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					
8/17/2023	\$ 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	ACC	DUNTING 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					
		Hollis Telephone Company, Inc.					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		525 Junction Road (Number, street, rural route, apartment, or suite number)					
		Madison, WI 53717 (City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:						
		TDS Telecom, Inc.  MAILING ADDRESS OF CABLE SYSTEM:					
	_	MICHERY ADDRESS OF SADEL STOTEM.					
	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.

Accounting Period:	2023/01	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name									
	Hollis Telephone Company, Inc.	63536							
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	mmunities within unincorporated areas and including single,							
	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								
Area Served	dentified city.								
	CITY OR TOWN STATE								
First Community	Hollis	NH							
Add Rows as Necessary									

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/01

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hollis Telephone Company, Inc.

63536

# E

### 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		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	710	\$25/mo			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	6	\$64/mo			
Converter	***************************************				
Residential	710	\$8/ <b>M</b> o.			
Non-residential					
					[

# 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   F
Continuing Services:		Installation: Non-residential		
• Pay cable	\$8.00-\$15.00	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$0 - \$50.00	
<ul> <li>Fire protection</li> </ul>		• Pay cable		
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		
Installation: Residential		Fire protection		
<ul> <li>First set</li> </ul>	\$0-\$50.00	Burglar protection		
<ul><li>Additional set(s)</li></ul>	\$0-\$50.00	Other services:		
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$0-\$25.00	
<ul> <li>Converter</li> </ul>		Disconnect		
		Outlet relocation	19.98-39.96	
I		Move to new address		

Accounting Period: 2023/01 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**63536** 

# Hollis Telephone Company, 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
WMUR	9.1	N	Littleton, NH
WMUR-DT2	9.2	N-M	Littleton, NH
WBZ	4.1	N	Boston, MA
WBZ-DT2	4.2	N-M	Boston, MA
WBZ-DT3	4.3	N-M	Boston, MA
WFXT	25.1	N	Boston, MA
WFXT-DT2	25.2	N-M	Boston, MA
WFXT-DT3	25.3	N-M	Boston, MA
WBTS-LD	15.1	N	Boston, MA
WBTS-DT2	15.2	N-M	Boston, MA
WBTS-DT3	15.3	N-M	Boston, MA
WLVI	56.1	I	Cambridge, MA
WLVI-DT2	56.2	I-M	Cambridge, MA
WENH	11.1	E	Durham, NH
WENH-DT2	11.2	E-M	Durham, NH
WENH-DT3	11.3	E-M	Durham, NH
WENH-DT5	11.5	E-M	Durham, NH
WGBH	2.1	E	Boston, MA
WGBX	44.1	E	Boston, MA
WGBX-DT3	44.3	E-M	Boston, MA
WVTA	41.1	E	Windsor, VT
WNEU	60.1	I	Merrimack, NH
WNEU-DT3	60.3	I-M	Merrimack, NH
WHDH	7.1	1	Boston, MA

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/01

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hollis Telephone Company, Inc.

FORM SA1-2E. PAGE 3.

SYSTEM ID#

63536

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WHDH-DT2	7.2	I-M	Boston, MA
WPXG	21.1	I	Concord, NH
WSBK	38.1	I	Boston, MA
WSBK-DT2	38.2	I-M	Boston, MA
WSBK-DT3	38.3	I-M	Boston, MA
WSBK-DT4	38.4	I-M	Boston, MA
WSBK-DT5	38.5	I-M	Boston, MA
WWJE-DT	50.1	I	Derry, NH
WYCU-LD	26.1	I	Charlestown, NH
WYDN	48.1	I	Worchester, MA
_			

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/01 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hollis Telephone Company, Inc.

63536

### 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

Primary Transmitters: Radio

**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.

**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
N/A							
						<b>-</b>	
						<b>-</b>	
			<b></b>				·

Accounting Perio	od: 2023/01						FORM	/I SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Hollis Telephone Com	pany, Inc	•					63536		
ı	SUBSTITUTE CARRIAGE In General: In space I, identi					tion, that y	our cable syst	em carried on a		
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant stat	ion?					YES	X NO		
	<b>Note:</b> If your answer is "No"	' leave the	rest of this na	ne blank. If your answer is	"Ves" vou r	must comr				
	log in block 2.	, leave the	rest of this pay	ge blank. If your answer is	res, your	nust comp	piete trie prog	ram		
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa	itute progra ce, please	am on a separa add additional		·					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	distant stat gulations, c ies like "mo	tion and that yo or authorization	our cable system substitute is. See page (v) of the ger	ed for the proneral instruct	ogramming ions for fu	g of another s rther informat	station tion.		
	Column 2: If the progran Column 3: Give the call	n was broad sign of the adcast station	station broadca on's location (tl	er "Yes." Otherwise enter " asting the substitute progr he community to which the community with which the	am. e station is lic	•	the FCC or, i	in		
	Column 5: Give the mon first. Example: for May 7 giv	th and day e "5/7."	when your sys	stem carried the substitute	program. U	se numera				
		er "R" if the	listed program	ı was substituted for progr	amming that	t your syst	em was <i>requ</i> i			
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	ıming that y						ogram		
	SI	JBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO					
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION		
	N/A									
							_			
							_			
							_			
		<b></b>					_			
							_			
							_			

Accounting Period:	2023/01				1-2E. PAGE 6.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Hollis Telephone Company, Inc.			S	4STEM ID# 63536		
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	econdary transr o compute this	smission service				
	OODVDIOUT DOVALTY FFF						
Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>						
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00  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 lin	nes 1 and 2	2				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)			
	Base amount under statutory formula	\$	263,800.00				
	2. Enter amount of gross receipts from space K	\$	219,554.74				
	3. Subtract line 2 from line 1		44,245.26				
	4. Enter the amount of gross receipts from space K		. \$ 2	219,554.74			
	5. Enter the amount from line 3		. \$	44,245.26			
	6. Subtract line 5 from line 4		\$ 1	75,309.48			
	7. Multiply line 6 by .005 (enter figure here)			\$	876.55		
	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		\$	876.55		
	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 .					
	FILING FEE AND TOTAL REMITTANCE DUI	E					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	876.55			
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			\$	896.55		
	EFT Trace # or TRANSACTION ID #						
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2 form and the I		•				

U.S. Copyright Office

Accounting Period:	2023/01					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV Hollis Telephone	VNER OF CABLE SYSTEM: e Company, Inc.				SYSTEM ID# 63536
M Channels	<ol> <li>to its subscribers,</li> <li>Enter the total n system carried to</li> <li>Enter the total n on which the cab</li> </ol>	and (2) the cable system's to number of channels on which elevision broadcast stations of number of activated channels tole system carried television	otal numb  the cable   s broadcas		ounting period.	165
N Individual to Be Contacted for Further	we can contact ab	BE CONTACTED IF FURTH rout this statement of accour  Mitchell Maier		RMATION IS NEEDED (Identify an indiv		(608) 886-8210
Information	Address (	525 Junction Rd (Number, street, rural route, apartr Madison, WI 53593 (City, town, state, zip)	ment, or suit	e number)		
	Email	Finance@tdsteleco	om.com	F	-ax (optional)	
	CERTIFICATION (T	his statement of account mu	ust be cer	tified and signed in accordance with Co	pyright Office regulations)	)
O Certification	(Owner of the line)      (Agent of the line)      X (Officer in line)      I have examined the line of the li	other than corporation or parties of owner other than corporation or parties 1 of space B and that the over or partner) I am an officer (if a 1 of space B.  The statement of account and I and correct to the best of my	ne, but only artnership ation or pa wner is not if a corpora	-	identified in line 1 of space t of the owner of the cable legal entity identified as ow	B; or system as identified wner of the cable system
			Enter an e Enter sign	/s/ Sharon V. Tisdale lectronic signature on the line above to cerature using an "/s/ signature" (e.g., /s/ Joh	•	
			Assista	Sharon V. Tisdale  ant Treasurer  n held in corporation or partnership)		
		Date:			August 11, 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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2023/01	FORM SA1-2E. PAGE 8
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
llis Telephone Company, Inc.	63536
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	1
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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 (interest charge)	_
* 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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