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

STATEME	INT OF ACCOUNT	FOR COPYRIC	Return completed workbook by email to		
Cable System	ry Transmissions by ms (Short Form) ctions are located of this workbook.	DATE RECEIVED	AMOUNT \$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	YY/(Period))		

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		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					
		Colfax Cable Co. PO Box 268, Saint John, WA 99171					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		(Number, street, rural route, apartment, or suite number)					
		(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:					
		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 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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	Colfax Cable Co. PO Box 268, Saint John, WA 99171	31102				
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 separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, di 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 ' community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the iden					
Area Served	city.					
	CITY OR TOWN	STATE				
First mmunity	Colfax	WA				
as Necessary						

							FORM SA1	-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	Colfax Cable Co. PO Box 268, Saint John, WA 99171								
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIBERS AND R	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Secondary	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								
Transmission	last day of the accounting period	, , ,	,	,					
Service: Sub-	Number of Subscribers: Both	n blocks in space	e E call for the num	ber of subsc	ribers to the c				
scribers and	down by categories of secondary	,	0 , ,						
Rates	each category by counting the n separately for the particular serv						s charged		
	Rate: Give the standard rate of						ge 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	•	0						
	that applies to your system. Not						0,		
	categories, that person or entity		-		-				
	subscriber who pays extra for ca				in the count u	under "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system				service that a	re different	from those		
	printed in block 1 (for example, t	-	•						
	with the number of subscribers a				,	<i>, , , , , , , , , ,</i>	, 0		
	sufficient.			11					
	BLO	OCK 1 NO. OF				BLOC	K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIBER	RS RATE	CATE	EGORY OF SE	ERVICE	SUBSCRIBERS	RAT	
	Residential:								
	Service to first set		327 105.00						
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN		-s			<u> </u>	-	
-	In General: Space F calls for rat				I your cable sy	ystem's ser	vices that were		
F	not covered in space E, that is, t								
Services	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services								
Other Than	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,								
Secondary	enter only the letters "PP" in the rate column.								
Transmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
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.								
	, , .	BLOC	K 1	BLOCK 2					
	CATEGORY OF SERVICE	1	ATEGORY OF SE	RVICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		nstallation: Non-re			0,1120			
	• Pay cable		Motel, hotel			Digital	Basic	19.0	
	• Pay cable—add'l channel		Commercial				e Starz	10.5	
	Fire protection			Movie	Channel	14.5			
	•Burglar protection		• Pay cable-add'l o	channel		Showt	ime	14.5	
	Installation: Residential		 Fire protection 			Cinem	ax	9.0	
				n		HBO		T	
	• First set		 Burglar protectio 					15.5	
		c	• Burglar protectio)ther services:					15.5	
	• First set	c	• •					15.5	
	• First set • Additional set(s)	c	Other services:					15.5	
	 First set Additional set(s) FM radio (if separate rate) 	C	• Reconnect					15.€	

	LEGAL NAME OF OWNER O	DF CABLE SYSTEM:		SYSTEM				
Name		Box 268, Saint John, WA 99171		31				
	PRIMARY TRANSMITTERS: TELEVISION							
G 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 and expecific FCC rules, regulations, or authorizations: Do <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 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							
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	e community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION				
	KREM	2	N	Spokane, WA				
			14	Sporalie, WA				
		2	1	Snokano WA				
····· en Nocossani	KAYU KXI Y	3	I	Spokane, WA				
ows as Necessary	KXLY	4	IN	Spokane, WA				
ows as Necessary	КХLҮ КНQ	4 6	N	Spokane, WA Spokane, WA				
ows as Necessary	KXLY KHQ KSPS	4 6 7	N E	Spokane, WA Spokane, WA Spokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU	4 6 7 10	N E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID	4 6 7 10 12	N E E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN	4 6 7 10 12 22	N E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID Spokane, WA				
ws as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID Spokane, WA Spokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN	4 6 7 10 12 22	N E E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID Spokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID Spokane, WA Spokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID Spokane, WA Spokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID Spokane, WA Spokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID Spokane, WA Spokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID Spokane, WA Spokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID Spokane, WA Spokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WA Spokane, WA Spokane, WA Pullman, WA Moscow, ID Spokane, WA Spokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WASpokane, WASpokane, WAPullman, WAMoscow, IDSpokane, WASpokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WASpokane, WASpokane, WAPullman, WAMoscow, IDSpokane, WASpokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WASpokane, WASpokane, WAPullman, WAMoscow, IDSpokane, WASpokane, WA				
ows as Necessary	KXLY KHQ KSPS KWSU KUID KSKN KGPX	4 6 7 10 12 22 50	N E E E	Spokane, WASpokane, WASpokane, WAPullman, WAMoscow, IDSpokane, WASpokane, WA				

Accounting F	Period: 2022	/2					FOR	VI SA1-2E. PAGE 4.
LEGAL NAME O	F OWNER OF	CABLE S	YSTEM:					SYSTEM ID#
Colfax Cabl	e Co. PO B	ox 268	, Saint John, WA 99171					31102
PRIMARY TRA		: RADIO						
			arried on a separate and discre				ied on an	н
all-band basis whose signals were generally receivable by your cable system during the accounting period.								
			I-Band FM Carriage: Under C					Primary
			tem whenever it is received at					Transmitters: Radio
			ved at the headend, with the s pyright Office regulations on th					Raulo
paper SA1-2 fo					e (1) et alle ge			
			each station carried.					
			on is AM or FM. nal was electronically process	ad by the cable s	vetom as a so	narate a	nd discrete	
			mark in the "S/D" column.	ed by the cable s	ystern as a se	parate a		
Column 4: 0	Give the station	n's locati	on (the community to which th			C or, in t	he case of	
Mexican or Car	nadian stations	s, if any,	the community with which the	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		1						
		<u> </u>						
				·				
		+						
		+						
		+						
		+						
		1						
		+						
		1						

Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID#	
	Colfax Cable Co. PO B	ox 268, Sa	aint John, W	A 99171				31102	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	fy every non counting pe	<i>network televisi</i> riod, under spe	on program, broadcast by a cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or a	uthorizations.	For a further	
Carriage:	1. SPECIAL STATEMENT				general mour				
Special Statement and	 During the accounting peri 	-			s, any nonne	twork telev	ision progran	n	
Program Log	broadcast by a distant stat	ion?					YES	× NO	
	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								
	In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Canu- Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a was substituted for program effect on October 19, 1976.	ce, please a of every nor distant stati gulations, or es like "moo Bulls." In was broad sign of the s dcast statio dadian statio adian statio th and day the e "5/7." is when the Example: a er "R" if the Ind regulatic	add additional r network televi on and that you r authorizations vies" or "baske lcast live, enter tation broadca n's location (th ns, if any, the c when your syst substitute prog program carrie	ows to the tables. sion program ("substitute ar cable system substitute s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra e community to which the community with which the em carried the substitute p gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") that d for the prog eral instruction in titles, for ex- lo." m. station is licer station is ider program. User cable system 15 p.m. to 6:2 umming that y ; enter the left	at, during th gramming c ns for furth ample, "I L ensed by th httified). a numerals . List the tiu 28:30 p.m. <i>r</i> our systen tter "P" if th	he accounting of another state her information love Lucy" or he FCC or, in , with the more mes accurate should be n was <i>require</i> he listed progr	tion n. hth ly	
	s	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7.			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION	
							_		
							_		
							_		
							_		
							_		
							_		
							_		
							_		
							_		
							_		
							_		
							_		
							_		
						+			

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Colfax Cable Co. PO Box 268, Saint John, WA 99171	SY	STEM ID# 31102
	GROSS RECEIPTS		31102
K Gross Receipts	Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amo page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ion service ount, see	402.50 ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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 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. 	8,800.	
	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 this accounting period is \$52.00.	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 lines 1 and 2		
	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 \$ 203,402.50		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K \$ 203	3,402.50	
	5. Enter the amount from line 3	0,397.50	
	6. Subtract line 5 from line 4	3,005.00	
	7. Multiply line 6 by .005 (enter figure here)		715.03
	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	\$	715.03
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	00)	
	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	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u>, </u>	
	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)	715.03	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	5	735.03
	EFT Trace # or TRANSACTION ID # 273JJTNS		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Co. PO Box 268, Saint John, WA 99171	SYSTEM ID# 31102
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which th	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ied television broadcast stations	10 138
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	Cheryl Van Lith Telephone	509-648-3322
	Address	PO Box 268, 11 E Front St. (Number, street, rural route, apartment, or suite number) Saint John WA 99171 (City, town, state, zip)	
	Email	sjcable@stjohncable.com Fax (optional	
O Certification	I, the undersign (Own (Agen X (Offi I have examine are true, comp	I (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.) ner 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 sys 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 owne 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 lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	stem as identified
		X /s/Joe Dennis 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: Joe Dennis Title: VP of Operations (Title of official position held in corporation or partnership)	
		Date: 01/27/22	

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 filing, a determination that would be made by a court of law.

Defax Cable Co. PO Box 268, Saint John, WA 99171 311 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Control of Subscribers and mended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sections: Image: Control 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.° Image: Control of Con	counting Period: 2022/2	FORM SA1-2E. PAGE 8
SPECIA STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION P The Satellite Home Viewer Act of 1988 annexed Tills 17, section 111(0)(1)(A), of the Copyright Act by adding the following secondary transmission of primary broadcast transmitters, the sight secondary transmission of primary broadcast transmitters, the sight secondary transmission primary to exclude these amounts, see the note on page (vii) of the general instructions boated in the paper SA1-2 form. P During the accounting period, did the cable system exclude any amounts of gress receipts for secondary transmissions marks by satellite carriers to satellite carrier(s) below. \$ P Norme	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The statilite Home Vaewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: The determining the total number of subscribers and the gross amounts pails to the cable system for the basic scribers and amounts collected from subscribers and the gross amounts pails to the cable system for the basic scribers 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 (vil) of the general instructions corated in the page 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 carrier(s) below. S Name Maing Address Name Maing 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 rates and enter the sum here	olfax Cable Co. PO Box 268, Saint John, WA 99171	31102
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. VES. Enter the total here and list the satellite carrier(s) below. Name Maing Address N	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
No YES. 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 Name Maining Address Maining Address INTEREST ASSESSMENT Maining Address 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment x		
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 Line 1 Enter the amount of late payment or underpayment	YES. Enter the total here and list the satellite carrier(s) below.	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments and enter the sum here		
Line 1 Enter the amount of late payment of underpayment	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 0.00274 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@copyright.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 ID number First community served	in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
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.		
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
ID number First community served	Owner	
First community served	Address	
Accounting period		

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