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				
2-20-24	\$				
	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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
Accounting Period	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)									
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 Ketchikan									
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
	2970 Tongass Ave (Number, street, rural route, apartment, or suite number)									
	Ketchikan, AK, 99901									
	(City, town, state, zip)									
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these mes 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:									
	KPU CommVision, KPUTEL 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.

Accounting Period:	2023/2	
	,-	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	City of Ketchikan	62698
	Instructions: List each separate community served by the cable system. A "community	
D	separate and distinct community or municipal entity (including unincorporated community	
D	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.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identified
Area Served	city.	·
Octived		
	CITY OR TOWN	STATE
First	Ketchikan	AK
Community		
Add Rows as Necessary		

Accounting Period: 2023/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62698

City of Ketchikan

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,421	22.27			
Service to additional set(s)	1,284	-			
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		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				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Basic	22.27
 Pay cable—add'l channel 		Commercial		Local	17.81
Fire protection		• Pay cable		Hotel/Motel	16.37
•Burglar protection		Pay cable-add'l channel		Flex	44.58
Installation: Residential		Fire protection		Essentials	66.98
• First set	99.00	Burglar protection		Enhanced	71.36
 Additional set(s) 	99.00	Other services:		Definitive	75.82
• FM radio (if separate rate)		Reconnect	20.00	Hospitality	#####
Converter		Disconnect			
		Outlet relocation	99.00		•••••••••••••
		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# 62698

4. LOCATION OF STATION

City of Ketchikan

1. CALL SIGN



Primary Transmitters: Television

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

2. B'CAST CHANNEL NUMBER

KUBD	4	N	KETCHIKAN, AK
KING	5	N	SEATTLE, WA
KJUD-ABC	7	N	JUNEAU, AK
APT/CREATE	10	E	BOSTON, MA
ктоо	11	N	JUNEAU, AK
KJUD-FOX	9	N	JUNEAU, AK
PBS Alternate 36	76	E	JUNEAU, AK
KJUD-CW	3	N	JUNEAU, AK
cbc	129	N	VANCOUVER, BC

3. TYPE OF STATION

Accounting Period: 2023/2 FORM SA1-2E

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

City of Ketchikan

62698

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
KFMJ	FM	Х	KETCHIKAN, AK				
KGTW	FM	X	KETCHIKAN, AK				
KTKN	FM	X	KETCHIKAN, AK				
KKLV	FM	X	KETCHIKAN, AK				
KRBD	FM	X	KETCHIKAN, AK				
KKDD	1 101	 ^	INCTOTIINAN, AIX				
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Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	City of Ketchikan							62698		
ı	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ad	fy every non	network televisi	on program, broadcast by cific present and former FC	a <i>distant</i> stati C rules, regul	ations, or au	thorizations.	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	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and		-	r cable system	carry, on a substitute bas	sis, any nonn	etwork telev	rision progra	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Program Log	broadcast by a distant stati	on?					YES	NO		
	Note: If your answer is "No.	" leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust comple	te the progra	am		
	log in block 2.									
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 giv. Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute prograce, please a of every no distant statis gulations, o ies like "mo Bulls." In was broad sign of the sadian static addian static at the and day we "5/7." In the sadian static are "R" if the and regulation ing that y	am on a separa add additional annetwork televiton and that your authorization vies" or "basked deast live, enterstation broadca on's location (thous, if any, the owhen your system substitute program carrillisted program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "asting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting perior	program") the d for the program instruction titles, for e No." am. e station is lice station is ide program. Us cable system 115 p.m. to 6: amming that d; enter the leter of the program to the station is the system to 6: amming that d; enter the leter of the program to 6: amming that d; enter the leter of the program to 6: amming that d; enter the leter of the program in the station is a system to 6: amming that d; enter the leter of the program in the station is a system to the station in the station in the station is a system to the station in the station in the station is a system to the station in the station is a system to the station in the station in the station is a system to the station in the station is a system to the station in the station in the station is a station in the sta	ensed by the control of the control	ne accounting another state information ove Lucy" of the FCC or, in with the momes accurate should be an was requirate listed programme.	ng ation on. r onth ely		
					WHE	EN SUBST	TUTE			
	S	UBSTITUT	E PROGRAM			IAGE OCC		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		
							_			
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•									OVOTERA
Name	City of Ketchi		SYSTEM:					:	SYSTEM 626
K Gross Receipts		ne figure you gi ss receipts) pa space E) during general instruc pts from subso ccounting peri	id to your cable g the accountin ctions located in cribers for secon od	e system by sing period. For in the paper SA indary transmin	ubscribers for th a further explant A1-2 form. ssion service(s)	e system's seation of how	econdary trans to compute this	smission service is amount, see	
L Copyright Royalty Fee	COPYRIGHT ROY Instructions: To co Complete block 1 Use block 1 if the Use block 2 if the Use block 3 if the See page (vi) of the	ompute the roy 1, block 2, or the e amount of grown e amount of grown e amount of grown	olock 3. oss receipts in oss receipts in oss receipts in	space K is \$1 space K is mo space K is mo	ore than \$137,10 ore than \$263,80	00 but less th	an \$527,600.	\$263,800.	
			BLOCK '	1: GROSS R	ECEIPTS OF \$	137,100 OR	RLESS		
	Instructions: As a accounting period		with gross receip	ots of \$137,100	0 or less, the roya	alty fee that y	ou must pay for	this six-month	
	Line 1. Royalty fee	e for accountin	g period						
	Line 2. Interest ch	narge. Enter the	e amount from li	ne 4, space Q	, page 8				0.00
	Line 3. TOTAL RO								
	4 D				\$263,800 OR I	,		•	
	1. Base amount u	,					263,800.0		
	Enter amount o Subtract line 2 i		•						
								_	
	Enter the amou Enter the amou	•						245,801.29	<u>-</u>
	6. Subtract line 5						\$	17,998.71 227,802.58	-
	7. Multiply line 6 b							,	1,139.01
	8. Interest charge.	,	,						0.00
	9. TOTAL ROYA	LTY FEE PAY	ABLE FOR ACC	COUNTING PI	ERIOD. Add lines	37 and 8		\$	1,139.01
		DI OOK 6	3: GROSS RE	CEIPTS OF N	MORE THAN \$2	263,800 (but	t less than \$5	27,600)	
		BLOCK 3							
	1. Enter the amou		eipts from spac	e K					
	Enter the amou Base amount u	unt of gross rec					263,800.0	<u> </u>	
		unt of gross rec	formula				263,800.0	0	
	2. Base amount u	unt of gross recurred inder statutory from line 1	formula			\$		0	
	Base amount u Subtract line 2 f	unt of gross recurrence statutory from line 1	formula			\$		_	
	2. Base amount u3. Subtract line 2 t4. Multiply line 3 b	unt of gross recurred inder statutory from line 1 by .01	formula	ceipts (under st	tatutory formula)	\$	\$	_	
	2. Base amount u 3. Subtract line 2 t 4. Multiply line 3 b 5. Royalty due on	unt of gross recurder statutory from line 1 oy .01	formula	ceipts (under si space Q, pago	tatutory formula)	\$	\$	1,319.00	-
	 Base amount u Subtract line 2 f Multiply line 3 b Royalty due on Interest charge. 	unt of gross recurder statutory in from line 1	formula	ceipts (under si space Q, pago COUNTING PI	tatutory formula)	\$ 	\$	1,319.00	
	 Base amount u Subtract line 2 f Multiply line 3 b Royalty due on Interest charge. 	unt of gross recurrence statutory of from line 1	formula	ceipts (under st space Q, page COUNTING PI	tatutory formula) e 8	\$ 6 4, 5, and 6 .	\$	1,319.00	
	2. Base amount u 3. Subtract line 2 t 4. Multiply line 3 b 5. Royalty due on 6. Interest charge 7. TOTAL ROYAL	unt of gross recurder statutory of from line 1	600 of gross recount from line 4, ABLE FOR ACC FILING FEE A	ceipts (under si space Q, page COUNTING PI AND TOTAL I	tatutory formula) e 8	\$ s 4, 5, and 6.		1,319.00	- - - -
otal Remittance	2. Base amount u 3. Subtract line 2 t 4. Multiply line 3 b 5. Royalty due on 6. Interest charge 7. TOTAL ROYAL 1. Royalty Fee Pa	unt of gross recurrence inder statutory of from line 1	formula	ceipts (under st space Q, page COUNTING PI AND TOTAL I	tatutory formula) e 8 ERIOD. Add lines REMITTANCE , or 3, above) g fee calculations	\$ 4, 5, and 6 .	\$	1,319.00	1,159.01
Filling Fee and otal Remittance Due	2. Base amount u 3. Subtract line 2 t 4. Multiply line 3 b 5. Royalty due on 6. Interest charge 7. TOTAL ROYAL 1. Royalty Fee Pa 2. Filing Fee (See	unt of gross recurder statutory of from line 1	formula	ceipts (under si space Q, page COUNTING PI AND TOTAL I rom block 1, 2, mation on filing PERIOD. Add	tatutory formula) e 8	\$ 4, 5, and 6 .	\$	1,319.00 0.00 1,139.01 20.00	1,159.01

Accounting Period:	2023/2			FORM SA1-2E. I	PAGE 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:			EM ID# 62698
M Channels	to its subscribe 1. Enter the total system carrie 2. Enter the total on which the	rs, and (2) the cable system's total number of channels on which to television broadcast stations. all number of activated channels cable system carried television because the capture of the capture o			
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account.	R INFORMATION IS NEEDED (Identify an individual.)		
for Further Information	Name	Tina Bredehoft		Telephone 907-228-5468	
	Address	2970 Tongass Ave (Number, street, rural route, apartment Ketchikan, AK, 99901 (City, town, state, zip)	nt, or suite number)		
	Email	tinab@ktn-ak.us	Fax (ptional 907-225-1788	
O Certification	I, the undersigned (Owned) (Agent) X (Office) I have examined	d, hereby certify that (Check one, and the comporation or parts of owner other than corporation in line 1 of space B and that the owner or partner) I am an officer (if a sin line 1 of space B. the statement of account and here the count of the count o	t be certified and signed in accordance with Copyright but only one, of the boxes.) nership) I am the owner of the cable system as identified nor partnership) I am the duly authorized agent of the owner is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal enterphysical edges are partnership of the legal enterphysical edges, information, and belief, and are made in good for the legal enterphysical edges, information, and belief, and are made in good for the legal enterphysical edges.	in line 1 of space B; or wher of the cable system as identified ty identified as owner of the cable system contained herein	
		Typed or printed na	/s/ Daniel B. Lindgren ther an electronic signature on the line above to certify thinter signature using an "/s/ signature" (e.g., /s/ John Smith ame: Daniel B. Lindgren Telecommunications Division Manager of official position held in corporation or partnership)		
		Date:	2/-	20/2024	

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 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.

counting Period: 2023/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ty of Ketchikan	62698
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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 4. Enter the amount of late more and an entertain	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 \$	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Ounce	
Owner Address	•
ID number	
First community served Accounting period	

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CONTROL #: REMITTANCE #:

C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd		l I	Initials	
			Date of remittance	Check	EFT	FILI	ING FEES	
Cable ID #						Amount	Initials	
Examined by	Reviewe	ed by	Date examination completed	Allocatio	n number			
Space A	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)							
Accounting Period	Letter sent Information received							
	Accepted Phone call/Date/Contact							
Space B Owner								
	Letter sent Information received							
	Accepted Phone call/Date/Contact							
Space D Area Served								
	Letter sent		[Information re	eceived			
	Accepted		[Phone call/Da	te/Contact			
Space E Secondary Transission								
Service Subscribers:	Letter sent Information received				eceived			
and Rates	Accepted Phone call/Date/Contact							
Space G Primary Transmitters:								
Television	Letter sent Information received							
	Accepted Phone call/Date/Contact							
Space H Primary Transmitters:								
Radio	Accepted			Phone call/Da	ate/Contact			

Space I Substitute Carriage

Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐ Info/add'l fee received	
Accepted	Phone call/Date/Contact	