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 ACC		FOR COPYRIGHT (OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmission		DATE RECEIVED	AMOUNT	
Cable Systems (Short Form	-	-		<u>coplicsoa@loc.gov</u>
			\$	For additional information, contact the U.S. Copyright
General instructions are located	02/	/23/2023		Office Licensing Division at: Tel: (202) 707-8150
in the first tab of this workbook			ALLOCATION NUMBER	
A ACCOUNTING PE	RIOD COVERED BY T	HIS STATEMENT: (YYY	Y/(Period))	
2022/2	Period	1 = January 1 - June 30	Period 2 = July 1 - December 31	
	Barras	de Dete Filing Devied (antional - ac		
	20222 Barcoc	de Data Filing Period (optional - se	e instructions)	
Accounting Period				
Instructions:				
Give the full lega	I name of the owner of the cable liary, not that of the parent corp		ry of another corporation, give the full co	rporate
Owner List any other na	me or names under which the o	wner conducts the business of the	cable system.	
If there were diff	erent owners during the accoun	nting period, only the owner on the	last day of the accounting period should s	submit a
		nent covering the entire accounting		
Check here if this	is the system's first filing. If not	t, enter the system's ID number ass	igned by the Licensing Division.	27366
LEGAL NAME	E OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM		
Fidelity Cables	ision, LLC			
BUSINESS NA	ME(S) OF OWNER OF CABL	LE SYSTEM (IF DIFFERENT)		
CoBridge Broa	adband, LLC dba Fidelity Co	ommunications		
	RESS OF OWNER OF CABL	E SYSTEM		
64 N Clark (Number, street, rur	al route, apartment, or suite number)			
Sullivan, M (City, town, state, zi				
			y the business and operation of the	
	I OF CABLE SYSTEM:	e the mailing address of the s	system, if different from the addres	s given in space B
	OF CABLE STOTEM.			
MAILING ADDRE	ESS OF CABLE SYSTEM:			
2 (Number, street, rur	al route, apartment, or suite number)			
(City, town, state, zi) code)			
Privacy Act Notice: Section 111 of title 17 of t	he United States Code authorizes	the Copyright Offce to collect the pe	rsonally identifying information (PII) request	ted on this

Finally det Notice: Section 111 of title 17 of the United States Code autonorzes 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 it 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
Name	Fidelity Cablevision, LLC	273
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including sing ist will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
_	CITY OR TOWN	STATE
First Community	Hardy Charokoo Villago	AR AR
Community	Cherokee Village Highland	
	nigniario	AR
dd Rows as Necessary		

								FORM SA	TEM I
Name	LEGAL NAME OF OWNER OF C							513	2736
	Fidelity Cablevision, LL	C							2750
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND R	ATES				
E	In General: The information in s	•		-					
0	system, that is, the retransmissio								
Secondary Transmission	about other services (including p last day of the accounting period	, , ,	,		,		iose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc				,				
	Block 1: In the left-hand block			•					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, to with the number of subscribers a								
	sufficient.		, ngnt-n						
	BLO	OCK 1					BLOC	(2	
		NO. OF		DATE	0.17			NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	• Service to first set		357	62.60					
			357	63.60					
	Service to additional set(s) EM radio (if concrete rate)								
	• FM radio (if separate rate) Motel, hotel		3	14.25					
	Commercial		3 2	14.35 22.70					
	Converter		2	22.70					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
-	In General: Space F calls for rat	te (not subscrib	er) info	rmation with re	spect to al	l your cable syst	em's servi	ces that were	
F	not covered in space E, that is, t								
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			,,,,,,,				· g	
ansmissions:	Block 1: Give the standard rat	• •				••			
Dataa	Block 2: List any services that listed in block 1 and for which as				•	0.			
Rates	listed in block I and for which a s				SHEU. LISU			Ionn or a	
Rales	brief (two- or three-word) descrip	otion and includ		ate for each.					
Rales	brief (two- or three-word) descrip			ate for each.					
Rales		BLO	CK 1		VICE	RATE	CATEG	BLOCK 2	RA
Kales	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:		CK 1 CATEO	GORY OF SER		RATE	CATEG	BLOCK 2 DRY OF SERVICE	RAT
Rales	CATEGORY OF SERVICE	BLO	CK 1 CATE(Install	GORY OF SER		RATE \$80/hr	CATEGO		
Rales	CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATEO Install • Mo	GORY OF SER ation: Non-res					RAT 67. 17.
Rales	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO RATE	CK 1 CATEO Install • Mo • Co	GORY OF SER ation: Non-res		\$80/hr	Tier	DRY OF SERVICE	67.
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CK 1 CATEC Install • Mo • Co • Pa	GORY OF SER ation: Non-res tel, hotel mmercial	idential	\$80/hr	Tier Tier	DRY OF SERVICE	67. 17. 12.
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE	CK 1 CATEC Install • Mo • Co • Pa • Pa	GORY OF SER ation: Non-res itel, hotel mmercial y cable	idential	\$80/hr	Tier Tier Digital	DRY OF SERVICE	67. 17. 12.
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO RATE	CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l cl	idential nannel	\$80/hr	Tier Tier Digital	DRY OF SERVICE	67. 17. 12.
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE PP	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l cl e protection	idential nannel	\$80/hr	Tier Tier Digital	DRY OF SERVICE	67. 17.
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO RATE PP	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu • Bu	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	idential nannel	\$80/hr	Tier Tier Digital	DRY OF SERVICE	67. 17. 12.
Kales	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO RATE PP	CK 1 CATE(Install • Mo • Co • Pa • Pa • Firr • Bu Other • Re	GORY OF SER ation: Non-res ttel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	idential nannel	\$80/hr \$80/hr	Tier Tier Digital	DRY OF SERVICE	67. 17. 12.
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOO RATE PP	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu • Bu • Re • Dis	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	idential nannel	\$80/hr \$80/hr	Tier Tier Digital	DRY OF SERVICE	67. 17. 12.

ccounting Period:	2022/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Fidelity Cablevision,	LLC		2736
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the telev rRC is channel 4 in Washington, D.C. a case whether the station is a network rring the letter "N" (for network), "N-M", "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
		dian stations, if any, give the name of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K38HE-D	38.1	I	WEST PLAINS, MO
	KAIT	8.1	N	JONESBORO, AR
dd Rows as Necessary	KAIT-DT2	8.2	N-M	JONESBORO, AR
	KAIT-DT3	8.3	I-M	JONESBORO, AR
	KETS	2.1	E	LITTLE ROCK, AR
	KJNB-LD1	39.1	N	JONESBORO, AR
	KJNB-LD2	39.2	N-M	JONESBORO, AR
	KJNB-LD3	39.3	I-M	JONESBORO, AR
	KSPR-DT2	33.2	I-M	SPRINGFIELD, MO
	KVTN	25.1	I	PINE BLUFF, AR
	κγτν	3.1	Ν	SPRINGFIELD, MO

EGAL NAME OF			I STEIW.					SYSTEM I
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC) it can l ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE OIGHT		C/D		ONLE CICIL		0,D		

Accounting Perio								
Name	LEGAL NAME OF OWNER OF Fidelity Cablevision, L		TEM:					SYSTEM ID# 27366
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	tify every non accounting pe	network televi eriod, under sp	<i>sion program,</i> broadcast by pecific present and former F	a distant sta CC rules, reg	ulations, or	authorizatio	ons. For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	During the accounting per				isis, any noni	network tele	evision prog	gram
Statement and Program Log	broadcast by a distant sta	ation?		·	-		YES	XNO
r rogram zog	Note: If your answer is "No	»" leave the	rest of this na	ige blank. If your answer i	s "Yes " vouu	– must.compl	_	-
	log in block 2.	, iouro ino		go siant. Il your anotion i	5 100, jour	nuot oompi		gram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi	ace, please a e of every nor a distant stati egulations, or ries like "mor . Bulls." m was broad sign of the si adcast statio nadian statio nth and day ive "5/7." les when the . Example: a	add additional nnetwork tele- ion and that y r authorization vies" or "bask dcast live, ente- station broadc on's location (t ons, if any, the when your sy e substitute pro- a program carr	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter asting the substitute prog the community to which the stem carried the substitute ogram was carried by you ried by a system from 6:07	e program") ti ted for the pro neral instruct am titles, for e "No." ram. e station is lid e station is id e program. U r cable syste I:15 p.m. to 6	hat, during ogramming ions for furf example, "I censed by t lentified). se numeral m. List the 3:28:30 p.m	the accoun of another her informa Love Lucy' he FCC or s, with the times accui . should be	ting station ation. ' or , in month rately
	to delete under FCC rules a was substituted for program	and regulation mming that y	ons in effect d	uring the accounting perio	od; enter the	letter "P" if t	he listed p	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation mming that y	ons in effect d our system w	uring the accounting period as permitted to delete und	od; enter the l ler FCC rules WHE	letter "P" if the sand regula	the listed plations in	rogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation mming that y b. UBSTITUTE	ons in effect d our system w	uring the accounting period as permitted to delete und	er FCC rules WHE CARRI	letter "P" if t s and regula N SUBSTI AGE OCC	the listed plations in	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation mming that y	ons in effect d our system w	uring the accounting period as permitted to delete und	od; enter the l ler FCC rules WHE	letter "P" if f s and regula N SUBSTI AGE OCC 6. T	the listed plations in	7. REASON FO
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation mming that y UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete unc	wd; enter the later FCC rules WHE CARRI 5. MONTH	letter "P" if t s and regula N SUBSTI AGE OCC 6. T	TUTE URRED	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation mming that y UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete unc	wd; enter the later FCC rules WHE CARRI 5. MONTH	letter "P" if t s and regula N SUBSTI AGE OCC 6. T	TUTE URRED	7. REASON FOR
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Accounting Period:	2022/2 FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS Fidelity Cablevision, LLC	STEM ID#
		27366
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	543.00 s receipts)
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 \$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 \$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 six-month	
	accounting period is \$52.00	
	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 \$ 263,800.00	
	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 \$ 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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Total Remittance Due	1. Royally Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
	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 Register of Copyrigh	its!
	See page i of the general instructions in the paper SA1-2 form for more information.	

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Fidelity Cable	OWNER OF CABLE SYSTEM: evision, LLC	SYSTEM ID# 27366
M Channels	to its subscribe 1. Enter the tota system carrie 2. Enter the tota	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	20
		Icast services	301
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Melinda Lahmann Telephone 5	573-468-1216
	Address	64 N Clark (Number, street, rural route, apartment, or suite number) Sullivan, MO 63080 (City, town, state, zip)	
	Email	melinda.lahmann@fidelitycommunications.com Fax (optional)	
O Certification	I, the undersign (Own (Ager ir X (Offi ir V I have examine	V (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	; or ystem as identified
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Quynh Tran	
		Title: Vice President & Treasurer (Title of official position held in corporation or partnership)	
		Date: 2/23/23	

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 th 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 telephon 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 i 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 th 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

ounting Period: 2022/2				FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID
elity Cablevision, LLC				2736
 SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section 1 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary brosscribers and amounts collected from subscribers receiving service of information on when to exclude these amounts, see the relocated in the paper SA1-2 form. During the accounting period, did the cable system exclude any arr made by satellite carriers to satellite dish owners? X 	111(d)(1)(A), of the Coss amounts paid to the adcast transmitters, the secondary transmission ote on page (vii) of the nounts of gross receiption	opyright Act by adding e cable system for the the system shall not in ons pursuant to section ne general instruction ots for secondary tran	e basic nclude sub- on 119." s	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.		\$		
Name Mailing Address	Name Mailing Address			
INTEREST ASSESSMENT				
You must complete this worksheet for those royalty payments subr For an explanation of interest assessment, see page (viii) of the ge				Q
	neral instructions loca			Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the ge Line 1 Enter the amount of late payment or underpayment	neral instructions loc:	ated in the paper SA1		Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the ge	neral instructions loc:	ated in the paper SA1	-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the ge Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	neral instructions loca	xx		Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the ge Line 1 Enter the amount of late payment or underpayment	neral instructions loca	xx	-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the ge Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	neral instructions loca	xx	-2 form. days 	Q Interest Assessmen
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For an explanation of interest assessment, see page (viii) of the generation of interest assessment, see page (viii) of the generation of the payment or underpayment	neral instructions loca	xxx 0.0	-2 form. days days 00274 t charge)	Q Interest Assessmen
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