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						
02/19/2024	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.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
		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
		FBN Indiana, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		NITCO
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P O Box 461 (Number, street, rural route, apartment, or suite number)
		Hebron In 46341
		(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:
	<u>'</u>	Rensselaer System
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
-	1	ı

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.

		FORM SA1-2E. PAGE 1
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	FBN Indiana, Inc.	4039
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo known as the "first community." Please use it as the first community on all future	communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Rensselaer	IN
Community	Jasper County	IN
d Rows as Necessary		
a nows as necessary		

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FBN Indiana, Inc.

4039

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		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	520	48.95	
Service to additional set(s)			
• FM radio (if separate rate)			
Motel, hotel			
Commercial			
Converter			
Residential			
Non-residential			
	h		

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				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	77.00	Motel, hotel		Pay cable Add'l Ch	10.50
 Pay cable—add'l channel 	90.00	Commercial		Pay cable Add'l Ch	19.95
Fire protection		• Pay cable		Pay cable Add'l Ch	9.95
•Burglar protection		 Pay cable-add'l channel 		Pay cable Add'l Ch	10.95
Installation: Residential		Fire protection		Pay cable Add'l Ch	13.95
• First set	99.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter	6.95	Disconnect			
		Outlet relocation			
		 Move to new address 	99.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4039

FBN Indiana, 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
WBBM	2.1	N	Chicago IL
WMAQ	5.1	N	Chicago IL
WLS	7.1	N	Chicago IL
WGN	9.1	l	Chicago IL
WTTW	11.1	E	Chicago IL
WNDU	16.1	l	South Bend IN
WLFI	18.1	l	LaFayette IN
WCIU	26.1	l	Chicago IL
WCPX	38.1	l	Chicago IL
WSNS	44.1	l	Chicago IL
WPWR	50.1	l	Chicago IL
WYIN	56.1	E	Gary IN
WJYS	62.1	l	Chicago IL
WBBM-2.2	2.2	N-M	Chicago IL
WMAQ-5.2	5.2	N-M	Chicago IL
WLS-7.2	7.2	N-M	Chicago IL
WGN-9.2	9.2	I-M	Chicago IL
WGN-9.3	9.3	I-M	Chicago IL
WTTW-11.2	11.2	E-M	Chicago IL
WTTW-11.3	11.3	E-M	Chicago IL
WTTW-11.4	11.4	E-M	Chicago IL
WFLD-32.2	32.2	N-M	Chicago IL
WFLD-32.3	32.3	N-M	Chicago IL

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 4039

FBN Indiana, 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
WCIU-26.2	26.2	I-M	Chicago IL
WCIU-26.3	26.3	I-M	Chicago IL
WCIU-26.4	26.4	I-M	Chicago IL
WCIU-26.5	26.5	I-M	Chicago IL
WJYS-62.2	62.2	I-M	Chicago IL
WJYS-62.3	62.3	I-M	Chicago IL
WJYS-62.4	62.4	I-M	Chicago IL
WCPX-38.2	38.2	I-M	Chicago IL
WCPX-38.3	38.3	I-M	Chicago IL
WCPX-38.4	38.4	I-M	Chicago IL
WFLD-32-1	32.1	N	Chicago IL
WYIN-56.2	56.2	I-M	Gary IN
WLFI-18-2	18.2	I-M	Lafayette IN
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FBN Indiana, Inc. 4039

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).

CVIT SICK	AMorEM	S/D	LOCATION OF STATION	CVIT SICK	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
			 				

Accounting Dorin	nd: 2023/2						EOD	M SA1-2E DAGE F
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	FBN Indiana, Inc.							4039
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G			
ı	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							
Substitute	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: Special	1. SPECIAL STATEMEN	_		-				
Statement and	 During the accounting pe 	riod, did yo	ur cable systei	m carry, on a substitute ba	sis, any nonr	network televi	sion prog	ram
Program Log	broadcast by a distant sta	ation?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust complete	e the prog	gram
	log in block 2. 2. LOG OF SUBSTITUT	E DDOOD	NAC .					
	In General: List each subsclear. If you need more spool column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broad the case of Mexican or Ca Column 5: Give the moofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant state gulations, iries like "mo . Bulls." m was broasign of the adcast statinht and day ive "5/7." les when th . Example: ter "R" if the and regulatemming that	am on a separ add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask adcast live, ent station broadd on's location (ons, if any, the or when your sy e substitute pr a program car e listed prograr ions in effect of	I rows to the tables. vision program ("substitute our cable system substitute our cable system substitute ins. See page (v) of the ge cetball." List specific program of the community to which the community to which the ecommunity with which the ecommunity with which the other carried the substitute or carried by a system from 6:01 m was substituted for programing the accounting period our cable in the substituted for program was substituted for program was substituted for programing the accounting period our substituted for programing the accounting period out the substituted for programing the substi	e program") the dofor the program titles, for each of the program. 'No." ram. e station is lide program. r cable system of the program. If the program of the program	hat, during the ogramming of ions for further example, "I Lo censed by the entified). See numerals, "m. List the time 1:28:30 p.m. set your system etter "P" if the	e account another a r informa ve Lucy FCC or, with the r hould be was require elisted pro	ing station tion. or in nonth ately
	s	UBSTITUT	E PROGRAM	1		N SUBSTITU AGE OCCUF		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	6. TIM	ES TO	DELETION
		100 01 110	O/ LEE O'O'N	1. CIMILOTO ECOMINOT	7 II IB B/(I	1110111		
		 						
								
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Accounting Period:	2023/2			FORM S	A1-2E. PAGE 6.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#	
HAINE	FBN Indiana, Inc.				4039	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 or	system's sion of how	secondary trans to compute thi	smission servic s amount, see	e 2,724.00	
	CORVEIGHT DOVALTY FEE					
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 \$263,800 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.					
	BLOCK 1: GROSS RECEIPTS OF \$137					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	Ity fee that	you must pay f	or this six-mont	ı	
	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 I	ines 1 and	2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137	100)		
	1. Base amount under statutory formula	\$	263,800.00	_		
	Enter amount of gross receipts from space K	\$	152,724.00	_		
	3. Subtract line 2 from line 1	\$	111,076.00	_		
	4. Enter the amount of gross receipts from space K		\$	152,724.00		
	5. Enter the amount from line 3		\$	111,076.00		
	6. Subtract line 5 from line 4		\$	41,648.00		
	7. Multiply line 6 by .005 (enter figure here)			\$	208.24	
	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		\$	208.24	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$52	7,600)		
	Enter the amount of gross receipts from space K					
	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 DU	IE .				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	208.24		
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			\$	228.24	
	Important: Your remittance must be in the form of an electronic payl See page i of the general instructions in the paper SA1		-		ghts!	

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FBN Indiana, Inc.		SYSTEM ID# 4039
M Channels	to its subscribers, and (2) the cable system's t	f channels on which the cable system carried television broadcast stations otal number of activated channels during the accounting period.	
	 Enter the total number of channels on which system carried television broadcast stations 	n the cable	37
	Enter the total number of activated channels on which the cable system carried television and nonbroadcast services	broadcast stations	131
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTH we can contact about this statement of account	ER INFORMATION IS NEEDED (Identify an individual to whom at.)	
for Further Information	Name Eric Galbreath	Telephone 21	9-866-7101
	Address PO Box 41 (Number, street, rural route, apartr Hebron, In. 46341 (City, town, state, zip)	nent, or suite number)	
	Email egalbreath@nit	co.com Fax (optional) 219-866-5785	
	CERTIFICATION (This statement of account mu	ust be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check o	ne, but only one, of the boxes.)	
	(Owner other than corporation or p	artnership) I am the owner of the cable system as identified in line 1 of space B; or	
		tion or partnership) I am the duly authorized agent of the owner of the cable syste wner is not a corporation or partnership; or	em as identified
	(Officer or partner) I am an officer (i in line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified as owner of	of the cable system
		hereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	
		X /s/ Eric Galbreath	
		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: Eric Galbreath	
	Title: (Title of o	VP of Rensselaer Operations fficial position held in corporation or partnership)	
	Date:	07/25/23	

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.

ccounting Period: 2023/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
BN Indiana, Inc.	4039
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 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
~	
Line 2 Multiply line 1 by the interest rate* 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	
** 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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