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

Return completed workbook by email to:

coplicsoa@loc.gov

or additional information, ontact the U.S. Copyright Office Licensing Division at: el: (202) 707-8150

STATEMENT OF ACCOUNT	FOR (
for Secondary Transmissions by	DATE RECE
Cable Systems (Short Form)	

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY	by e
DATE RECEIVED	AMOUNT	con
02/22/23	\$ ALLOCATION NUMBER	<u>cop</u> For con Offic Tel:

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20222 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	24135
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		White Cloud Communications, US, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		150 Progress Way (Number, street, rural route, apartment, or suite number)	
		Owenton, KY 40359 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	inless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	White Cloud Communications, US, LLC	24135
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	
	CITY OR TOWN	STATE
First Community	Bremen Sacramento	КҮ
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	White Cloud Communic	ations, US,	LLC						2413
	SECONDARY TRANSMISSION	SERVICE: SI	IBSCRI	BERS AND RAT	FS				
E	In General: The information in s		-	-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission	on of television	and rad	io broadcasts by	/ your sy	stem to subscril	pers. Give i	information	
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				/ standal		s within a p		
	Block 1: In the left-hand block				s of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide	to their subsc	ribers. G	Sive the number	of subsc	ribers and rate	for each list	ted category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	e right-ha	and block. A two	- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1		П			BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				0,111			000001100	
	Service to first set		117	22.44					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
E	In General: Space F calls for rat	·	,	•					
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		5 ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				ieu. List	these other serv			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVI	ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-resid					
	• Pay cable		• Mot	el, hotel			Conver	ter	2.95
	Pay cable—add'l channel		• Con	nmercial			Premiu	m Channel	16.9
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l cha	nnel				
	Installation: Residential		• Fire	protection					
	• First set	49.95		glar protection					
	 Additional set(s) 			ervices:					
	• FM radio (if separate rate)			connect					
	· · · /								
	Converter		* DISI	connect					
	Converter			connect let relocation					
	• Converter		• Out	connect let relocation /e to new addres	ss				

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM
me	White Cloud Commu	inications, US, LLC		24'
	PRIMARY TRANSMITTERS:	TELEVISION		
ry ters: ion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eact educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program I both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, represent vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFIE	14	N	
			N	EVANSVILLE. IN
	WEHT	25	N	EVANSVILLE, IN EVANSVILLE, IN
≥ssary		···•		
ssary	WEHT	25	N	EVANSVILLE, IN
ssary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
ssary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
ary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
ary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
essary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
:essary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
xcessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
ecessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
Necessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
lecessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
Necessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
lecessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
lecessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
lecessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
Necessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
Necessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
Necessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY
Necessary	WEHT	25	N	EVANSVILLE, IN
	WKMA	35	E	MADISONVILLE, KY
	WNIN	9	E	EVANSVILLE, IN
	WEVV	44	N	EVANSVILLE, IN
	WEVV-DT2	44.2	N-M	EVANSVILLE, IN
	WBKO	13	N	BOWLING GREEN, KY

Accounting F	Period: 2022	/2					FORM	I SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
White Cloud	Communi	cations	s, US, LLC					24135
all-band basis v	t every radio s whose signals	station ca were ge	arried on a separate and discr nerally receivable by your cab	le system during	the accountin	ig period	1.	н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recei at the Co I sign of o the static ion's sig g a check n's locati	I-Band FM Carriage: Under (stem whenever it is received a wed at the headend, with the opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	White Cloud Commun	ications,	US, LLC					24135
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	ion program. broadcast by	- a <i>distant</i> stati	ion. that νοι	ur cable svste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in th	ne paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basis	s, any nonnet	twork televi	sion progran	
Program Log	broadcast by a distant sta	tion?				L	YES	X NO
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			to line. I lee obbroviations i	wherever nee	aible if the	ir maaning ia	
	In General: List each subst clear. If you need more spa				vnerever pos	sidle, li the	ir meaning is	5
	Column 1: Give the title	of every no	nnetwork telev	sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."				•	-	
				r "Yes." Otherwise enter "N sting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		e FCC or, in	
	the case of Mexican or Can			community with which the s tem carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when your sys	tern carned the substitute p	nografii. Ose	numerais,		101
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulation	ons in	
	s	UBSTITUT	E PROGRAM	l		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							<u> </u>	
								"
							_	
							_	
							_	
							_	
							_	1
							_	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	White Cloud Communications, US, LLC		24135
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	, 346.16
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 to • 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.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	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	7,600)	
	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 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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2022/2		FORM SA1-2E. PAGE	7
Name		OWNER OF CABLE SYSTEM: Communications, US, LLC	SYSTEM IE 2413	
M Channels		You must give (1) the number of channels on which the cable system carried television broaters, and (2) the cable system's total number of activated channels during the accounting per		
		al number of channels on which the cable d television broadcast stations	9	
	on which the	al number of activated channels cable system carried television broadcast stations Icast services	150+	
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to w about this statement of account.)	hom	
for Further Information	Name	Bruce Beard, Cinnamon Mueller	Telephone 314-462-9000	
	Address	1714 Deer Tracks Trail, Suite 230 (Number, street, rural route, apartment, or suite number)		
		St. Louis, MO 63131 (City, town, state, zip)		
	Email	Bbeard@CinnamonMueller.com Fax (optio	nal)	
	CERTIFICATIO	I (This statement of account must be sortified and signed in accordance with Convrigth Off	iao ragulationo)	
Ο		I (This statement of account must be certified and signed in accordance with Copyright Off	ce regulations)	
Certification		hed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)		
	(Ow	er other than corporation or partnership) I am the owner of the cable system as identified in	line 1 of space B; or	
		nt of owner other than corporation or partnership) I am the duly authorized agent of the own In line 1 of space B and that the owner is not a corporation or partnership; or	er of the cable system as identified	
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity n line 1 of space B.	identified as owner of the cable system	
	are true, comp	ed the statement of account and hereby declare under penalty of law that all statements of fact c ete, and correct to the best of my knowledge, information, and belief, and are made in good faith tion 1001(1986)]		
		X /s/ TJ Scott		
		Enter an electronic signature on the line above to certify this sta Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	atement.	
		Typed or printed name: TJ Scott		
		Title: VP of Operations (Title of official position held in corporation or partnership)		
		Date: February	22, 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 the 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 telephoin 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 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 t 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 lay

unting Period: 2022/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
te Cloud Communications, US, LLC	241
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	P Special Statemer Concerning Gros Receipts Exclusio
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	Q
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.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
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	<u> </u>
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