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				
	\$			
2-24-23	ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting	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						
	Standard Tobacco Company, Inc.						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	Bracken Cablevision						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	PO Box 100 (Number, street, rural route, apartment, or suite number)						
	Maysville, KY 41056						
	(City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:						
	Bracken Cablevision						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 PO Box 100 (Number, street, rural route, apartment, or suite number)						
	Maysville, KY 41056 (City, town, state, zip code)						
<u> </u>	(A-13) 1-11-13 - 11-13 - 11-13 (A-13)						

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

Accounting Period:	2022/2	FORM ONLOG PAGE 41-				
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#				
Name		867				
	Standard Tobacco Company, Inc.					
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: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete 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 "first 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 identified					
Area	city.					
Served	CITY OR TOWN STATE					
First	Augusta	KY				
Community	Brooksville	KY				
-	Germantown	KY				
Add Rows as Necessary	Mt. Olivet	KY				
Add Rows as Necessary	IIII. OIIVEL	KI				

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Standard Tobacco Company, Inc.

867

Ε

Name

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.

BL	OCK 1	BLOCK 2			
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
 Service to first set 	407	52.95			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		1			

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 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F
Continuing Services:		Installation: Non-residential			
• Pay cable	14.95	Motel, hotel			<u> </u>
 Pay cable—add'l channel 		Commercial			<u> </u>
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)	15.00	Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation	15.00		
		Move to new address	15.00		
					Ī

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4. LOCATION OF STATION

867

Standard Tobacco Company, Inc.
PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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 (y) 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 paper 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.

2. B'CAST CHANNEL NUMBER

WKYT 21 Ν Lexington, KY WKYT-3 21-3 N-M Lexington, KY WKYT-4 21-4 N-M Lexington, KY WKYT-5 21-5 N-M Lexington, KY WLEX 28 Ν Lexington, KY WLEX-2 28-2 N-M Lexington, KY WKMR Е 30 Lexington, KY WKMR-2 30-2 E-M Lexington, KY WKMR-3 30-3 E-M Lexington, KY WKRM-4 30-4 E-M Lexington, KY WLWT Cincinnati, OH 20 Ν WLWT-2 20-2 N-M Cincinnati, OH WXIX 29 Ν Cincinnati, OH WXIX-2 29-2 N-M Cincinnati, OH WXIX-3 Cincinnati, OH 29-3 N-M WXIX-4 29-4 N-M Cincinnati, OH **WCPO** 26 Ν Cincinnati, OH WCPO-2 N-M 26-2 Cincinnati, OH WCPO-3 26-3 N-M Cincinnati, OH WCPO-4 26-4 N-M Cincinnati, OH WCPO-5 26-5 N-M Cincinnati, OH **WSTR** 18 Ν Cincinnati, OH WSTR-2 18-2 N-M Cincinnati, OH WSTR-3 18-3 N-M Cincinnati, OH WSTR-4 Cincinnati, OH 18-4 N-M WSTR-5 18-5 N-M Cincinnati, OH WKRC 12 N Cincinnati, OH WKRC-2 12-2 N-M Cincinnati, OH

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

867

Standard Tobacco Company, Inc.



Primary Transmitters: Television 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 (y) 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 paper 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
WKRC-3	12-3	N-M	Cincinnati, OH
WCET	34	E	Cincinnati, OH
WCET-2	34-2	E-M	Cincinnati, OH
WCET-3	34-3	E-M	Cincinnati, OH
WCET-4	34-4	E-M	Cincinnati, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Standard Tobacco Company, Inc.

867

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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A	4. 2022 /2							110110F B10F F
Accounting Perio	d: 2022/2 LEGAL NAME OF OWNER OF	CARLE SVST	EM:				FOR	M SA1-2E. PAGE 5.
Name	Standard Tobacco Cor							SYSTEM ID# 867
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptanation of the programming 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "Noted in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa	E: SPECIA fy every non coounting pe ing that mus CONCER iod, did you tion? ', leave the E PROGRA itute progra ce, please a	L STATEMEN network televis riod, under spe t be included in NING SUBST r cable system rest of this pag ms m on a separa add additional	cion program, broadcast by a perific present and former FCo this log, see page (v) of the ITUTE CARRIAGE a carry, on a substitute basi ge blank. If your answer is the	a distant statio C rules, regula general instru s, any nonnet "Yes," you mu wherever pos	ations, or au actions in the twork telev ust comple sible, if the	uthorizations. Le paper SA1- lision prograr YES te the progra	n carried on a For a further 2 form. NO m
	Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can 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."	gulations, o guest like "mo Bulls." In was broad sign of the static adian static adian static we "5/7." It is a when the Example: a lier "R" if the and regulation ming that y	r authorization vies" or "baske dcast live, ente station broadcan's location (the location) of the location of	s. See page (v) of the general stall." List specific program or "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute pagram was carried by your or ded by a system from 6:01:	eral instruction titles, for example, it it is station is lice station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that yells; enter the letter FCC rules a	nsed by th tiffied). numerals. List the tir 8:30 p.m. our system ter "P" if th	er information ove Lucy" or e FCC or, in with the more accurate should be an was require e listed progrions in	nth ely
	SUBSTITUTE PROGRAM SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TH				_	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
								
								
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Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc.	S	YSTEM ID# 867					
			007					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission service s amount, see	1,027.95					
	COPYRIGHT ROYALTY FEE							
Copyright Royalty Fee	Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800						
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	r this 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	7,100)						
	1. Base amount under statutory formula	<u>) </u>						
	2. Enter amount of gross receipts from space K	<u>5</u>						
	3. Subtract line 2 from line 1	<u>5</u> _						
	4. Enter the amount of gross receipts from space K	141,027.95						
	5. Enter the amount from line 3	122,772.05						
	6. Subtract line 5 from line 4	18,255.90						
	7. Multiply line 6 by .005 (enter figure here)	\$	91.28					
	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	\$	91.28					
	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)	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	· · <u> </u>						
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	91.28						
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	\$	111.28					
	EFT Trace # or TRANSACTION ID # 2743PC6D/7637387661	3						
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for							

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7.			
Name		VNER OF CABLE SYSTEM: co Company, Inc.		SYSTEM ID# 867			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 105						
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS N bout this statement of account.)	EEDED (Identify an individual to whom				
for Further Information	Name	Jeff Cracraft	Telephone	606-564-9220 ext. 316			
	Address	PO Box 100 626 Forest Ave (Number, street, rural route, apartment, or suite number) Maysville, KY 41056 (City, town, state, zip)					
	Email	standtob@maysvilleky.net	Fax (optional 866-491-85	53			
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)						
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.						
		the statement of account and hereby declare under penal a, and correct to the best of my knowledge, information, a on 1001(1986)]					
	I	X /s/ Jeffery A	\ Cracraft				
			re on the line above to certify this statement. s/ signature" (e.g., /s/ John Smith)				
		Typed or printed name: Jeffery A C	cracraft				
		Title: Treasurer (Title of official position held in cor	poration or partnership)				
		Date:	2/24/2023				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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.

counting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
andard Tobacco Company, Inc.	867
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusive scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmit made by satellite carriers to satellite dish owners? X NO	pasic ude sub- 119." Special Statement Concerning Gross Receipts Exclusion
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 underp For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
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	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	7 piodoc
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the original	
Owner Address	
ID number First community served 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 fling, a determination that would be made by a court of law.

CONTROL #: **REMITTANCE #:**

Cable
Worksheet

☐ Accepted

C	Cable Worksheet	Total amount of remittance	Number of SAs re	ec'd Initials	
		Date of remittance	_ ☐ Check ☐ EFT	☐ FILING FEES	
Cable ID#				Amount Initials	
Examined by	Reviewed by	Date examination completed	Allocation number		
Space A Accounting	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)				
Period	☐ Letter sent	☐ Letter sent ☐ Information received			
	☐ Accepted ☐ Phone call/Date/Contact				
Space B Owner					
	☐ Letter sent ☐ Information received				
	☐ Accepted		☐ Phone call/Date/Contact		
Space D Area Served					
	☐ Letter sent ☐ Information received				
	☐ Accepted		☐ Phone call/Date/Contact		
Space E Secondary Transission					
Service Subscribers:	☐ Letter sent		Information received		
and Rates	☐ Accepted ☐ Phone call/Date/Contact				
Space G Primary Transmitters:					
Television	☐ Letter sent		☐ Information received		
	☐ Accepted	☐ Phone call/Date/Contact			
Space H Primary Transmitters:					
Radio			Dhara - II/Data/Cantari		

☐ Phone call/Date/Contact

		Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☐ Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact	