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.

Г

SA1-2E Short Form

Return completed workbook

STATEMENT OF ACCOUNT		FOR COPYRIG	by email to:			
	ry Transmissions by	DATE RECEIVED	AMOUNT	conlics on @convright gov		
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		8/16/23	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31			
Accounting Period		Barcode Data Filing Period (optiona	I - see instructions)			
	Instructions:					
В	Give the full legal name of the owner of the title of the subsidiary, not that of the pare	-	sidiary of another corporation, give the full of	corporate		
_	the of the subsidiary, not that of the pare					
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.			
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should nting period.	d submit a		
	Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	61992		
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM	Λ			
	Consolidated Communications - TX		•			
	BUSINESS NAME(S) OF OWNER OF		T)			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	PO Box 455 (Number, street, rural route, apartment, or suite nu					
	Mattoon, IL 61938-3987	amber)				
	(City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busir names already appear in space B. In line					
System	1					
	Consolidated Communications - TX					
	MAILING ADDRESS OF CABLE SYSTEM	:				
	2 (Number, street, rural route, apartment, or suite n	umber)				
	City, town, state, zip code)					
J						

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC SYSTEM
Name	Consolidated Communications - TX	619
		n. A "community" is the same as a "community unit" as defined in FCC rul
		ncorporated communities within unincorporated areas and including sing
D		unity that you list will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all fi	
		ms, or mobile home parks should be reported in parentheses below the
Area	identified city.	
Served		
		AT 1
	CITY OR TOWN	STATE
First	ALTO	TX
Community	APPLE SPRINGS	TX
	DIBOLL	TX
d Rows as Necessary	ETOILE	TX
	HUDSON	ТХ
	HUNTINGTON	ТХ
	LUFKIN	TX
	POLLOCK	TX
	WELLS	
	WELLS	

								FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS	TEM ID 6199		
	Consolidated Communications - TX										
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES						
E	In General: The information in s										
Secondary	system, that is, the retransmission about other services (including p										
Transmission	, .										
Service: Sub-	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										
scribers and	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										
Rates	separately for the particular serv							charged			
	Rate: Give the standard rate c							je and the			
	unit in which it is generally billed	. (Example: "\$2	20/mth"). Summarize a	iny standa	ard rate variation	s within a p	oarticular rate			
	category, but do not include disc				vian of one			a that askis			
	Block 1: In the left-hand block systems most commonly provide										
	that applies to your system. Not										
	categories, that person or entity	should be cou	nted as	a subscriber in	each app	licable category	. Example:	a residential			
	subscriber who pays extra for ca					d in the count ur	nder "Servio	ce to the			
	first set" and would be counted or Block 2: If your cable system					service that are	e different f	rom those			
	printed in block 1 (for example, t	•									
	with the number of subscribers a	ind rates, in th	e right-l	hand block. A t	vo- or thre	e-word descript	ion of the s	service is			
	sufficient.				1		DI O O				
	BLC	DCK 1 NO. OF					BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	 Service to first set 		1,941	36.75							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		125	36.75							
	Converter										
	• Residential		2,960	5.99							
	Non-residential		297	5.99							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		s						
-						all your cable sys	stem's serv	ices that were			
F	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										
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		υ()				
Other Than											
Secondary	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.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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) descrip										
	BLOCK 1							BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res							
	• Pay cable	36.75	• Mo	tel, hotel							
	 Pay cable—add'l channel 	8.00	• Co	mmercial							
	 Fire protection 		•Pa	y cable							
	 Burglar protection 		•Pa	y cable-add'l ch	annel						
	Installation: Residential		• Fire	e protection							
	• First set	50.00	• Bu	rglar protection							
	 Additional set(s) 			services:							
	 FM radio (if separate rate) 			connect							
	Converter	5.99		connect							
	1		• 🔾 🗤	tlet relocation							
			·Ou								

				OVOTEN ID
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 6199
	Consolidated Commu			
G Primary nsmitters: elevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form.	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. .PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KPRC	2.1	Ν	HOUSTON, TX
	KIAH	39	I	HOUSTON, TX
ws as Necessary	KTRE	9.1	I N	LUFKIN, TX
is as Necessary				
s as Necessary	KTRE	9.1	N	LUFKIN, TX
; as Necessary	KTRE KLTV	9.1 9.2	N	LUFKIN, TX LUFKIN, TX
is as Necessary	KTRE KLTV KYXT	9.1 9.2 19	N	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX
<i>is</i> as Necessary	KTRE KLTV KYXT KLPN-LD	9.1 9.2 19 47	N N N I	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX
vs as Necessary	KTRE KLTV KYXT KLPN-LD KUHT	9.1 9.2 19 47 8	N N N I	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX
vs as Necessary	KTRE KLTV KYXT KLPN-LD KUHT KFXK	9.1 9.2 19 47 8 51.1	N N N I E I	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX
vs as Necessary	KTRE KLTV KYXT KLPN-LD KUHT KFXK KETK	9.1 9.2 19 47 8 51.1 56.1	N N I E I I N	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX
ws as Necessary	KTRE KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU	9.1 9.2 19 47 8 51.1 56.1 11	N N I E I I N	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX
ws as Necessary	KTRE KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB	9.1 9.2 19 47 8 51.1 56.1 11 49	N N I E I I N	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX
ows as Necessary	KTRE KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB	9.1 9.2 19 47 8 51.1 56.1 11 49 54.1	N N I E I I N	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX
ows as Necessary	KTRE KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT	9.1 9.2 19 47 8 51.1 56.1 11 49 54.1 45	N N I E I I N	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX
ows as Necessary	KTRE KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT KFTH-DT	9.1 9.2 19 47 8 51.1 56.1 11 49 54.1 45 67	N N I E I I N	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX HOUSTON, TX
ows as Necessary	KTRE KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT KFTH-DT	9.1 9.2 19 47 8 51.1 56.1 11 49 54.1 45 67	N N I E I I N	LUFKIN, TX LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX HOUSTON, TX
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EGAL NAME OF								SYSTEM I 619
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (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 par ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

counting Perio	LEGAL NAME OF OWNER OF	- CABLE STSTE						SYSTEM ID
Name	Consolidated Commu	nications -	тх					6199
	SUBSTITUTE CARRIAG	E: SPECIAL	L STATEME	NT AND PROGRAM L	CG			
	In General: In space I, ident	tify every nonn	network televi	<i>sion program,</i> broadcast b	y a <i>distant</i> sta	tion, that yo	ur cable sy	stem carried on a
.	substitute basis during the a explanation of the programm							
Substitute Carriage:					the general in:		the paper	5A 1-2 101111.
Special	1. SPECIAL STATEMEN					otwork tok	vision pro	arom
tatement and	During the accounting pe	-	cable syster	n carry, on a substitute b	asis, any noni			
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No log in block 2.	o", leave the re	rest of this pa	ige blank. If your answer	is "Yes," you i	nust compl	ete the pro	ogram
	Column 3: Give the call Column 4: Give the brow the case of Mexican or Cal Column 5: Give the mon first. Example: for May 7 gi	ace, please ac e of every nonia distant static egulations, or ries like "movi . Bulls." m was broadc sign of the st adcast station nadian station nth and day w ive "5/7." nes when the s . Example: a J	add additional anetwork tele- on and that y - authorization vies" or "bask cast live, enter tation broadc n's location (f ns, if any, the when your sy substitute pro-	rows to the tables. vision program ("substitut our cable system substitu- ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which the scommunity with which the stem carried the substitute ogram was carried by you	te program") ti uted for the pro- eneral instruct am titles, for e "No." gram. he station is lid te program. U ur cable syste	hat, during ogramming ions for furi example, "I censed by t entified). se numeral m. List the	the accour of another her inform Love Lucy he FCC or s, with the times accu	nting • station ation. " or •, in month rately
	Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the li and regulatior mming that yo	ons in effect d		od; enter the	etter "P" if	he listed p	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the li and regulatior mming that yo 5.	ons in effect d our system w	uring the accounting peri as permitted to delete un	od; enter the l der FCC rules	etter "P" if t and regula	the listed p ations in	rogram
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the li and regulatior mming that yo b. UBSTITUTE	ons in effect d our system w	uring the accounting peri as permitted to delete un	od; enter the l der FCC rules WHE CARRI	etter "P" if t and regula N SUBSTI AGE OCC	the listed p ations in	
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Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications - TX	SYSTEM ID# 61992
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 transmin (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.	mission service
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 \$ • Use block 3 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 \$527,60(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 t accounting period is \$52.00	his 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 \$137,1	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	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
		600)
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)
	1. Enter the amount of gross receipts from space K \$ 293,303.07	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	295.03
	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	\$ 1,614.03
	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)	1,614.03
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	\$ 1,634.03
	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 mo	

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications - TX	SYSTEM ID# 61992
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	15 212
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Julie Poon Telephon Address 211 Lincoln Street	e <u>916-786-1034</u>
	(Number, street, rural route, apartment, or suite number) Roseville, CA 95678 (City, town, state, zip)	
	Email julie.poon@consolidated.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 of 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 here 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)] 	e B; or e system as identified owner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	-
	Typed or printed name: Michael Shultz Title: VP Regulatory & Public Policy (Title of official position held in corporation or partnership)	
	Date: 8/17/2023	

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

here a main of the experiment of the set of the se		FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCENTING GROSS RECEIPTS EXCLUSIONS IN Statistic Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sections of the total number of subacribers 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- scribers and anomat collected from subacribers receiving secondary transmissions located in the paper SA1-2 form. In other information on when to exclude these amounts, see the nole on page (vii) of the general instructions located in the paper SA1-2 form. In the statellite carrier's to satellite dish owners? INO VES. Enter the total here and list the satellite carrier(s) below. Interest ASSESSMENT You must complete this worksheet for those rangel (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rate" and enter the sum here In a galaxies Interest rate chart click on www copyright powellows 3 line 6 X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the first community served NOTE: If you are filling this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served (1D number, and accounting period as given in the original filling.	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P Sinvice of providing secondary transmissions of primary transduct transmitters, the system fail in the cable system for the basic concerning dom secondary transmissions pursuant to section 119.* P For more information on when to exclude these amounts, see the note on page (vii) of the general instructions Secondary transmissions pursuant to section 119.* During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite camers to satellite dish owners? Nore Minor Address Nore Mating Address Nore Mating Address Nore Line 1 Enter the amount of late payment or underpayment. x Line 2 Multiply line 1 by the interest rate* and enter the sum here x Line 3 Multiply line 1 by the interest rate* and enter the sum here x	solidated Communications - TX	6199
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 NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maling Address Maling Address Name Maling Address Maling Address Name Maling Address . You must complete this workshed for those royally 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. \$. Line 2 Multiply line 1 by the interest rate* and enter the sum here . . Line 3 Multiply line 2 by the number of days late and enter the sum here . . . * To view the interest rate rate and enter the ree in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . \$. . . * To view the interest rate of rate of rates assessment for one day late. * To is is the decimal equ	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub-	Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below\$ Name Maing Address Name Maing 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. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here		Receipts Exclusion
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in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 4 Multiply line 3 by 0 00274** and enter here	
To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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.		
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