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 COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
Cable Systems (Short Form)		\$	For additional information,
General instructions are located	1/23/24	Ŷ	contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.		ALLOCATION NUMBER	(202) 707-8150.

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023-2 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
		BROCKWAY TELEVISION INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 501 MAIN ST.
		(Number, street, rural route, apartment, or suite number) BROCKWAY, PA 15824
		(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:
		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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BROCKWAY TELEVISION INC.	SYSTEM ID# 3305
D Area Served	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 h identified city.	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First Community	BROCKWAY BOROUGH SNYDER TOWNSHIP	PA PA
Add Rows as Necessary	HORTON TOWNSHIP SANDY TOWNSHIP WASHINGTON TOWNSHIP	PA PA PA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							FORM SA1	TEM IC
Name	BROCKWAY TELEVISIO	ON INC.								330
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting periodo Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disco Block 1: In the left-hand block systems most commonly provide	SERVICE: SL pace E should on of television way cable) in sp I (June 30 or D n blocks in spar y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 counts allowed in space E, the e to their subsc	cover all c and radio ace F, noi ecember 3 ce E call for service. Ir as in that c ndicated– h category 20/mth"). S for advance form lists ribers. Giv	ategories of broadcasts here. All the a general, yo ategory (the -not the num of service. Summarize a ce payment. the categor re the number	f secondary by your sy e facts you se may be er of subsc u can com number of number of set Include bo uny standar ries of seco	stem to subscri state must be p). Tibers to the ca pute the number f persons or or s receiving servent th the amount of rd rate variation ondary transmis- ribers and rate	ibers. Giv those exis ble systemer of subs ganizatior vice). of the cha as within a ssion serv for each	e inforr sting or m, brok scribers as charg rge and a partice vice tha listed c	nation n the in ged d the ular rate t cable ategory	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	should be cour able service to a once again und has rate catego iers of services	nted as a s additional er "Servic ories for se that inclu	subscriber in sets would b to addition econdary trai de one or m	each appl e included al set(s)." nsmission ore second	licable category I in the count un service that are dary transmission	v. Example nder "Serv e different ons), list t	e: a res vice to t from them, to	idential the nose ogether	
	BL	OCK 1					BLOO	CK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	RS	RATE	CAT	EGORY OF SE	RVICE	SI	NO. OF JBSCRIBERS	RATE
	Residential: • Service to first set		50	63.00		onverter Residential			83	####
	 Service to additional set(s) FM radio (if separate rate) 				Nursing Home Bed & Breakfast <5 rooms				1 1	#### ####
	Motel, hotel									
	Commercial		2	63.00						
	Converter		498	404.05						
	Residential Non-residential		490 14	124.25 129.25						
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services to re two exceptio or facilities furr hit in which it is rate column. te charged by to t your cable system separate charg	er) inform hat are no ns: you do ished to r usually bi ne cable s stem furnis e was ma	ation with re of offered in (o not need to onsubscribe led. If any ra ystem for ea shed or offer de or establi	espect to al combination give rate in ers. Rate in ates are ch ach of the a red during t	on with any seco information con oformation shou arged on a vari applicable servi the accounting	ondary tra icerning (ild include iable per- ces listed period tha	ansmiss 1) servi e both ti prograr at were	sion ces he n basis, not	
		BLO							BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SER		RATE	CATE	GORY	OF SERVICE	RATI
	Continuing Services: Pay cable		• Motel	on: Non-res	sidential	150.00	Pay C	ahle	Premium	13.6
	Pay cable—add'l channel		• Comr			150.00			Premium	16.0
	Fire protection		• Pay c	able					Premium	10.8
	•Burglar protection		• Pay c	able-add'l ch	nannel		Pay C	able	Premium	10.8
	Installation: Residential		•	rotection					Premium	28.7
	— : , ,	100.00	 Burglassing 	ar protection	l				Premium	3.7
	• First set									
	 Additional set(s) 		Other se	rvices:					Premium Promium	8.4
			Other se • Reco • Disco	rvices: nnect		30.00	Pay C	able	Premium Premium Premium	8.4 6.1 6.1

				FORM SA1-2E. PAC
Name				SYSTEM 33
	BROCKWAY TELEVI PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, W Column 3: Indicate in eact educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	also in space I, if the station was carrier on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network prog s1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su 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 ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form.	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA	2	N	PITTSBURGH, PA
	WPSU	3	E	STATE COLLEGE, PA
ows as Necessary	WTAE	4	N	PITTSBURGH, PA
ows as Necessary	WTAE WJAC	6	N	PITTSBURGH, PA JOHNSTOWN, PA
ows as Necessary	WJAC			JOHNSTOWN, PA
ows as Necessary		6	N N	
ows as Necessary	WJAC WWCP WTAJ	6 8 10	N N N	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA
ows as Necessary	WJAC WWCP WTAJ WPXI	6 8 10 11	N N N N	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED	6 8 10 11 13	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM	6 8 10 11 13 23	N N N N	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT	6 8 10 11 13 23 22	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT WPCW	6 8 10 11 13 23 22 19	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT	6 8 10 11 13 23 22	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT WPCW	6 8 10 11 13 23 22 19	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT WPCW	6 8 10 11 13 23 22 19	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT WPCW	6 8 10 11 13 23 22 19	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT WPCW	6 8 10 11 13 23 22 19	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT WPCW	6 8 10 11 13 23 22 19	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT WPCW	6 8 10 11 13 23 22 19	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT WPCW	6 8 10 11 13 23 22 19	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT WPCW	6 8 10 11 13 23 22 19	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA PITTSBURGH, PA
ows as Necessary	WJAC WWCP WTAJ WPXI WQED WATM WPNT WPCW	6 8 10 11 13 23 22 19	N N N N E	JOHNSTOWN, PA JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA PITTSBURGH, PA PITTSBURGH, PA

EGAL NAME O								SYSTEM II 33
	t every radio	station c) arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: Ic Column 2: S Column 3: It) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio sta	by the sy be rece ut the Co Il sign of the stati tion's sig	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column.	at the system's he system's FM ar this point, see p	neadend, and ntenna, during age (v) of the	(2) it ca certain general	n be expected, stated intervals. instructions in the.	Primary Transmitters Radio
Column 4: C	Give the statio	n's locat	ion (the community to which , the community with which th			CC or,	in the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2023-2						FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	BROCKWAY TELEVIS	ION INC.						3305
	SUBSTITUTE CARRIAGI				G			
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor ccounting pe	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> stati C rules, regul	ations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMEN				general mea			
Special	During the accounting per	-			s any nonnei	work televi	sion program	
Statement and	broadcast by a distant star		r cable system	carry, on a substitute basi	s, any nonne			
Program Log	-					L	YES	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	e the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst	itute progra	m on a separat		wherever pos	sible, if thei	ir meaning is	
	clear. If you need more spa Column 1: Give the title			ows to the tables. sion program ("substitute	orogram") tha	t during the	e accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	er informatior	1.
	Do not use general categor "NBA Basketball: 76ers vs.	Bulls."				ample, "I Lo	ove Lucy" or	
				"Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can	adian statio	ns, if any, the c	community with which the	station is iden	itified).		
			when your syst	em carried the substitute	orogram. Use	numerals,	with the mor	ith
	first. Example: for May 7 giv Column 6: State the time		substitute prod	gram was carried by your o	cable system.	List the tim	nes accurate	lv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."		lists of must surgers					d
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM			N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
							_	
		+						
			+					
							_	
							_	
					1		_	
		+	+					
			+				_	
		·	+		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
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Accounting Period:	2023-2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	BROCKWAY TELEVISION INC.	3305
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entra all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (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.	ssion service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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.	63,800.
	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 th 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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	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	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)
	1. Enter the amount of gross receipts from space K \$ 479,787.25	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	2,159.87
	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	\$ 3,478.87
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	3,478.87
	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	\$ 3,498.87
	EFT Trace # or TRANSACTION ID # 27B7TSLS	
	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	<u>ne mormation.</u>

Accounting Period:	2023-2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: TELEVISION INC.	SYSTEM ID# 3305
M Channels	to its subscribe	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	20
	on which the	tal number of activated channels cable system carried television broadcast stations dcast services	122
N Individual to Be Contacted		OBE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual t about this statement of account.)	
for Further Information	Name	GABRIELLE BARNES Telephone 8	314-268-6565
	Address	501 MAIN ST. (Number, street, rural route, apartment, or suite number)	
		BROCKWAY, PA 15824 (City, town, state, zip)	
	Email	gbarnes@brockwaytv.com Fax (optional) 814-265-1300	
O Certification	I, the undersig (Owr X (Age	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable systen n line 1 of space B and that the owner is not a corporation or partnership; or	
	I have examine are true, comple	icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	r 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: Denise Foradori Title: Chairperson (Title of official position held in corporation or partnership)	
		Date: January 23, 2024	

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 the 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 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 t 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: 2023-2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DCKWAY TELEVISION INC.	330
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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	_
x 0.00274	
	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	-
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	-
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 f (interest charge) * 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.	_
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	-
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	-
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