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				
8/22/23	\$				
	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						
A	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						
	Community Antenna Systems, Inc						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM 1010 Lake Street						
	(Number, street, rural route, apartment, or suite number)						
	Hillsboro, WI 54634 (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:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number: street, rural route, apartment, or suite number).						
	Wumber, 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 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.

	1	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Name	Community Antenna Systems, Inc 14							
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule						
D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno						
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses believed identified city.								
	identified city.							
	CITY OR TOWN	STATE						
First								
Community								
	Elroy	WI						
I Rows as Necessary								
nons as necessary								

Accounting Period: 2023/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Community Antenna Systems, Inc

SYSTEM ID#

Ε

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	78	130.41	service to 1st set	35	56.29	
Service to additional set(s)	44	1.25				
• FM radio (if separate rate)						
Motel, hotel						
Commercial	2	130.41				
Converter						
Residential						
Non-residential						
1		1		T	ĭ	

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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 	8.65	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	40.00	Burglar protection			
 Additional set(s) 	15.00	Other services:			
 FM radio (if separate rate) 		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1411

Community Antenna Systems, Inc

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 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
wisc	3.1	N	Madison, WI
WISC.2	3.2	N-M	Madison, WI
WISC.3	3.3	N-M	Madison, WI
WISC.4	3.4	N-M	Madison, WI
WISC.5	3.5	N-M	Madison, WI
WISC.6	3.6	N-M	Madison, WI
WKBT	8.1	N	LaCrosse, WI
WKBT.2	8.2	N-M	LaCrosse, WI
WKBT.3	8.3	N-M	LaCrosse, WI
WKBT.4	8.4	N-M	LaCrosse, WI
WKBT.5	8.5	N-M	LaCrosse, WI
WKBT.6	8.6	N-M	LaCrosse, WI
WEAU	13.1	N	Eau Claire, WI
WEAU.2	13.2	N-M	Eau Claire, WI
WEAU.3	13.3	N-M	Eau Claire, WI
WEAU.4	13.4	N-M	Eau Claire, WI
WEAU.5	13.5	N-M	Eau Claire, WI
WECX	14.1	N-M	Madison, WI
WHA	21.1	E	Madison, WI
WHA.2	21.2	E-M	Madison, WI
WHA.3	21.3	E-M	Madison, WI
WHA.4	21.4	E-M	Madison, WI

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Community Antenna Systems, Inc

FORM SA1-2E. PAGE 3.

SYSTEM ID#

1411

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 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.

WKOW	27.1	N	Madison, WI	
WKOW.2	27.2	N-M	Madison, WI	
WKOW.3	27.3	N-M	Madison, WI	
WKOW.4	27.4	N-M	Madison, WI	
WKOW.5	27.5	N-M	Madison, WI	
WNSN	47.1	N	Madison, WI	
WMSN.2	47.2	N-M	Madison, WI	
WMSN.3	47.3	N-M	Madison, WI	
WMSN.4	47.4	N-M	Madison, WI	
WIFS	57.1	N-M	Janesville, WI	
WIFS.2	57.2	N-M	Janesville, WI	
WIFS.3	57.3	N-M	Janesville, WI	
WIFS.4	57.4	N-M	Janesville, WI	
WIFS.5	57.5	N-M	Janesville, WI	
WIFS.6	57.6	N-M	Janesville, WI	
WIFS.7	57.7	N-M	Janesville, WI	
WIFS.8	57.8	N-M	Janesville, WI	
WIFS.9	57.9		Janesville, WI	

Accounting Period: 2023/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Community Antenna Systems, Inc

141

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
		 					
							
		 	NI/A				
		 	N/A				
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Accounting Perio											
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					FUKI	SYSTEM ID#		
Name	Community Antenna								1411		
	SUBSTITUTE CARRIAG	E: SPECIA	AI STATEME	ENT AND PROGRAM LO	G						
1		_	-	ision program, broadcast by		ion that	vour cal	hle svs	tem carried on a		
-				pecific present and former F							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of the	ne general ins	tructions	in the p	aper S	A1-2 form.		
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	and • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant sta	ation?					Y	ES	X NO		
	Note: If your answer is "No	o". leave the	rest of this pa	age blank. If vour answer is	"Yes." vou r	nust com	plete th	ne proc	ıram		
	log in block 2.	,	·	,	, ,		•		,		
	2. LOG OF SUBSTITUT	E PROGRA	AMS								
	In General: List each subs				wherever po	ossible, if	their m	neanin	g is		
	clear. If you need more sp			l rows to the tables. vision program ("substitute	nrogram") th	nat durin	a the a	ccount	ina		
				our cable system substitut							
				ns. See page (v) of the ger							
	Do not use general catego "NBA Basketball: 76ers vs		ovies" or "bask	cetball." List specific progra	m titles, for e	xample,	"I Love	Lucy"	or		
			dcast live, ent	er "Yes." Otherwise enter "	No."						
				casting the substitute progr			=				
	the case of Mexican or Ca			the community to which the			y the F	CC or,	in		
			, ,	stem carried the substitute		,	als, wit	h the n	nonth		
	first. Example: for May 7 g										
	to the nearest five minutes			ogram was carried by your					ately		
	stated as "6:00–6:30 p.m."		a program car	ned by a system from 0.01	. 10 p.iii. to 0	.20.00 р.	111. 3110	uiu bc			
				m was substituted for progr							
				during the accounting perional vas permitted to delete und					ogram		
	effect on October 19, 1976	•	your system w	as permitted to delete und	ei roo iules	and regi	uialions) II I			
					1						
		LIDOTITLIT		4		N SUBS [.] AGE OC					
			3. STATION'S	SUBSTITUTE PROGRAM					7 DEASON FOR		
	 TITLE OF PROGRAM 								7. REASON FOR DELETION		
	1. THEE OF TROOTCAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES				
	1. THEE OF TROOKAW				5. MONTH	6.	TIMES				
	T. TILE OF TROOKAIN				5. MONTH	6.	TIMES				
	1. THE OF TROOTVAIN				5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
	1. THE OF TROOTKAW				5. MONTH	6.	TIMES				
	T. TITLE OF TROOTKAM				5. MONTH	6.	TIMES				
	T. TITLE OF TROOTKAW				5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
	T. TITLE OF TROOTKAM				5. MONTH	6.	TIMES				
	T. TITLE OF TROOFFAM				5. MONTH	6.	TIMES				
	T. TITLE OF TROOFFAM				5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				
					5. MONTH	6.	TIMES				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Community Antenna Systems, Inc	J	YSTEM I 14
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	mission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$ 74,747.70	
	IMPORTANT: You must complete a statement in space P concerning 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 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.	\$263,80(
	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	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	12.10.12.11.10.10.12.12.11.11.11.11.11.11.11.11.11.11.11.		
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Community Antenna Sy				SYSTEM ID# 1411
M Channels	to its subscribers, and (2) the subscribers, a	channels on which the proadcast stations			41
	on which the cable system and nonbroadcast service				101
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this st		INFORMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name Randal	ll Kubarski		Telephone 60)8-489-2321
	(Number, st	ake Street treet, rural route, apartment, pro, WI 54634 state, zip)	, or suite number)		
	Email	comant@comanter	nna.com	Fax (optional) 608-489-2321	
_	CERTIFICATION (This state)	ment of account must b	be certified and signed in accordance with C	opyright Office regulations)	
O Certification	• I, the undersigned, hereby of the control (Owner other than		but only one, of the boxes.) nership) I am the owner of the cable system a	is identified in line 1 of space B; o	or
			n or partnership) I am the duly authorized ag er is not a corporation or partnership; or	ent of the owner of the cable sys	stem as identified
	X (Officer or partn in line 1 of spa	,	corporation) or a partner (if a partnership) of th	ne legal entity identified as owner	r of the cable system
		ect to the best of my kno	eby declare under penalty of law that all stater owledge, information, and belief, and are mad		
		-	X /s/ Randall Kubarski		
			ter an electronic signature on the line above to deter signature using an "/s/ signature" (e.g., /s/ J	•	
		Typed or printed nar	me: Randall Kubarski		
			resident position held in corporation or partnership)		
		Date:		August 21, 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.

Accounting Period: 2023/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 1411 Community Antenna Systems, Inc. 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 fol-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name 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. **Interest Assessment** davs 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 * 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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