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					
2/27/2024	\$ 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	ACCOUNTING 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 WALLING ADDRESS OF GARLE OVERTIME
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Starpower Communications, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)
	Princeton, NJ 08540
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	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 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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Starpower Communications, LLC	063300
D	Instructions: List each separate community served by the cable system. A "coseparate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings.	ed communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile nome parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Bristow	VA
Community		
Add Rows as Necessary		

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Starpower Communications, LLC

063300

## 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.

BLG	OCK 1		BLOCK 2				
	NO. OF		NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RAT	Έ			
Residential:							
Service to first set	2,068						
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							

# F

#### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2	•		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		See Next Tab	
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)	35.00	Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation	35.00		
		Move to new address			

### RCN Telecom Services - Starpower Page 2 - Section F- Block 2

### Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Retail Rate		
Playboy-Adult	Adult Premium	\$	14.95	
Aapka Colors	International Premium	\$	14.95	
ART-Arabic	International Premium	\$	12.95	
CCTV4	International Premium	\$	9.95	
CTI Zhong Tian	International Premium	\$	11.95	
CCTV4/CTI Zhong Tian	International Premium	\$	11.95	
The Filipino Channel (TFC)	International Premium	\$	11.95	
GMA Pinoy TV	International Premium	\$	12.95	
GMA Life TV	International Premium	\$	9.95	
GMA Pinoy/TFC	International Premium	\$	19.95	
GMA Life/GMA Pinoy/TFC	International Premium	\$	29.95	
GMA Pinoy/TFC/Filipino On Demand	International Premium	\$	29.95	
GMA Life/GMA Pinoy/TFC/Filipino On Demand	International Premium	\$	35.95	
TV-5 Monde	International Premium	\$	9.95	
Antenna Satellite	International Premium	\$	14.95	
Mega Cosmos	International Premium	\$	11.95	
Antenna Satellite/Mega Cosmos	International Premium	\$	25.95	
RAITALIA	International Premium	\$	9.95	
TV Japan	International Premium	, \$	24.95	
MBC (Muhwa Broadcasting Corporation)	International Premium	\$	12.95	
TVK24	International Premium	\$	12.95	
TVK24/MBC	International Premium	\$	19.95	
MYX	International Premium	\$	4.95	
TVN24	International Premium	\$	9.95	
iTVN	International Premium	\$	14.95	
TVN24/iTVN	International Premium	\$	19.95	
RTPi	International Premium	\$	9.95	
TV Globo	International Premium	\$	19.99	
PFC	International Premium	\$	19.95	
TV Globo/PFC	International Premium	\$	29.95	
RTVI	International Premium	\$	9.95	
RTVI Plus	International Premium	\$	9.95	
RTVI/RTVI Plus	International Premium	\$	14.95	
Channel One Russia (C1R)	International Premium	\$	14.95	
Russian Television Network (RTN)	International Premium	\$	15.95	
NTV America	International Premium	\$	15.95	
C1R/RTN/NTV America/RTVI/RTVI Plus	International Premium	\$	28.95	
ITV Gold	International Premium	\$	9.95	
Star India Gold	International Premium	\$	9.95	
Star One (name change to LifeOK in 2012)	International Premium	\$	9.95	
Star India Plus	International Premium	۶ \$	11.95	
TV Asia	International Premium	۶ \$	14.95	
Zee TV	International Premium	\$ \$		
ITV/TV Asia	International Premium		14.95	
•		\$ ¢	17.95	
ITV/Zee TV/Aapka Colors	International Premium	\$	19.95	

Service	Туре	Re	tail Rate
Star Gold/Life OK/Star Plus/Aapka Colors	International Premium	\$	21.95
TV Asia/Zee TV	International Premium	\$	19.95
Star Gold/Life OK/Star Plus/ITV	International Premium	\$	26.95
Star Gold/Life OK/Star Plus/TV Asia	International Premium	\$	27.95
Star Gold/Life OK/Star Plus/Zee TV/Aapla Colors	International Premium	\$	34.95
Star Gold/Life OK/Star Plus/ITV/Tv Asia/Zee TV/Aapka Colors	International Premium	\$	39.95
MiVision Lite	International Premium	\$	12.00
MiVision Plus	International Premium	\$	22.95
Premiere Sports	Premiere Packages	\$	8.99
Premiere News & Information	Premiere Packages	\$	5.99
Premiere Children & Family	Premiere Packages	\$	5.99
Premiere Movies & Entertainment	Premiere Packages	\$	10.99
Premiere Total (includes all 4)	Premiere Packages	\$	18.95
НВО	Premium	\$	19.95
Showtime/The Movie Channel (TMC)	Premium	\$	16.95
Cinemax	Premium	\$	8.95
Starz	Premium	\$	11.95
Showtime/TMC/Starz	Premium	\$	21.95
HD Tier	High Definition Package	\$	9.95
HD Expanded Tier	High Definition Package	\$	8.99
The Jewish Channel	Subscription VOD	\$	6.50
Bollywood Hits On Demand	Subscription VOD	\$	9.95
Filipino On Demand	Subscription VOD	\$	7.95
here! On Demand	Subscription VOD	\$	8.95
Anime Network On Demand	Subscription VOD	\$	6.99
Too Much for TV On Demand	Subscription VOD	\$	17.99
Disney Channel Video On Demand	Subscription VOD	\$	4.99
Fox Soccer Plus	Sports Premium	\$	14.95
MLB Extra Innings (Regular Season)	Sports Package	\$	164.99
MLB Extra Innings (Half Season)	Sports Package	\$	119.99
MLB Extra Innings (Pennant Race)	Sports Package	\$	37.49
MLS Direct Kick (Full Season)	Sports Package	\$	89.00
MLS Direct Kick (Half Season)	Sports Package	\$	59.00
NFL Redzone (Full Season)	Sports Package	\$	54.95
NHL Center Ice (Regular Season)	Sports Package	\$	139.56
NBA League Pass (Early Bird Season)	Sports Package	\$	189.00
NBA League Pass (Full Season)	Sports Package	\$	199.00
NBA League Pass (Holiday Offer)	Sports Package	\$	169.00
NBA League Pass (Half Season)	Sports Package	\$	99.00
NBA League Pass (Race to Playoffs)	Sports Package	\$	49.00

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063300

4. LOCATION OF STATION

Washington, DC

### Starpower Communications, LLC

G

#### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

**WDCA** 

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.

2. B'CAST CHANNEL NUMBER

20

**WDCW** 50 ī Washington, DC 26 Ε Washington, DC **WETA WFDC** 14 ī Washington, DC WHUT 32 Ε Washington, DC **WJLA** 7 Т Washington, DC **WMDO** 17 Т Washington, DC ī. **WMPT** 22 Annapolis, MD WNVC (MHz2) 56 Е Fairfax, VA **WPXW** 66 ī Manassas, VA **WRC** Ν 4 Washington, DC **WTTG** 5 ī Washington, DC 9 Ν **WUSA** Washington, DC **WWPB** 31 Ε Hagerstown, MD **WZDC** 25 Washington, DC

3. TYPE OF STATION

Add Rows as Necessary

A	J. 2022/2						E0D110110E -:
Accounting Perio	<b>d: 2023/2</b> LEGAL NAME OF OWNER OF O	CABLE SYST	FM·				FORM SA1-2E. PAGE 5.
Name							SYSTEM ID# 063300
Substitute Carriage: Special Statement and Program Log	Starpower Communications, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carrisubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program						e system carried on a cations. For a further er SA1-2 form.  program  YES X NO  program  raning is  counting ther station formation.  cucy" or
	Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Example: a er "R" if the nd regulatio ming that y	program carrie listed program ons in effect du	ed by a system from 6:01: was substituted for progra ring the accounting period s permitted to delete unde	15 p.m. to 6:2 amming that y t; enter the let er FCC rules a	8:30 p.m. should our system was ter "P" if the liste	required ed program n  E  RED  7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	DELETION TO
					-		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Starpower Communications, LLC

063300

#### 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
						l	
							<del> </del>
	<b> </b>						
						l	
						[	
	]						
	1						
						<del> </del> -	
						l	
						<b></b>	
						L	
						L	
						l	

Accounting Period:	2023/2			FORM S	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Starpower Communications, LLC			S	YSTEM ID# 063300				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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.	stem's seen of how to	condary transmi compute this a	ission service imount, see	9,035.85 pss receipts)				
L 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	',100 OR I	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	is six-month					
	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 line	es 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore than \$137,1	100)					
	Base amount under statutory formula	\$	263,800.00	_					
	2. Enter amount of gross receipts from space K	\$	209,035.85	_					
	3. Subtract line 2 from line 1	\$	54,764.15	_					
	4. Enter the amount of gross receipts from space K		\$ 2	209,035.85					
	5. Enter the amount from line 3		\$	54,764.15					
	6. Subtract line 5 from line 4		\$	154,271.70					
	7. Multiply line 6 by .005 (enter figure here)			\$	771.36				
	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		\$	771.36				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	less than \$527	,600)					
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula		263.800.00	-					
	3. Subtract line 2 from line 1	*		=					
	4. Multiply line 3 by .01			<del>-</del>					
	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,								
	7. TOTAL ROTALITTEL PATABLET OR ACCOUNTING PERIOD. Add lines 4,	J, and 0							
	FILING FEE AND TOTAL REMITTANCE DUI	E							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	771.36					
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			\$	791.36				
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		nts!				

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:				SYSTEM ID# 063300
<b>M</b> Channels	to its subscribers  1. Enter the tota system carrie  2. Enter the tota on which the	s, and (2) the cable system's Il number of channels on which d television broadcast station Il number of activated channe cable system carried television	total numl		st stations	302
N Individual to Be Contacted	we can contact a	about this statement of accou		PRMATION IS NEEDED (Identify an individual to whom	Talanhana 20	47-835-7661
for Further Information	Name Address	Morgan Conkle  650 College Road Ea (Number, street, rural route, aparts		e 3100	releprione 32	+1-030-1001
		Princeton, NJ 08540 (City, town, state, zip)				
	Email	morgan.conkle(	@astound	i.com Fax (optional		
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but onl</i>	tified and signed in accordance with Copyright Office reg  by one, of the boxes.)  p) I am the owner of the cable system as identified in line 1	·	vr
	X (Office	in line 1 of space B and that th	ne owner is	artnership) I am the duly authorized agent of the owner of to not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified.		
		te, and correct to the best of m	-	clare under penalty of law that all statements of fact contain ge, information, and belief, and are made in good faith.	ned herein	
				/s/ Parisa Salehani electronic signature on the line above to certify this statement nature using an "/s/ signature" (e.g., /s/ John Smith)	nt.	
		Typed or printed	d name:	Parisa Salehani		
		Title:		r Vice President - Controller position held in corporation or partnership)		
		Date:		8/31/23		

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.

ounting Period: 2023/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
arpower Communications, LLC	063300
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."	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	
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
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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@loc.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.	
Owner	
Address	
ID number First community served Accounting period	

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.