during capage (v) of the system as a se	FM sign ) it can be ertain state genera	al is generally be expected, ated intervals. al instructions.  Ind discrete	Primary Transmitters: Radio
			,						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	L	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#		
Name	Northland Cable Television, Inc (ALICEVILLE)								
	SUBSTITUTE CARRIAGE	E: SPECIA	I STATEME	NT AND PROGRAM I O	G				
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a								
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and Program Log	ment and hroadcast by a distant station?								
Flogram Log	broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.								
	2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a congrete line. List abbreviations wherever possible, if their magning is								
	<b>In General:</b> List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.								
	<b>Column 1:</b> Give the title period, was broadcast by a			ision program (substitute					
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific progra	m titles, for ex	kample, "I Love Lu	ucy" or		
	Column 2: If the program	n was broa		r "Yes." Otherwise enter "					
				asting the substitute progr ne community to which the		anaad by the ECC	Cor in		
	the case of Mexican or Can						, OI, III		
	Column 5: Give the mor first. Example: for May 7 gives		when your sys	tem carried the substitute	program. Use	e numerals, with t	the month		
			e substitute pro	gram was carried by your	cable system	n. List the times a	ccurately		
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. should	d be		
	stated as "6:00–6:30 p.m."  Column 7: Enter the lett	er "R" if the	listed program	was substituted for progr	ramming that	your system was	required		
	to delete under FCC rules a								
	gram was substituted for pr effect on October 19, 1976.		that your syste	em was permitted to delet	e under FCC	rules and regulati	OHS III		
	WHEN SUBSTITUTE CARRIAGE								
	s	UBSTITUT	E PROGRAM			OCCURRED	7. REASON		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	FOR DELETION		
		163 01 110	OALL SIGN	4. STATIONS EGGATION	AND DAT	TIOW —	10		
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FORM SA1-2.		OVOTEM ID#	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television, Inc (ALICEVILLE)	SYSTEM ID# 002030	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter th all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissic (as identified in space E) during the accounting period. For a further explanation of how to compute this amou page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	on service int, see	K Gross Receipts
	during the accounting period	\$ 121,320.00 (Amount of gross receipts)	
Instructions	T ROYALTY FEE: 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, Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions 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 pay for this accounting period is \$52.00  Line 1. Royalty fee for accounting period .		Copyright Royalty Fee
	· · · · · · · · · · · · · · · · · · ·	·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  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 \$137,100)		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	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 \$527,600)		
	1. 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		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00_	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		
		Not Available	
	EFT Trace # or TRANSACTION ID #		
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n	nore information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television, Inc (ALICEVILLE)  SYSTEM ID#  002030
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.
Chamers	1. Enter the total number of channels on which the cable system carried television broadcast stations
	2. Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)  Rye Brook, NY 10573
	(City, town, state, zip)
	Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]
	Handwritten signature: /s/ Daniel J White
	Typed or printed name: <b>Daniel J White</b>
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)
	Date: 2/28/2023

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (ALICEVILLE)	SYSTEM ID# 002030	Name
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 ad lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see	r the basic ot include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction During the accounting period did the cable system exclude any amounts of gross receipts for secondary to made by satellite carriers to satellite dish owners?  X NO		Concerning Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address  Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or unformal formal explanation of interest assessment, see page (viii) of the general instructions.	inderpayment.	Q
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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	rest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright list below the owner, address, first community served, ID number, and accounting period as given in the o		
Owner Address		
ID number  First community served  Accounting period		

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