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					
8/29/23	\$ 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
	20231 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
	BR CABLEVISION CO CORP
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	1805 N DIXIE HWY (Number, street, rural route, apartment, or suite number)
	LIMA, OH 45801 (City, town, state, zp)
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)
	(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. PAGE 1
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	BR CABLEVISION CO CORP	6133
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporate	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area	identified city.	one nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	BENTON RIDGE	OH
Community		
•	UNINCORPORATED AREA SORROUNDING	
Rows as Necessary	BENTON RIDGE	OH
Rows as Necessary	UNION TOWNSHIP	OH
	BLANCHARD TOWNSHIP	OH
	LIBERTY TOWNSHIP	OH
	LIDENT I TOWNSTIF	

Accounting Period: 2023/1

FORM SA1-2E, PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61339

#### **BR CABLEVISION CO CORP**

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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	149	20.00			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
<ul> <li>Residential</li> </ul>					
Non-residential					
			1		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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	67.00	Motel, hotel		ADDITIONAL STB	6.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		DVR SERVICE	7.00
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	17.00	Burglar protection			
Additional set(s)		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	29.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61339

# BR CABLEVISION CO CORP 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
WTOL	11.1	N	TOLEDO, OH
WTOL	11.2	N-M	TOLEDO, OH
WTVG	13.1	N	TOLEDO, OH
WTVG	13.2	N-M	TOLEDO, OH
WTVG	13.3	N-M	TOLEDO, OH
WFND	22.1	N	FINDLAY, OH
WNWO	24.1	N	TOLEDO, OH
WNWO	24.2	N-M	TOLEDO, OH
WNWO	24.3	N-M	TOLEDO, OH
WBGU	27.1	E	BOWLING GREEN, OH
WBGU	27.02	E-M	BOWLING GREEN, OH
WBGU	27.3	E-M	BOWLING GREEN, OH
WGTE	30.1	E	TOLEDO, OH
WGTE	30.2	E-M	TOLEDO, OH
WGTE	30.3	E-M	TOLEDO, OH
WUPW	36.1	N	TOLEDO, OH
WUPW	36.2	N-M	TOLEDO, OH
WLMB	40.1	l	TOLEDO, OH
WTLW	44.1	<u>l</u>	LIMA, Oh
WOSN	44.2	I-M	LIMA, Oh

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61339

### **BR CABLEVISION CO CORP**

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.

H

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).

0411 01051	A B 4 E 2 4	0/0	LOGATION OF OTATION	0411 0101	ANA EN4	0/0	LOGATION OF OTATION
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

	od: 2023/1 LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					7 01 (10)	SYSTEM ID								
Name	BR CABLEVISION CO								6133								
	CURCUITUTE CARRIAG	- ODEO		-NT AND DDOODAM I O													
ı	SUBSTITUTE CARRIAG In General: In space I, iden	_	-			tion that	vour oobl	lo evet	om carried on a								
•	substitute basis during the a	accounting p	eriod, under s	pecific present and former F	CC rules, reg	ulations, d	or author	ization	s. For a further								
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of the	ne general ins	structions	in the pa	aper SA	A1-2 form.								
Carriage: Special	1. SPECIAL STATEMEN	_															
Statement and		•	ur cable syste	m carry, on a substitute ba	sis, any nonr	network te		· · ·									
Program Log	broadcast by a distant station?  YES  NO																
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the	e progr	ram								
	log in block 2.  2. LOG OF SUBSTITUT	F PROGRA	AMS														
	In General: List each subs	stitute progr	am on a sepai		s wherever po	ossible, if	their me	eaning	is								
	clear. If you need more spa			l rows to the tables. vision program ("substitute	nrogram") ti	nat durin	a the ac	countii	na								
	period, was broadcast by a																
	under certain FCC rules, re																
	Do not use general catego "NBA Basketball: 76ers vs		ovies of Dask	vernali. Elsi specilic brogra	iiii uues, ior e	жаптріе,	ı Love L	Lucy C	וע								
				er "Yes." Otherwise enter "													
				casting the substitute progr the community to which the		censed by	v the FC	C or, i	n								
	the case of Mexican or Ca	nadian stati	ons, if any, the	e community with which the	e station is id	entified).	•	•									
	<b>Column 5:</b> Give the mo first. Example: for May 7 gi		when your sy	stem carried the substitute	program. Us	se numer	als, with	the m	onth								
	Column 6: State the tim	nes when th		ogram was carried by your					tely								
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.	m. shoul	ld be									
			e listed prograi	m was substituted for progr	ramming that	your sys	tem was	s requi	red								
	to delete under FCC rules								gram								
	effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regu	liations i	ın	was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
		effect off October 19, 1976.															
								1									
	9	LIRSTITLIT	E PROGRAN	л		N SUBS			7. REASON FO								
		1	E PROGRAN			AGE OC			7. REASON FO								
	S  1. TITLE OF PROGRAM	1			CARRI	AGE OC	CURRE TIMES										
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D	7. REASON FOI DELETION								
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRE TIMES	:D									

Accounting Period:	2023/1		-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BR CABLEVISION CO CORP	SY	61339
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 transic (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.	mission service amount, se	740.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	s receipts)
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 but less than or equal to 9. 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 t accounting period is \$52.00	his 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		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. 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 # 3061814467		
	<u>Important:</u> 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 mo		

Accounting Period:	: 2023/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  BR CABLEVISION CO CORP	SYSTEM ID# 61339
<b>M</b> 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	20
N	and nonbroadcast services	
Individual to Be Contacted for Further Information	we can contact about this statement of account.)  Name ANGELA FINNERTY Telephone 419-859	9-2144 EXT 115
mormation	Address  1805 N DIXIE HWY (Number, street, rural route, apartment, or suite number)  LIMA, OH 45801	
	(City, town, state, zip)  Email angelafinnerty@corp.watchcomm.net Fax (optional) 419-859-2150	
	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 in line 1 of space B and that the owner is not a corporation or partnership; or  X (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 in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	X /s/ Mark Miller  Enter an electronic signature on the line above to certify this statement.	
	Typed or printed name:  Mark Miller  Title:  Vice President  (Title of official position held in corporation or partnership)	
	Date: 8/29/23	

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 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: 61339 **BR CABLEVISION CO CORP** 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

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 th 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.

ID number

First community served Accounting period