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:

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

2/13/2023

AMOUNT

AMOUNT

ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCC	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.	63831
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Computer Techniques, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		520 N. Cheney St. (Number, street, rural route, apartment, or suite number)	
		Taylorville, IL 62568	
		(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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	∠	(Number, street, rural route, apartment, or sulte 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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Computer Techniques, LLC	638
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	ome parks should be reported in parentheses below the identi
Served		
	CITY OR TOWN	STATE
First Community	Taylorville	IL
Community	Langleyville	<u>IL</u>
	Hillsboro	<u>IL</u>
Rows as Necessary	Nokomis	IL
	Edinburg	IL
	Pana	IL
	Witt	IL
	Irving	IL
	Owaneco	IL.
	Rochester	IL
	Schram City	IL
	Millersville	IL

							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA						313	6383
	Computer Techniques,	LLC						0000
_	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRIBERS AN	O RATES				
E	In General: The information in s							
Cocondom	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period					nose existing	on the	
Service: Sub-	Number of Subscribers: Both					ole system, b	roken	
scribers and	down by categories of secondary	•				•		
Rates	each category by counting the nu						arged	
	separately for the particular servi						and the	
	Rate: Give the standard rate c unit in which it is generally billed.							
	category, but do not include disc					, within a par		
	Block 1: In the left-hand block				ondary transmis	sion service	that cable	
	systems most commonly provide							
	that applies to your system. Note		-		-			
	categories, that person or entity subscriber who pays extra for ca							
	first set" and would be counted o						to the	
	Block 2: If your cable system I				service that are	different fror	n those	
	printed in block 1 (for example, ti							
	with the number of subscribers a	nd rates, in the	right-hand block.	A two- or three	e-word descripti	on of the ser	vice is	
	sufficient.	OCK 1				BLOCK	2	
		NO. OF					NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	ERS RATE	CAI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		606 49	.95				
	Service to additional set(s)		49	.95				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			TES				
-	In General: Space F calls for rat				your cable sys	tem's service	es that were	
F	not covered in space E, that is, th	hose services th	hat are not offere	d in combinatio	n with any seco	ndary transm	nission	
. .	service for a single fee. There ar		,	0		0()		
Services Other Than	furnished at cost or (2) services amount of the charge and the un							
Secondary	enter only the letters "PP" in the		usually blice. If al		arged on a vane	ibic per-prog		
ransmissions:	Block 1: Give the standard rat	e charged by th						
Rates	Block 2: List any services that			-				
	listed in block 1 and for which a s				hese other serv	vices in the fo	orm of a	
	brief (two- or three-word) descrip	and include	e the rate for each	1.				
		BLOO					BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:		CATEGORY OF Installation: Nor		RATE	CATEGO	RY OF SERVICE	RATE
	• Pay cable		Motel, hotel	I-residential		Starz/En	core	19.9
	• Pay cable—add'l channel		Commercial			Showtin		19.9
						HBO		
	Fire protection		Pay cable Day cable	d'I obcenci				19.9
	•Burglar protection		Pay cable-ad			Cinema	X	19.9
	Installation: Residential		Fire protectio			Deluxe		20.0
	• First set		• Burglar prote	cuon				
	Additional set(s)		Other services:					
			 Reconnect 					
	• FM radio (if separate rate)							
	Converter		Disconnect					

Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM
Name	Computer Techniqu	ies, LLC		63
	PRIMARY TRANSMITTERS	: TELEVISION		
G Primary ansmitters: Television	FCC rules and regulation: 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station here, and station was carried <i>only</i> of • List the station here, and basis. For further informa Column 1: List each stati multicast stream associat "WETA-2" as the same of Column 2: Give the chan of license. For example, Column 3: Indicate in each educational station, by en (for independent multicass For the meaning of these Column 4: Give the locat	d also in space I, if the station was carrie tion concerning substitute basis stations ion's call sign. <i>Do not</i> report origination and with a station according to its over-th	he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati carried by your cable system on a subst the Special Statement and Program Le d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a re- (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WILL	9.1	E	Urbana, IL
	WILL.5	9.5	E-M	Urbana, IL
ows as Necessary	WCIX	49.1	I-M	Springfield, IL
ows as Necessary	WCIX WICS	49.1 20.1	I-M N	Springfield, IL Springfield, IL
ows as Necessary				
ows as Necessary	WICS	20.1	N	Springfield, IL
ows as Necessary	WICS WICS.4	20.1 20.2	N I-M	Springfield, IL Springfield, IL
ows as Necessary	WICS WICS.4 WICS.5	20.1 20.2 20.3	N I-M I-M	Springfield, IL Springfield, IL Springfield, IL
ows as Necessary	WICS WICS.4 WICS.5 WRSP	20.1 20.2 20.3 55.1	N I-M I-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL
ows as Necessary	WICS WICS.4 WICS.5 WRSP WAND	20.1 20.2 20.3 55.1 17.1	N I-M I-M N	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL
ows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4	20.1 20.2 20.3 55.1 17.1 17.2	N I-M I-M N	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL
ows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4 WBUI	20.1 20.2 20.3 55.1 17.1 17.2 23.1	N I-M I-M N	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL
ows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4 WBUI WBUI.4	20.1 20.2 20.3 55.1 17.1 17.2 23.1 23.2	N I-M I-M N N I-M I I	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL
ows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4 WBUI WBUI.4 WCIA	20.1 20.2 20.3 55.1 17.1 17.2 23.1 23.2 3.1	N I-M I-M N N I-M I I N	Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Champaign, IL
ows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4 WBUI WBUI.4 WCIA KDNL	20.1 20.2 20.3 55.1 17.1 17.2 23.1 23.2 3.1 30.1	N I-M I-M N N I-M I I N N	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL Champaign, IL St. Louis, MO
ows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4 WBUI WBUI.4 WCIA KDNL KSDK	20.1 20.2 20.3 55.1 17.1 17.2 23.1 23.2 3.1 30.1 5.1	N I-M I-M N N I-M I I I N N N	Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Champaign, IL St. Louis, MO St. Louis, MO
ows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4 WBUI WBUI.4 WCIA KDNL KSDK KMOV	20.1 20.2 20.3 55.1 17.1 17.2 23.1 23.2 3.1 30.1 5.1 4.1	N I-M I-M N N I-M I I N N N N N I-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL Champaign, IL St. Louis, MO St. Louis, MO
ows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4 WBUI.4 WBUI.4 WCIA KDNL KSDK KMOV KTVI	20.1 20.2 20.3 55.1 17.1 17.2 23.1 23.2 3.1 30.1 5.1 4.1 2.1	N I-M I-M I-M N N N I-M N I-M I I I I I I I I N N I I I N N N I I I N N I I I I N	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Champaign, IL St. Louis, MO St. Louis, MO St. Louis, MO
tows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4 WBUI WBUI.4 WCIA KDNL KSDK KMOV KTVI KPLR	20.1 20.2 20.3 55.1 17.1 17.2 23.1 23.2 3.1 30.1 5.1 4.1 2.1 11.1	N I-M I-M N N I-M I-M I-M I I I I I I I I N N N I I I N N N N N	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Champaign, IL St. Louis, MO
tows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4 WBUI.4 WBUI.4 WCIA KDNL KSDK KMOV KTVI KPLR KETC	20.1 20.2 20.3 55.1 17.1 17.2 23.1 23.2 3.1 30.1 5.1 4.1 2.1 11.1 9.1	N I-M I-M I-M N N N I-M I-M I I I I I I N N I I N N I I I N N I	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Champaign, IL St. Louis, MO
tows as Necessary	WICS WICS.4 WICS.5 WRSP WAND WAND.4 WBUI WBUI.4 WCIA KDNL KSDK KMOV KTVI KPLR KETC KETC.3	20.1 20.2 20.3 55.1 17.1 17.2 23.1 23.2 3.1 30.1 5.1 4.1 2.1 11.1 9.1 9.3	N I-M I-M N N N I-M I-M I I I N I I N N N N N N N I I-M E E -M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Champaign, IL St. Louis, MO St. Louis, MO

Computer Te	OWNER OF C Chniques,							SYSTEM I 638
	every radio s	station ca	arried on a separate and discr 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: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein the Co sign of e the statio ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t 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 pag ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral ir eparate a	be expected, ated intervals. nstructions 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	
			<u> </u>					

Accounting Perio	d: 2022/2						FOR	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Computer Techniques	, LLC						63831
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi	ify every nor	nnetwork televis	<i>ion program,</i> broadcast by a	a <i>distant</i> statio	on, that your	cable syster	n carried on a
	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in the	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT	-						
Statement and	During the accounting per	-	ir cable system	carry, on a substitute bas	is, any nonne	etwork televi	sion prograi	
Program Log	broadcast by a distant stat	ion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs clear. If you need more spa				wherever po	ssible, if the	r meaning i	S
				ision program ("substitute	program") th	at, during the	e accounting	g
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		Mes of basic	toali. List specific program		ample, i Lo		
				r "Yes." Otherwise enter "N				
				asting the substitute progra ne community to which the		anaad by the	ECC or in	
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv		aubatituta pro	gram was carried by your	aabla avatam	lict the time		sh z
	to the nearest five minutes.							ery
	stated as "6:00–6:30 p.m."				•			
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							Iam
	effect on October 19, 1976			•		Ū		
					WHE	N SUBSTIT	UTE	
	5		E PROGRAM			AGE OCCL	IRRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	мез – то	
						-	-	
		1				_	_	
		1						
							-	
						-	_	
						_	_	
		1						
						_		
							- - -	
							<u>-</u>	
							- - - - - - -	
							- - - - -	

Accounting Period:	: 2022/2						FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTI Schniques, LLC	EM:				SYSTEM ID# 63831
M Channels	to its subscrit 1. Enter the tr system car 2. Enter the tr on which th	You must give (1) the nur bers, and (2) the cable syst otal number of channels or rried television broadcast s otal number of activated ch ne cable system carried tel badcast services	em's total nu which the ca tations annels evision broad	umber of act able 	ivated channels during t		15 270
N Individual to Be Contacted	we can conta	TO BE CONTACTED IF F		FORMATIO	N IS NEEDED (Identify	an individual to whom	
for Further Information	Name	Aaron Bialas				Telephone 2	17-824-6398
	Address	520 N. Cheney S (Number, street, rural route Taylorville, IL 62 (City, town, state, zip)	apartment, or	suite number)			
	Email	aaron.bial	as@cticomp	outers.com		Fax (optional	
	CERTIFICATIO	N (This statement of acco	Int must be c	certified and	signed in accordance v	with Copyright Office regulations)	
O Certification	(Ow (Age X (Of • I have examin are true, comp	ent of owner other than co in line 1 of space B and ti ficer or partner) I am an off in line 1 of space B.	or partnersh rporation or p nat the owner cer (if a corpo and hereby do	hip) I am the partnership is not a corp oration) or a eclare under	owner of the cable syste) I am the duly authorized poration or partnership; or partner (if a partnership) of penalty of law that all sta	of the legal entity identified as owner of atements of fact contained herein	
		Typed or p		an electronic signature usi	ron Bialas signature on the line abov ng an "/s/ signature" (e.g., n Bialas	ve to certify this statement. , /s/ John Smith)	
		Title:	CIO (Title of offic	cial position he	eld in corporation or partnersl	hip)	

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

Accounting Period:	2022/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			:	SYSTEM ID#
	Computer Techniques, LLC				63831
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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	stem's sec n of how to	condary transmi compute this a	ssion service amount, see \$ 28	
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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,	ut less tha ormation. 100 OR L	n \$527,600 ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fer accounting period is \$52.00	e that you	must pay for this	s 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	S (but moi	re than \$137,1	00)	
	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	id 8	······		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	282,405.44		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	18,605.44		
	4. Multiply line 3 by .01	•••••••	\$	186.05	
	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	•••••••••••••••••••••••••••••••••••••••	\$	1,505.05
	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)	••••••	\$	1,505.05	
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			\$	1,525.05
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				hts!

unting Period: 2022/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
nputer Techniques, LLC	638
 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? NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name 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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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