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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:			
	ary Transmissions by	DATE RECEIVED	AMOUNT			
	ems (Short Form)			<u>coplicsoa@loc.gov</u>		
General instru	uctions are located	2/24/25	\$	For additional information, contact the U.S. Copyright		
	of this workbook		ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150		
				_		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))			
		_				
	2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	20242	Barcode Data Filing Period (optional	- see instructions)			
Accounting		1				
Period						
	Instructions:					
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par		idiary of another corporation, give the full	corporate		
Owner	List any other name or names under which	ch the owner conducts the business of t	the cable system.			
			the last day of the accounting period shoul	d submit a		
	single statement of account and royalty f	ee payment covering the entire account	iting period.	10585		
	Check here if this is the system's first filin	ng. If not, enter the system's ID number	assigned by the Licensing Division.			
	LEGAL NAME OF OWNER/MAILIN		1			
		IG ADDRESS OF CABLE STSTEM				
	CABLE ONE, INC. BUSINESS NAME(S) OF OWNER O		r)			
			<u>,</u>			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	210 E. EARLL DRIVE					
	(Number, street, rural route, apartment, or suite n PHOENIX, AZ 85012-2626	number)				
	(City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line			2		
-	names alleauy appear in space D. III lille			sas given in space E		

 System
 1
 IDENTIFICATION OF CABLE SYSTEM:

 SparKLIGHT
 MAILING ADDRESS OF CABLE SYSTEM:

 2
 235 S 6TH STREET

 (Number, street, rural route, apartment, or sulte number)

 COTTONWOOD, AZ 86326

 (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 sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CABLE ONE, INC.	10
	Instructions: List each separate community served by the cable system. A "community	
П	"a separate and distinct community or municipal entity (including unincorporated com	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	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 ho	ame marks should be reported in parentheses below the
Area		Ime parks should be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	COTTONWOOD	AZ
Community		
Community	CLARKDALE	AZ
	CORNVILLE	AZ
Add Rows as Necessary	PAGE SPRINGS	AZ
	YAVAPAI APACHE	AZ
	YAVAPAI COUNTY	AZ
		AL

								FORM SA1-	TEM I
Name	LEGAL NAME OF OWNER OF C CABLE ONE, INC.		•					515	105
Е	SECONDARY TRANSMISSION								
_	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	·				,			
Service: Sub- scribers and	Number of Subscribers: Both	•							
Rates	down by categories of secondar each category by counting the n					•			
	separately for the particular serv	rice at the rate	indicat	ed-not the nur	mber of se	ts receiving ser	vice).	-	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc			,	•	rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			0		0			
	subscriber who pays extra for ca					U .			
	first set" and would be counted of	•			• • •			c	
	Block 2: If your cable system printed in block 1 (for example, t	0							
	with the number of subscribers a						,		
	sufficient.	1							
	BLO	BLOCK 1 BLO						LOCK 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE			SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		282	42.00	IPTV			203	54
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel				IPTV			11	84
	Commercial Converter								04
	Residential		282	2.75-15.00					
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra not covered in space E, that is, t								
-	service for a single fee. There al					,	,		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur		usuall	y billed. If any r	ates are cl	narged on a var	iable per-p	orogram basis,	
ransmissions:	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.								
Rates	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								
	listed in block 1 and for which a brief (two- or three-word) description				ished. List	these other se	rvices in th	e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:	RATE	Instal		VICE	NATE	CATEG	ORT OF SERVICE	rvA
	• Pay cable	10.99-19.00	• Mo	otel, hotel			STANE	OARD CABLE	86
	• Pay cable—add'l channel		• Co	ommercial			STANE	DARD IPTV	86
	Fire protection		•Pa	y cable			DIGITA	L VALUE PACH	16
	•Burglar protection			ay cable-add'l cl	nannel		HISPA	NIC TIER	6
	Installation: Residential			e protection					
	• First set			Irglar protection					
	Additional set(s) EM radio (if separate rate)			services:					
	 FM radio (if separate rate) Converter 			sconnect					
				utlet relocation					
				ove to new add	ess				
									L

	E CARLE SVOTEM.		SYSTEI				
CABLE ONE, INC.	F CABLE SYSTEM:		1				
	TELEVISION						
		translator stations and low power	television stations)				
carried by your cable syste	em during the accounting period, except	(1) stations carried only on a part	-time basis under				
substitute program basis, a	as explained in the next paragraph.						
basis under specific FCC r	ules, regulations, or authorizations:						
		ne Special Statement and Program	n Log)—if the				
	• •						
Column 1: List each statio	on's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	SPN, etc. Identify each				
	0	e-air designation. For example, rep	port multistream				
Column 2: Give the chann	nel number the FCC assigned to the tele	vision station for broadcasting ove	er the air in its community				
		station, an independent station, or	a noncommercial				
For the meaning of these t	erms, see page (iv) of the general instru	ctions in the paper SA1-2 form.	,				
1. CALL SIGN	N 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCAT						
καετ	8	F	PHOENIX, AZ				
			PHOENIX, AZ				
			PHOENIX, AZ				
			PHOENIX. AZ				
			PHOENIX, AZ				
			PHOENIX, AZ				
			PHOENIX, AZ				
			PHOENIX, AZ				
		N	MESA, AZ				
KSAZ	10	I	PHOENIX, AZ				
KTAZ	29	I	PHOENIX, AZ				
κτνκ	24	I	PHOENIX, AZ				
KUTP	26	I	PHOENIX, AZ				
KPHO-2	17.2	I	PHOENIX, AZ				
KTVK-2	24.2	N-M	PHOENIX, AZ				
KTVK-3	24.3	I-M	PHOENIX, AZ				
KPNX-2	18.2	I-M	MESA, AZ				
KPNX-3	18.3	N-M	MESA, AZ				
KPNX-4	18.4	N-M	MESA, AZ				
KAZT-3	7.3	N-M	MESA, AZ				
		I-M					
KASW-3	27.3		PHUENIX, AZ				
KASW-3 KTAZ-2	27.3 29.2	I-M	PHOENIX, AZ PHOENIX, AZ				
	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KAET KAZT-2 KAZT-4 KNXV KPAZ KPHO KPHO-2 KTVK-3 KTVK-3 KPNX-3 KPNX-4	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting the 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.63 usbstitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute basis Stations: With respect to any distant stations carboxis under specific FCC rules, regulations, or authorizations: • Do not list the station here, and also in space I. If the station was carried only on a substitute basis. • List the station here, and also in space I. If the station was carried basis. For further information concerning substitute basis stations, Column 1: List each station's call sign. Do not report origination pmulticast stream associated with a station according to its over-the "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the tele of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network, deucational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), or for the meaning of these terms, see page (iv) of the general instructor of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the tele of license. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER KAET 8 KAZT - 7.2 7.2	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every lelevision station (including translator stations and low power carried by your cable system during the accounting period, except (1) stations carried only on a part FCC rules and regulations in effect on June 24, 1981, permitting the carried go of extin network prog 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 stubstitute program basis, as explained in the next paragraph. Substitute Dasis Stations: With respect to any distant stations carried by your cable system on a s basis under specific FCC rules also in space 1, if the station was carried only on a substitute basis. - Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program station was carried only on a substitute basis stations, see page (v) of the general instructors). - List de station here, and also in space 1, if the station was carried both on a substitute basis and al basis. For further information concerning substitute basis stations, see page (v) of the general instructors call sign. Do not report origination program services such as HBO, ES multicast stream associated with a station according to its over-the-air designation. For example, regulations, call sign. Do not report origination program services such as HBO, ES for example, WPC Column 3: indicate in each tasker the station is a network station, an independent station, or educational station, by entering the letter "N" (for network). "N-M" (for network multicast), "I" (for independent multicast), "E (for noncommercial education), or E-M" (for network multicast), "I" (for independent multicast). "E (for noncommercial education, or estimation or earbit the station or canadian stations, if any, give the name of the community to which t				

ccounting Period: 2	2024/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	CABLE ONE, INC.			105
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, and Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain si arried by your cable system on a s the Special Statement and Program ed both on a substitute basis and al , see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, re- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			3. THE OF STATION	
	KPHO-SIMUL	17	•	PHOENIX,AZ
	KAZT-SIMUL	7	I	PHOENIX,AZ
Rows as Necessary	KAET-SIMUL	8	- -	PHOENIX,AZ
	KSAZ-SIMUL	10	I	PHOENIX,AZ
	KPNX-SIMUL	18	Ν	MESA, AZ
	KNXV-SIMUL	15	N	PHOENIX,AZ
	KTAZ-SIMUL	29	l	PHOENIX,AZ
	KUTP-SIMUL	26	<u> </u>	PHOENIX,AZ
	KTVK-SIMUL	24	l	PHOENIX,AZ

	F OWNER OF (E, INC.	JABLE S	YSTEM:					SYSTEM ID: 1058
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be rece it the Co sign of the statio ion's sig g a chec n's locati	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ant this point, see pa ed by the cable s ne station is licen	eadend, and (enna, during o ge (v) of the g system as a s sed by the FC	2) it can certain s general i eparate	be expected, tated intervals. instructions in the. and discrete	Primary Transmitters: Radio
		-	the community with which the	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					28-Feb-22			
				 			{	

Accounting Perio							FORM	1 SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC.							10585
					•			
1	SUBSTITUTE CARRIAGI	-	-			tion, that yo	our cable syst	em carried on a
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 				sis, any noni	network tele	evision progi	am
Statement and Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	" leave the	rest of this pa	ge blank. If your answer is	"Yes " vou i	- must.compl		
	log in block 2.	, louvo alo		go blank. Il your anonor le	, roo, your			
	2. LOG OF SUBSTITUTE							
	In General: List each subsicient clear. If you need more spa				wherever p	ossible, if tl	heir meaning	j is
				vision program ("substitute	program") t	hat, during	the account	ng
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pr	ogramming	of another s	station
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	in utes, for e	example, i	Love Lucy	UI
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		censed by	the FCC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			ls, with the m	nonth
	first. Example: for May 7 giv		a aukatituta nu		achla avata	m list the	times secur	
	to the nearest five minutes.			ogram was carried by your ied by a system from 6:01				atery
	stated as "6:00–6:30 p.m."							
				n was substituted for progr				
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976		, ,			5		
					WHF	N SUBST	ITUTE	
	S		E PROGRAM		CARR	AGE OCC	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	
							_	
							_	
							_	
							_	
							_	
					#######			
1								
			·	·				

Accounting Period:	2024/2			FORM	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			Ş	8YSTEM ID# 10585
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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 receipting the statement in the stateme	system's se on of how t	condary transm o compute this a	ission service amount, see \$ 24	
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i BLOCK 1: GROSS RECEIPTS OF \$133	but less than the second se	an \$527,600 n.	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt			this six-mon	
	accounting period is \$52.00	y loo that y	ou muot puy ior		
	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 lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	246,561.92		
	3. Subtract line 2 from line 1	\$	17,238.08		
	4. Enter the amount of gross receipts from space K		. \$ 2	246,561.92	
	5. Enter the amount from line 3		. \$	17,238.08	
	6. Subtract line 5 from line 4		\$ 2	229,323.84	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,146.62
	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	· · · · · · · · · · · · · · · · · · ·	\$	1,146.62
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. 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				
	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	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,146.62	
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			\$	1,166.62
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				ghts!

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME O	OWNER OF CABLE SYSTEM: INC.			SYSTEM ID# 10585
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels rs, and (2) the cable system's total numb al number of channels on which the cable d television broadcast stations al number of activated channels cable system carried television broadcas lcast services	e t stations	accounting period.	32 270
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFO about this statement of account.)	RMATION IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	JENAE HECK		Telephone	602-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suit PHOENIX, AZ 85012-2626	e number)		
	Email	(City, town, state, zip)	ONE.BIZ	Fax (optional) 602-364-601	3
O Certification	I, the undersi (Ow (Age X (Of I have examinare true, comp	Typed or printed name: Title:	<i>ly one</i> , of the boxes.) p) I am the owner of the cable system artnership) I am the duly authorized a ot a corporation or partnership; or ation) or a partner (if a partnership) of eclare under penalty of law that all stal	as identified in line 1 of space agent of the owner of the cable the legal entity identified as ow tements of fact contained herei ade in good faith.	system as identified
		Date:		FEBRUARY 24, 2025	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	1058
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 fol- lowing 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 sub- scribers 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 Name Mailing Address Mailing Address	
	···
	un
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
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	
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 \$ -	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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