This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
02/07/23	\$							
	ALLOCATION NUMBER							

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING 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
		ProVision LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 1728
		(Number, street, rural route, apartment, or suite number)
		Minot, ND 58702 (City, town, state, 2p)
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 filling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name	ProVision LLC	616
	Instructions: List each separate community served by the cable system. A "o	
_		
D	"a separate and distinct community or municipal entity (including unincorpo	
	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 f	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Altoona	IA
Community	(Oakland Pointe)	
-	(Spruce Pointe)	
Rows as Necessary	(Altoona Towers)	
	Urbandale	IA
	(Cross Creek)	
	Grimes	IA
	(Oak Crossing)	
	warman warman Maria Mari	
•		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ProVision LLC

61647

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1	CK 1 BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	5	18.95	Service to first set	4	72.95		
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	460	8.95					
Converter							
 Residential 							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
 Pay cable—add'l channel 		Commercial		İ		
 Fire protection 		Pay cable				
 Burglar protection 		Pay cable-add'l channel				
Installation: Residential		Fire protection		Ī		
First set	49.95	Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	27.50	Ī		
Converter		Disconnect		ĺ		
		Outlet relocation		ĺ		
		Move to new address				

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ProVision LLC

FORM SA1-2E. PAGE 3.

SYSTEM ID#

61647

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 under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the pager SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WOI 5 N Ames, IA **KDSM** 17 Des Moines, IA **KCCI** 8 Des Moines, IA Ν **KFPX** 39 Newton, IA Des Moines, IA **KDIN** 11 **WHO** 13 N Des Moines, IA **KCWI** 23 Ames, IA

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61647

ProVision LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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					FOR	M SA1-2E. PAGE 5.						
	ABLE SYSTEM:				SYSTEM ID#							
on LLC			61647									
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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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 separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."												
n 3: Give the call sign n 4: Give the broadca of Mexican or Canadi n 5: Give the month a nple: for May 7 give " n 6: State the times werest five minutes. Ex "6:00–6:30 p.m." n 7: Enter the letter " under FCC rules and ituted for programmin	n of the station broatst station's locatio ian stations, if any, and day when your "5/7." when the substitute cample: a program of "R" if the listed prog I regulations in effects	dcasting the substitute of the community with the community with a system carried the substituted by a system from was substituted at during the account	ute program. which the station is I which the station is io substitute program. U d by your cable syste rom 6:01:15 p.m. to for programming the ing period; enter the elete under FCC rule	dentified). Jse numerals em. List the til 6:28:30 p.m. at your systen letter "P" if the s and regulat	with the mon mes accuratel should be n was <i>required</i> the listed progrations in	y						
CUE		2004				7. REASON FOR						
				_		DELETION						
_ OI FINOGRAM					— TO							
	TUTE CARRIAGE: I: In space I, identify basis during the accounting period to by a distant statio our answer is "No," In the second of the programming answer is "No," In the accounting period to by a distant statio our answer is "No," In the second out and in the second out answer is "No," In the second out and	TUTE CARRIAGE: SPECIAL STATE II: In space I, identify every nonnetwork tectors during the accounting period, under n of the programming that must be included a STATEMENT CONCERNING SUID to accounting period, did your cable system to by a distant station? Our answer is "No," leave the rest of this sek 2. DF SUBSTITUTE PROGRAMS Al: List each substitute program on a septon need more space, please add addition 1: Give the title of every nonnetwork to as broadcast by a distant station and that tain FCC rules, regulations, or authorizate general categories like "movies" or "backetball: 76ers vs. Bulls." In 2: If the program was broadcast live, etc. and 1: Give the call sign of the station broad 1: Give the broadcast station's location of Mexican or Canadian stations, if any, on 5: Give the month and day when your note: for May 7 give "5/7." In 6: State the times when the substitute rest five minutes. Example: a program of "6:00–6:30 p.m." In 7: Enter the letter "R" if the listed progunder FCC rules and regulations in effectituted for programming that your system October 19, 1976. SUBSTITUTE PROGREM 2. LIVE? 3. STATIONED TO STATI	TUTE CARRIAGE: SPECIAL STATEMENT AND PROG II: In space I, identify every nonnetwork television program, bro basis during the accounting period, under specific present and n of the programming that must be included in this log, see page AL STATEMENT CONCERNING SUBSTITUTE CARRIA ne accounting period, did your cable system carry, on a subset t by a distant station? Dur answer is "No," leave the rest of this page blank. If your a sek 2. DE SUBSTITUTE PROGRAMS al: List each substitute program on a separate line. Use abbrounced more space, please add additional rows to the tables as broadcast by a distant station and that your cable system tain FCC rules, regulations, or authorizations. See page (v) or the general categories like "movies" or "basketball." List specif ketball: 76ers vs. Bulls." n 2: If the program was broadcast live, enter "Yes." Otherwise n 3: Give the call sign of the station broadcasting the substitut n 4: Give the broadcast station's location (the community with v n 5: Give the month and day when your system carried the seconds in 10: State the times when the substitute program was carried trest five minutes. Example: a program carried by a system f "6:00–6:30 p.m." n 7: Enter the letter "R" if the listed program was substituted under FCC rules and regulations in effect during the account stituted for programming that your system was permitted to de Doctober 19, 1976. SUBSTITUTE PROGRAM E OF PROGRAM 2. LIVE? 3. STATION'S	TUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG It: In space I, identify every nonnetwork television program, broadcast by a distant station in the programming that must be included in this log, see page (v) of the general in AL STATEMENT CONCERNING SUBSTITUTE CARRIAGE The accounting period, did your cable system carry, on a substitute basis, any non a substitute basis, any non to by a distant station? The programming that must be included in this log, see page (v) of the general in the program of the progr	TUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG It in space I, identify every nonnetwork television program, broadcast by a distant station, that you basis during the accounting period, under specific present and former FCC rules, regulations, or an of the programming that must be included in this log, see page (v) of the general instructions in the AL STATEMENT CONCERNING SUBSTITUTE CARRIAGE The accounting period, did your cable system carry, on a substitute basis, any nonnetwork televity a distant station? Four answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete by a distant station? Four answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete by a distant station? Four answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete by a distant station? Four answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete by a distant station? Four answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete by a distant station? Four answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete by a distant station of a separate line. Use abbreviations wherever possible, if the pust need more space, please add additional rows to the tables. For Crules, regulations, or authorizations. See page (v) of the general instructions for further general categories like "movies" or "basketball." List specific program titles, for example, "I Liketball: Toers vs. Bulls." For 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." For 3: Give the call sign of the station broadcasting the substitute program. For 4: Give the broadcast station's location (the community to which the station is licensed by the Mexican or Canadian stations, if any, the community with which the station is identified). For May 7 give "5/7." For 5: Give the month and day when your system carried by your cable syste	TUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG It in space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations, or of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-AL STATEMENT CONCERNING SUBSTITUTE CARRIAGE The accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program to by a distant station? The programming is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program of a substitute program on a separate line. Use abbreviations wherever possible, if their meaning is not need more space, please add additional rows to the tables. The substitute program on a separate line. Use abbreviations wherever possible, if their meaning is not need more space, please add additional rows to the tables. The substitute programming of another station FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information as broadcast by a distant station and that your cable system substituted for the programming of another station FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information are general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or ketball: 'Rers vs. Bulls." The substitute program was broadcast live, enter "Yes." Otherwise enter "No." The substitute program was broadcast graph to program. Use numerals, with the mon proper for May 7 give "5/7." The substitute program was carried by your cable system. List the times accurated rest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be "6:00-6:30 p.m." The substitute of the general regulations in effect during the accounting period; enter the letter "P" if the listed pr						

Accounting Period:		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ProVision LLC SYSTEM II 6164	
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. [MPORTANT: You must complete a statement in space P concerning gross receipts. [Amount of gross receipts]]
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-mon accounting period is \$52.00.	
	Line 1. Royalty fee for accounting period	-
	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	
	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	_
	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)	
	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)	
	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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3]
	EFT Trace # or TRANSACTION ID # 273R62CM	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/2														FORI	M SA1-2E.	PAGE 7.
Name	LEGAL NAME OF OWNER O ProVision LLC	F CABLE SYSTEM:															EM ID# 61647
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services.	the cable system's to of channels on which a broadcast stations of activated channels on carried television	otal numb the cabl s broadcas	mber ble 	er of activ	vated cha	annels du	uring the	accoul	nting per	riod.	ations			7 30		
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORM	RMATION	I IS NEE	EDED (Id	entify an	individ	lual							
for Further Information	Name Donel	da Koble									Tele	phone	701 83	8-5776	6		
	(Number, Minot,	ox 1728 street, rural route, apartn , ND 58702 n, state, zip)	ment, or su	suite r	e number)												
	Email	doneldak@visio	nsystem	ms.t	s.tv				Fa	ax (optior	nal)						
O Certification	(Agent of owner in line 1 of sp	certify that (Check or an corporation or part of the than corporated bace B and that the owner) I am an officer (if bace B.	artnership tion or pa wner is no	partr partr not a pratic	one, of the last o	owner of a method of the latest of the lates	s.) f the cabl e duly aut partnershi if a partne of law th. belief, an	e system horized a o; or ership) of at all state	as ider gent of the leg	ntified in f the own gal entity	line 1 of some of the contained	space B cable sy as own	stem as i				
		Typed or printed	Enter sign	n ele ignat C	lectronic s ature using Darla \	signature g an "/s/ Whitty	on the lir signature	" (e.g., /s							101101101101101101	100100100100100100	
		Date:								2-7-2	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 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 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 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 filing, a determination that would be made by a court of law

ccounting Period: 2022/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
roVision LLC	61647
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 \$	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please 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	
Accounting period	

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