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			
2-26-24	\$ 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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20232 Barcode Data Filing Period (optional - see instructions)	
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.	7409
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CABLE ONE, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		210 E. EARLL DRIVE	
		(Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626	
		(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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u>'</u>	SPARKLIGHT	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	727 PAXTON AVENUE (Number, street, rural route, apartment, or suite number)	
		MIAMI, AZ 85539 (City, town, state, zip code)	
		Noity, town, state, zip wore)	

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.

Accounting Period:	2023/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CABLE ONE, INC.	7409						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Area Served	city.							
First	CITY OR TOWN  GLOBE	STATE AZ						
Community	GILA COUNTY	AZ						
· · · · · · · · · · · · · · · · ·	MIAMI	AZ						
Add Rour as Nosossani	MIAMI	72						
Add Rows as Necessary								

Accounting Period: 2023/2 FORM SA1-2E, PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID# 7409

### 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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS	NATE	CATEGORT OF SERVICE	SUBSCRIBERS	NATE	
Service to first set	438	42.00	IPTV	84	54.00	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	26	42.00	IPTV	2	79.95	
Converter						
Residential	438	2.75-15.00				
Non-residential	26	2.75-21.00				

# 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			
<ul> <li>Pay cable</li> </ul>	10.99-19.00	Motel, hotel	90.00	STANDARD CABLE	67.75
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	90.00	STANDARD IPTV	67.75
<ul> <li>Fire protection</li> </ul>		Pay cable		DIGITAL VALUE PACK	16.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		HISPANIC TIER	6.00
Installation: Residential		Fire protection			
First set	90.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	30.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

# G

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 "WFTA-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
KAET	8.1	E	PHOENIX, AZ
KASW	27	l	PHOENIX, AZ
KAZT	7.1	l	PHOENIX, AZ
KAZT-2	7.2	l	PHOENIX, AZ
KNXV	15.1	N	PHOENIX, AZ
КРНО	17.1	N	PHOENIX, AZ
KPNX	18.1	N	MESA, AZ
KSAZ	10.1	l	PHOENIX, AZ
KTAZ	29.1	l	PHOENIX, AZ
KTVK	24.1	l	PHOENIX, AZ
KPNX-5	18.5	I-M	MESA, AZ
KUTP	26	l	PHOENIX, AZ
KPNX3	18.3	I-M	PHOENIX, AZ
KTAZ-2	29.2	I-M	PHOENIX, AZ
KPHO-2	17.2	I-M	PHOENIX, AZ
KPNX-4	18.4	I-M	PHOENIX, AZ
KAZT-4	7.4	I-M	PHOENIX, AZ
KTVK-2	24.2	I-M	PHOENIX, AZ
KTVK-5	24.5	I-M	PHOENIX, AZ
KASW-3	27.3	I-M	PHOENIX, AZ
KPPX	31.1	l	PHOENIX, AZ
KTAZ-4	29.4	I-M	PHOENIX, AZ
KTAZ-SIMUL	29.1	i	PHOENIX, AZ

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 7409

### CABLE ONE, 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
KAET-SIMUL	8.1	E	PHOENIX, AZ
KAZT-SIMUL	7.1	l	PHOENIX, AZ
KAZT-2-SIMUL	7.2	I-M	PHOENIX, AZ
KUTP-SIMUL	26.1	l	PHOENIX, AZ
KNXV-SIMUL	15.1	N	PHOENIX, AZ
KPHO-SIMUL	17.1	N	PHOENIX, AZ
KPNX-SIMUL	18.1	N	MESA, AZ
KSAZ-SIMUL	10.1	l	PHOENIX, AZ
KTVK-SIMUL	24.1	l	PHOENIX, AZ
KAZT-4-SIMUL	7.4	I-M	PHOENIX, AZ

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 7409

#### 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

Accounting Perio	d: 2023/2						FORM	1 SA1-2E. PAGE 5.	
Mana	LEGAL NAME OF OWNER OF (	CABLE SYST	EM:					SYSTEM ID#	
Name	CABLE ONE, INC.							7409	
	CURCULUTE CARRIAGE	. CDECIAI	CTATEMEN	T AND DDOCDAM LOC	,				
ı	SUBSTITUTE CARRIAGE In General: In space I, identif					n that your a	abla avatam	carried on a	
•	substitute basis during the ac								
Substitute	explanation of the programmi	ng that mus	t be included in	this log, see page (v) of the	e general instru	ctions in the	paper SA1-2	form.	
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant stat	ion?					YES	NO	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	st complete	the program	ı	
	log in block 2.								
	<ol><li>LOG OF SUBSTITUTE In General: List each substi</li></ol>			te line. Use abbreviations	wherever nos	sible if their	meaning is		
	clear. If you need more space				wherever pos	sible, il tileli	incariing is		
	Column 1: Give the title								
	period, was broadcast by a under certain FCC rules, reg								
	Do not use general categori	-						•	
	"NBA Basketball: 76ers vs.			"× " 0 // · · · · · · · · · · · · · · · · ·					
	Column 2: If the program Column 3: Give the call s								
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice		FCC or, in		
	the case of Mexican or Cana						ith the ment	th.	
	Column 5: Give the mon first. Example: for May 7 giv		when your syst	em camed the substitute	program. Use	numerais, w	vitri trie moni	uri .	
	Column 6: State the time	s when the			•			y	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	ould be		
	Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	amming that ye	our system v	vas required	,	
	to delete under FCC rules a	•		0.				ım	
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete unde	er FCC rules a	nd regulatioi	ns in		
					T I				
		LIDOTITLIT				N SUBSTIT		7 DEASON FOR	
		2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	AGE OCCL 6. TI		7. REASON FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		– TO		
						_	_		
						_	_		
							_		
					-				
						_	_		
							_		
					-				
					-				
					-				
						-	_		

Accounting Period:	2023/2			FORM S	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.			S	YSTEM ID# 7409			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.							
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	7,100 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 yo	u must pay for th	is six-month				
	Line 1. Royalty fee for accounting period							
1	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 lin	es 1 and 2		· · <u> </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)				
	Base amount under statutory formula	\$	263,800.00	<u>-</u>				
	2. Enter amount of gross receipts from space K	\$	222,255.62	<u>-</u>				
	3. Subtract line 2 from line 1	\$	41,544.38	-				
	4. Enter the amount of gross receipts from space K		\$ 2	222,255.62				
	5. Enter the amount from line 3		\$	41,544.38				
	6. Subtract line 5 from line 4		<b>\$</b> 1	180,711.24				
	7. Multiply line 6 by .005 (enter figure here)			\$	903.56			
	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		\$	903.56			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	,600)				
	Enter the amount of gross receipts from space K							
	Base amount under statutory formula			=				
	3. Subtract line 2 from line 1	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				
	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							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	903.56				
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			\$	923.56			
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-				hts!			

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name	CABLE ONE, INC.	OF CABLE SYSTEM:				SYSTEM ID# 7409
<b>M</b> Channels	CHANNELS Instructions: You musto its subscribers, and (  1. Enter the total number system carried televiors)  2. Enter the total number on which the cable system and nonbroadcast see	279				
N Individual to Be Contacted	we can contact about th	is statement of acco		FORMATION IS NEEDED (Identify an in		602-364-6092
for Further Information	Address 210 E	E HECK			Тејернопе	002-304-0092
	PHO	Street, rural route, apar ENIX, AZ 85012 vn, state, zip)		uite number)		
	Email	JENAE.HECK(	@CABLE	EONE.BIZ	Fax (optional 602-364-601	3
O Certification						
		Typed or printed	Enter signed name:	/s/ Quynh Tran  n electronic signature on the line above to organiture using an "/s/ signature" (e.g., /s/ J  QUYNH TRAN  PRESIDENT & & TREASURE	ohn Smith)	
		(T Date:	itle of officia	al position held in corporation or partnership)	February 26, 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 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:
BLE ONE, INC.	7409
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.	P Special Statement Concerning Gross 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 Mailing Address	<u>-</u> 
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	-
7 toologing portion	

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.