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			
08/28/23	\$			
	ALLOCATION NUMBER			

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting	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						
	City of Loveland - Municipal Fiber						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	Loveland Pulse						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	2695 W Eisenhower Blvd, Suite 200 (Number, street, rural route, apartment, or suite number)						
	Loveland, CO 80537 (City, town, state, zip)						
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С	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	IDENTIFICATION OF CABLE SYSTEM:						
	Loveland Pulse TV 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 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 filling, a determination that would be made by a court of law.

Accounting Period:	2023/1						
	T	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	City of Loveland - Municipal Fiber	63905					
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, anattments, condominiums, or mobile by	unities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the idencity.						
	CITY OR TOWN STATE						
First Community	Loveland	CO CO					
Community	Drake	СО					
Add Rows as Necessary							
riad nows as necessary							

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

City of Loveland - Municipal Fiber

63905

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	K 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	172	37.49	Favorite Service	397	91.95
Service to additional set(s)			Premier Service	188	#####
• FM radio (if separate rate)			Business Favorites	5	91.95
Motel, hotel					
Commercial	0	37.49			
Converter					
Residential	252	6.00			
Non-residential	12	6.00			
l		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 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	15.99	 Motel, hotel 		Pay cable-add'l chan	12.95
Pay cable—add'l channel	10.99	Commercial		Pay cable-add'l chan	8.99
Fire protection		• Pay cable		Pay cable-sports	6.95
Burglar protection		 Pay cable-add'l channel 		Pay cable-spanish	5.24
Installation: Residential		 Fire protection 			
First set		 Burglar protection 			
Additional set(s)		Other services:			
FM radio (if separate rate)		 Reconnect 			
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# 63905

City of Loveland - Municipal Fiber 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
KWGN-CW	2	N	Denver, CO
KCNC-CBS	4	N	Denver, CO
KTVD MyNet	31	N	Denver, CO
KRMA-PBS	6	Е	Denver, CO
KMGH-ABC	7	N	Denver, CO
KUSA-Cozi	9.2	N-M	Denver, CO
KUSA-NBC	9	N	Denver, CO
KDVR-Fox	36	N	Denver, CO
KCNC-StartTV	4.2	N-M	Denver, CO
KCNC-Dabl	4.3	N-M	Denver, CO
KMGH-Laff	7.3	N-M	Denver, CO
KPXC-ION	18	N	Denver, CO
KDVR-Antenna	31.2	N-M	Denver, CO
KDVR-TBD	31.3	N-M	Denver, CO
KTVD-Heros	20.2	N-M	Denver, CO
KUSA-True Crime	9.3	N-M	Denver, CO
KWGN-Charge	2.4	N-M	Denver, CO
KWGN-Comet	2.3	N-M	Denver, CO
KWGN-Court	2.5	N-M	Denver, CO
KTVD-Quest	9.5	N-M	Denver, CO
KDEN-Telemundo	25	N	Denver, CO
KRMA-PBS Kids	6.2	E-M	Denver, CO
KDEN-TeleXitos	25.2	N-M	Denver, CO
KDEN-Cozi	25.3	N-M	Denver, CO
KDEN-LXTV	25.4	N-M	Denver, CO

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63905 City of Loveland - Municipal Fiber PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

Primary Transmitters: Television

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
KBDI-TD	12	E	Denver, CO
KBDI-PBS+	12.2	E-M	Denver, CO
KBDI-Deutsche Welle	12.3	N-M	Denver, CO
KBDI-NHK World	12.4	N-M	Denver, CO

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

City of Loveland - Municipal Fiber

63905

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
_, <u></u>	7 31 1 101	5/5		5, 122 51514	7 31 1 141	5,5	
						 	
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Accounting Perior	d: 2023/1 LEGAL NAME OF OWNER OF O	ARI E SVST	EM:			F	ORM SA1-2E. PAGE 5. SYSTEM ID#
Name	City of Loveland - Muni						63905
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOC	 }		
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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 CONCERNING SUBSTITUTE CARRIAGE						
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.						ram
Program Log	broadcast by a distant stat	on?				YES	X NO
	Note: If your answer is "No,"	' leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete the prog	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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).				ting station tion. or		
	Column 5: Give the month	,	when your syst	em carried the substitute	program. Us	e numerals, with the r	nonth
	first. Example: for May 7 given Column 6: State the time		substitute prod	aram was carried by your	cable system	n. List the times accur	atelv
	to the nearest five minutes.						,
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	r "R" if the	listed program	was substituted for progr	amming that	vour system was <i>reg</i> u	uired
	to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period	d; enter the le	tter "P" if the listed pr	
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete und	er FCC rules	and regulations in	
	enection October 13, 1370.				11		
	e,	IDOTITLIT	E PROGRAM			EN SUBSTITUTE	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	RIAGE OCCURRED 6. TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM — TO)
					_		
						_	
						_	
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						<u> </u>	
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Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Loveland - Municipal Fiber	S	YSTEM ID# 63905							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to comput 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.	transmission service te this amount, see	7,309.39							
Copyright Royalty Fee	 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527, See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	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 \$263,800. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.								
	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 this six-month 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 lines 1 and 2	<u> </u>								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	\$137,100)								
	1. Base amount under statutory formula	00.00								
	2. Enter amount of gross receipts from space K	9.39								
	3. Subtract line 2 from line 1	90.61								
	4. Enter the amount of gross receipts from space K	217,309.39								
	5. Enter the amount from line 3	46,490.61								
	6. Subtract line 5 from line 4	170,818.78								
	7. Multiply line 6 by .005 (enter figure here)	\$	854.09							
	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	\$	854.09							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less that	n \$527,600)								
	Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula	00.00								
	3. Subtract line 2 from line 1	50.00								
	4. Multiply line 3 by .01	4 240 00								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)									
	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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	854.09								
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00								
	2. Filling Fee (See the instructions for more information on filling fee calculations)	20.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	874.09							
	EFT Trace # or TRANSACTION ID #									
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the F See page i of the general instructions in the paper SA1-2 form and the Excel instructions ta									

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: d - Municipal Fiber		SYSTEM ID# 63905
M Channels	to its subscriber	s, and (2) the cable system's total	channels on which the cable system carried television broadcast stations al number of activated channels during the accounting period.	29
	on which the	I number of activated channels cable system carried television b dcast services	proadcast stations	233
N Individual to Be Contacted		D BE CONTACTED IF FURTHEI about this statement of account.	R INFORMATION IS NEEDED (Identify an individual)	
for Further Information	Name	Brieana Reed-Harmel		(970) 962-3592
	Address 	2695 W Eisenhower Bly (Number, street, rural route, apartmen Loveland, CO 80537		
	Email	(City, town, state, zip) brieana.reed-harm	el@cityofloveland.org Fax (optional	
	CERTIFICATION	This statement of account must	be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check one,	but only one, of the boxes.)	
	(Owne	r other than corporation or parti	nership) I am the owner of the cable system as identified in line 1 of space I	3; or
	(Agent		n or partnership) I am the duly authorized agent of the owner of the cable swner is not a corporation or partnership; or	system as identified
	X (Offic	er or partner) I am an officer (if a in line 1 of space B.	corporation) or a partner (if a partnership) of the legal entity identified as ow	ner of the cable system
		te, and correct to the best of my ki	eby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
			X /s/ Brieana Reed-Harmel	
			ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na	me: Brieana Reed-Harmel	
			lunicipal Fiber Manager f official position held in corporation or partnership)	
		Date:	8/28/2023	

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

unting Period: 2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
of Loveland - Municipal Fiber	63905
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? NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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.	<u>-</u>
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.	

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