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				
11/1/23	\$				
	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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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
		CableSouth Media III, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1615 Poydras St. Suite 650 (Number, street, rural route, apartment, or suite number)
		New Orleans, LA 70112 (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 s 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:
		Swyft Connect MAILING ADDRESS OF CABLE SYSTEM:
		MARIENTO ABBRECO O TOTALIN.
	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:	2023/1	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
	CableSouth Media III, LLC	63608
D Area Served	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorportise discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future in Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
	CITY OR TOWN	STATE
First	Clinton	AR
Community	Damascus	AR
	Guy	AR
Add Rows as Necessary	Quitman	AR

Accounting Period: 2023/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63608 CableSouth Media III, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-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 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 BLOCK 1 BLOCK 2 NO. OF NO OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 103 32.85 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential 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			RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	150.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	150.00		
Converter	5.00	Disconnect			
		Outlet relocation			
		 Move to new address 	150.00		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name CableSouth Media III, LLC

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters:

Television

G

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 KARK 4 N Little Rock, AR **KASN** 5 N Little Rock, AR **KEMV** 6 Ε Mountain View, AR **KATV** 7 N Little Rock, AR **KLRT** 8 N Little Rock, AR **KKYK** 9 Ν Little Rock, AR **KTHV** 11 N Little Rock, AR WGN 19 Chicago, IL

Add Rows as Necessary

63608

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CableSouth Media III, LLC

63608

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio								
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				<u></u>	ORM SA1-2E. PAGE 5. SYSTEM ID#
Name	CableSouth Media III,							63608
		E. 00E01		THE AND DOOD AM LO	^			
ı	SUBSTITUTE CARRIAGI	_	_			·		
	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, o	r authoriza	ations. For a further
Substitute Carriage:	explanation of the programm				ne general ins	structions i	n the pape	er SA1-2 form.
Special	1. SPECIAL STATEMEN	_			_:	-4		
Statement and	During the accounting per		ur cable syster	in carry, on a substitute ba	sis, any noni	ietwork te		<u> </u>
Program Log	broadcast by a distant sta						YES	
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
	log in block 2.	- BBOOD /	NMO					
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviations	s wherever po	ossible if	heir mea	ning is
	clear. If you need more spa	ace, please	add additional	I rows to the tables.	•			J
	Column 1: Give the title period, was broadcast by a			vision program ("substitute our cable svstem substitut				
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ger	neral instruct	ions for fu	rther info	rmation.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	ım titles, for e	example, "	I Love Lu	cy" or
			dcast live, ent	er "Yes." Otherwise enter "	'No."			
		•		casting the substitute progr			500	
	the case of Mexican or Car			the community to which the community with which the			the FCC	or, in
	Column 5: Give the mor	nth and day		stem carried the substitute			ıls, with th	ne month
	first. Example: for May 7 gi		e cubetitute nr	ogram was carried by your	r cable eveter	m Lietthe	times ac	curately
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."	"D":						. ,
	to delete under FCC rules			n was substituted for progr				
					a, criter the i	CIICI I II	ti io notoc	
	was substituted for program	nming that y	your system w	as permitted to delete und	er FCC rules	and regu	lations in	- F 9
	effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regu	lations in	
		•	your system w	as permitted to delete und	Т	and regu		
	effect on October 19, 1976		your system w		WHE		TITUTE	7. REASON FOR
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI	N SUBST AGE OCC	TTUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
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	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
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	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI.	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED	7. REASON FOR DELETION

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	S	*STEM ID 63608
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, se),781.66
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 \$2 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 2 TOTAL DOVALTY FEE DAVADLE FOR ACCOUNTING DEDICE. Add lines 4 and 2	•	50.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	•	52.00
	1. Base amount under statutory formula		
	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 \$527,6	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		
		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 DUE		
	FILING FLE AND TOTAL NEWHITIANGE DUE		
Filing Fee and Total Remittance	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 # 2791FML1		
	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	CableSouth Mo	WNER OF CABLE SYSTEM: edia III, LLC			SYSTEM ID# 63608
M Channels	to its subscribers 1. Enter the total	number of channels on which	channels on which the cable system carried to tal number of activated channels during the a	accounting period.	8
	on which the ca	number of activated channels able system carried television bast services			140
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account	ER INFORMATION IS NEEDED (Identify an in)	ndividual to whom	
for Further Information	Name	William Welsh		Telephone 50	4-272-7998 x5020
	Address	1615 Poydras St. Suite (Number, street, rural route, apartme	ent, or suite number)		
	***************************************	New Orleans, LA 7011 (City, town, state, zip)			
	Email	regulatory@swyfl	tconnect.com	Fax (optional)	
0	CERTIFICATION	(This statement of account mus	st be certified and signed in accordance with	Copyright Office regulations)	
Certification	• I, the undersigned	ed, hereby certify that (Check one	e,but only one, of the boxes.)		
	(Owne	r other than corporation or par	rtnership) I am the owner of the cable system a	s identified in line 1 of space B; o	r
			on or partnership) I am the duly authorized agree is not a corporation or partnership; or	ent of the owner of the cable syst	em as identified
		er or partner) I am an officer (if a ine 1 of space B.	a corporation) or a partner (if a partnership) of th	ne legal entity identified as owner	of the cable system
		e, and correct to the best of my k	ereby declare under penalty of law that all stater knowledge, information, and belief, and are mad		
			X /s/ William Welsh		
			inter an electronic signature on the line above to inter signature using an "/s/ signature" (e.g., /s/ .	•	
		Typed or printed n	name: William Welsh		
			VP of Accounting cial position held in corporation or partnership)		
		Date:		11/01/2023	

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 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 telephon 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 i 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

ounting Period:	2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OW	VNER OF CABLE SYSTEM:	SYSTEM ID#
bleSouth Me	dia III, LLC	63608
The Satellite Howing sentend "In dete	ATATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic e of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- rs and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
	rmation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
-	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
X NO		
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
	ation 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 Multip	oly line 1 by the interest rate* and enter the sum here	
	x days	
Line 3 Multip	oly line 2 by the number of days late and enter the sum here	
	x 0.00274	
•	oly line 3 by 0.00274** and enter here	
ın spac	ce L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
	the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is t	the decimal equivalent of 1/365, which is the interest assessment for one day late.	
•	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		
First communi	ity served	
Accounting pe	eriod	

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.