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					
3/1/2024	\$ ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	City of Loveland - Municipal Fiber
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Loveland Pulse
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	2695 W Eisenhower Blvd, Suite 200 (Number, street, rural route, apartment, or suite number)
	Loveland, CO 80537
	(City, town, state, zip)
С	NSTRUCTIONS: 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:
	Loveland Pulse TV
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

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

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63905

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

City of Loveland - Municipal Fiber

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.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	233	37.49	Favorite Service	541	91.95	
Service to additional set(s)			Premier Service	227	#####	
 FM radio (if separate rate) 			Business Favorites	8	91.95	
Motel, hotel						
Commercial	0	37.49				
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	15.99	Motel, hotel		Pay cable-add'l chan	12.95
 Pay cable—add'l channel 	10.99	Commercial		Pay cable-add'l chan	8.99
 Fire protection 		• Pay cable		Pay cable-sports	6.95
 Burglar protection 		Pay cable-add'l channel		Pay cable-spanish	5.24
Installation: Residential		Fire protection		Streams	/stream
• First set		Burglar protection		Cloud DVR Hours	0/block
 Additional set(s) 		Other services:		Set-top Box	6.00
• FM radio (if separate rate)		Reconnect		Firestick	39.99
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63905

City of Loveland - Municipal Fiber PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWGN-CW	2	N	Denver, CO
KCNC-CBS	4	N	Denver, CO
KTVD MyNet	31	N	Denver, CO
KRMA-PBS	6	E	Denver, CO
KMGH-ABC	7	N	Denver, CO
KUSA-Cozi	9.2	N-M	Denver, CO
KUSA-NBC	9	N	Denver, CO
KDVR-Fox	36	N	Denver, CO
KCNC-StartTV	4.2	N-M	Denver, CO
KCNC-Dabl	4.3	N-M	Denver, CO
KMGH-Laff	7.3	N-M	Denver, CO
KPXC-ION	18	N	Denver, CO
KDVR-Antenna	31.2	N-M	Denver, CO
KDVR-TBD	31.3	N-M	Denver, CO
KTVD-Heros	20.2	N-M	Denver, CO
KUSA-True Crime	9.3	N-M	Denver, CO
KWGN-Charge	2.4	N-M	Denver, CO
KWGN-Comet	2.3	N-M	Denver, CO
KWGN-Court	2.5	N-M	Denver, CO
KTVD-Quest	9.5	N-M	Denver, CO
KDEN-Telemundo	25	N	Denver, CO
KRMA-PBS Kids	6.2	E-M	Denver, CO
KDEN-TeleXitos	25.2	N-M	Denver, CO
KDEN-Cozi	25.3	N-M	Denver, CO
KDEN-LXTV	25.4	N-M	Denver, CO

Accounting Period: 2023/2

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
| City of Loveland - Municipal Fiber | 63905

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBDI-TD	12		Denver, CO
KBDI-PBS+	12.2	E-M	Denver, CO
KBDI-Deutsche Welle	12.3	N-M	Denver, CO
KBDI-NHK World	12.4	N-M	Denver, CO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

City of Loveland - Municipal Fiber

63905

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
S/ LEL SIGIN	7 (IVI OI I IVI	5/6	LOGATION OF STATION	O/ ILL OIGIN	7 (IVI OI I IVI	SID	230/MION OF STATION
							
					 		

Accounting Perio	d· 2023/2					FOF	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF					101	SYSTEM ID#		
Name	City of Loveland - Mun	icipal Fib	er				63905		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG					
l Outstitute	In General: In space I, identifications in Substitute basis during the acceptance of the programming of the programming in the	counting pe	riod, under spe	cific present and former FC	C rules, regula	itions, or authorizations.	For a further		
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	During the accounting periods				s, any nonnet	work television progra	m		
Statement and Program Log	broadcast by a distant stat	ion?	·	·	·	YES	X NO		
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	_			
	log in block 2.			,	, ,				
	clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the acception, was broadcast by a distant station and that your cable system substituted for the programming of and under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inf Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love I "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FC the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times at to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shoul stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the lister was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the lister was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the lister was substituted for programming that your system was permitted to delete under FCC rules and regulations in the first the program was permitted to delete						edion on. onth ely		
	effect on October 19, 1976.			WHE					
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
						<u> </u>			
						_			
						_			
						_			
						_			
						_			
						_			
							-		

Accounting Period:	2023/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		s	YSTEM ID#
	City of Loveland - Municipal Fiber			63905
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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.	m's secondary trans how to compute this	smission service s amount, see	7,320.85
	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 I use block 3 if the amount of gross receipts in space K is more than \$263,800 but I see page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600.	\$263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100	O OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00.	that you must pay fo	r this 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 lines 1		-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (I	but more than \$137	,100)	
	1. Base amount under statutory formula	263,800.00	<u></u>	
	2. Enter amount of gross receipts from space K	217,320.85	<u>i</u>	
	3. Subtract line 2 from line 1	46,479.15	<u>i_</u>	
	4. Enter the amount of gross receipts from space K	<u>\$</u>	217,320.85	
	5. Enter the amount from line 3	\$	46,479.15	
	6. Subtract line 5 from line 4	\$	170,841.70	
	7. Multiply line 6 by .005 (enter figure here)		\$	854.21
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	o more analysis in a mean normal space as page o			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			854.21
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800) (but less than \$52	7,600)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263.800.00	- 1	
	3. Subtract line 2 from line 1	200,000.00	<u> </u>	
			_	
	4. Multiply line 3 by .01		4 040 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, at	nd 6	· ·	
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	<u>\$</u>	854.21	
Due	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		\$	874.21
	EFT Trace # or TRANSACTION ID # 27C	BRCI3		
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 form and the Exce			

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.		
Name		OWNER OF CABLE SYSTEM: nd - Municipal Fiber				SYSTEM ID# 63905		
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.							
	on which the	al number of activated channo cable system carried television	on broadc	ast stations		233		
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accordance.		DRMATION IS NEEDED (Identify an indi	ividual			
for Further Information	Name	Brieana Reed-Harme			Telephone	(970) 962-3592		
	Address	2695 W Eisenhower (Number, street, rural route, apart Loveland, CO 80537	tment, or sui					
	Email	(City, town, state, zip)		tyofloveland.org	Fax (optional			
				·				
O Certification		(This statement of account m		tified and signed in accordance with Cop	pyright Office regulations)			
				p) I am the owner of the cable system as i				
		in line 1 of space B and that the	he owner is	artnership) I am the duly authorized agent not a corporation or partnership; or				
		in line 1 of space B.		ation) or a partner (if a partnership) of the		ner of the cable system		
		te, and correct to the best of m		clare under penalty of law that all statemer ge, information, and belief, and are made				
	Í		X	/s/ Brieana Reed-Harmel				
				electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh				
		Typed or printed	d name:	Brieana Reed-Harmel				
		Title:		band Manager position held in corporation or partnership)				
		Date:			2/29/24			

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 Loveland - Municipal Fiber	63905
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
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 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	
** 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	i

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.