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			
	\$			
2-25-25	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

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	
Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner List any other name or names under which the owner conducts the business of the cable system.	
If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
FBN Indiana, Inc.	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
NITCO	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
P O Box 461	
(Number, street, rural route, apartment, or suite number) Hebron In 46341	
(City, town, state, zip)	
C 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 IDENTIFICATION OF CABLE SYSTEM:	
Morocco System	
MAILING ADDRESS OF CABLE SYSTEM:	
(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.

Accounting Period:	ZUZ4-Z	FORM SA1-2E. PAGE 1b.
Na	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	FBN Indiana, Inc.	28134
D Area Served	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil city.	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Jerveu		
	CITY OR TOWN	STATE
First Community	Morocco	IN IN
Add Rows as Necessary		

Accounting Period: 2024-2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FBN Indiana, Inc.

SYSTEM ID# 28134

Ε

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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	163	51.95					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
			1				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable	90.00	Motel, hotel		Pay cable Add'l Ch	12.95	
 Pay cable—add'l channel 	101.00	Commercial		Pay cable Add'l Ch	10.95	
Fire protection		• Pay cable		Pay cable Add'l Ch	13.95	
•Burglar protection		Pay cable-add'l channel		Pay cable Add'l Ch	19.95	
Installation: Residential		Fire protection		Pay cable Add'l Ch	12.95	
First set	125.00	Burglar protection		Pay cable Add'l Ch	9.95	
 Additional set(s) 		Other services:				
• FM radio (if separate rate)		Reconnect				
Converter	10.95	Disconnect				
		Outlet relocation				
		Move to new address	125.00			

Accounting Period: 2024-2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28134

FBN Indiana, Inc.

PRIMARY TRANSMITTERS: TELEVISION



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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBBM	2.1	N	Chicago IL
WMAQ	5.1	N	Chicago IL
WLS	7.1	N	Chicago IL
WGN	9.1	l	Chicago IL
WTTW	11.1	E	Chicago IL
WNDU	16.1	l	South Bend IN
WLFI	18.1	I	Lafayette IN
WCIU	26.1	I	Chicago IL
WCPX	38.1	I	Chicago IL
WSNS	44.1	I	Chicago IL
WPWR	50.1	I	Chicago IL
WYIN	56.1	I	Gary IN
WJYS	62.1	I	Chicago IL
WBBM-2.2	2.2	N-M	Chicago IL
WMAQ-5.2	5.2	N-M	Chicago IL
WLS-7.2	7.2	N-M	Chicago IL
WGN-9.2	9.2	I-M	Chicago IL
WGN-9.3	9.3	I-M	Chicago IL
WTTW-11.2	11.2	E-M	Chicago IL
WTTW-11.3	11.3	E-M	Chicago IL
WTTW-11.4	11.4	E-M	Chicago IL
WFLD-32.2	32.2	N-M	Chicago IL
WFLD-32.3	32.3	N-M	Chicago IL

Accounting Period: 2024-2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28134

4. LOCATION OF STATION

FBN Indiana, Inc.

1. CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION



Primary Transmitters: Television

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

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

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

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

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

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

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

Add Rows as Necessary

2. B'CAST CHANNEL NUMBER

WCIU-26.2	26.2	I-M	Chicago IL	
WCIU-26.3	26.3	I-M	Chicago IL	
WCIU-26.4	26.4	I-M	Chicago IL	
WCIU-26.5	26.5	I-M	Chicago IL	
WJYS-62.2	62.2	I-M	Chicago IL	
WJYS-62.3	62.3	I-M	Chicago IL	
WJYS-62.4	62.4	I-M	Chicago IL	
WCPX-38.2	38.2	I-M	Chicago IL	
WCPX-38.3	38.3	I-M	Chicago IL	
WCPX-38.4	38.4	I-M	Chicago IL	
WCPX-38.5	38.5	I-M	Chicago IL	
WFLD-32.1	32.1	N	Chicago IL	
WYIN-56.2	56.2	I-M	Gary IN	
WLFI-18.2	18.2	I-M	Lafayette IN	
WBBM-2.3	2.3	N-M	Chicago IL	
WBBM-2.4	2.4	N-M	Chicago IL	
WBBM-2.5	2.5	N-M	Chicago IL	
WLFD	32.1	I	Chicago IL	
WGN-9.4	9.4	I-M	Chicago IL	
WGN-9.5	9.5	I-M	Chicago IL	
WSNS-44.2	44.2	I-M	Chicago IL	

3. TYPE OF STATION

Accounting Period: 2024-2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FBN Indiana, Inc. 28134

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	I OCATION OF STATION
CALL SIGN	7 GVI OI I IVI	5/6	LOCATION OF GIATION	O, LE OIGIN	7 (IVI OI I IVI	SID	200/(IIOI OI OIAIIOI
							

Accounting Dan's	d. 2024 2						505	MOATOE BAGE 5		
Accounting Perio	d: 2024-2 LEGAL NAME OF OWNER OF (CABLE SYST	EM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	FBN Indiana, Inc.							28134		
 Substitute	In General: In space I, identif substitute basis during the ac	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 carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT During the accounting periproadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call sicolumn 4: Give the broad the case of Mexican or Canacolumn 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes.	CONCERI od, did your ion? I, leave the PROGRAI itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." In was broad sign of the s dcast statio adian statio th and day e "5/7." es when the	MING SUBSTI r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske deast live, enter station broadca in's location (th ns, if any, the when your systems	TUTE CARRIAGE carry, on a substitute base e blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute cable ("Yes." Otherwise enter" sting the substitute progra e community to which the community with which the tem carried the substitute gram was carried by your	"Yes," you mu wherever pos program") tha ed for the prog eral instruction m titles, for ex No." am. e station is lice station is iden program. Use cable system.	sible, if the t, during th ramming o ns for furth ample, "I L nsed by the tified). numerals,	ision progran YES te the progran eir meaning is ne accounting of another star er information ove Lucy" or e FCC or, in with the mor mes accurate	NO MO		
	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.	er "R" if the nd regulatio ming that y	listed program ons in effect du	was substituted for progr ring the accounting period s permitted to delete und	amming that yd; enter the leter FCC rules a	our system ter "P" if the	n was <i>require</i> e listed progr ions in			
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION		
							<u>–</u> –			
					-		<u>–</u> –			
					-		<u>–</u> –			
					-					
					-					
					-					
					-					

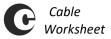
Accounting Period:	2024-2		FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FBN Indiana, Inc.		SY	STEM ID# 28134
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount yo all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ary transmiss pute this am	sion service ount, see	807.00 s 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 e • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		3,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	3		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you mus accounting period is \$52.00	st pay for this	six-month	
	Line 1. Royalty fee for accounting period		\$	52.00
	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 and 2		\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more th	an \$137.10	0)	
	1. Base amount under statutory formula		,	
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)	····· –		
	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	· · · · · · · · <u>-</u>		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less t	than \$527,6	00)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	3,800.00		
	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 DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)		15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	[\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form for more			s!

Accounting Period:	2024-2					FORM	1 SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:					SYSTEM ID# 28134
M Channels	to its subscriber The subscriber The subscriber The subscriber Subscriber	You must give (1) the number of rs, and (2) the cable system's all number of channels on whice detelevision broadcast stational number of activated channels cable system carried television didcast services	otal number of activenth the cable s n broadcast stations	ated channels during the a		45 143	
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou		IS NEEDED (Identify an in	ndividual to whom		
for Further Information	Name	Eric Galbreath			Telephone	219-866-7101	
	Address	PO Box 41 (Number, street, rural route, apartr Hebron In. 46341 (City, town, state, zip)	nent, or suite number)				
	Email	egalbreath@nito	co.com		Fax (optional <u>219-866-578</u>	5	
	CERTIFICATION	(This statement of account mu	st be certified and si	gned in accordance with C	Copyright Office regulations)		
O Certification	(Owne	ed, hereby certify that (Check or er other than corporation or p t of owner other than corpora in line 1 of space B and that the	artnership) I am the tion or partnership)	owner of the cable system a			
	I have examined are true, complete	cer or partner) I am an officer (in line 1 of space B. If the statement of account and hete, and correct to the best of mytion 1001(1986)]	ereby declare under	penalty of law that all statem	nents of fact contained herein	er of the cable system	
			Enter an electronic si	Galbreath gnature on the line above to an "/s/ signature" (e.g., /s/ J			
		Typed or printed	name: Eric Ga	albreath			
		Title:	VP of Renssel	aer Operations in corporation or partnership)			
		Date:			02-25-2025		

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.

counting Period: 2024-2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
N Indiana, Inc.	28134
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 scribers 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 transmission made by satellite carriers to satellite dish owners? NO	sub- " Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 underpaym 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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	dava
x	days
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	<u>-</u>
(interest charge	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance ple contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase
** 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, ple list below the owner, address, first community served, ID number, and accounting period as given in the original filing	
Owner	
Address	
ID number	
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.



Total amount of Number of SAs rec'd Initials remittance

			Date of remittance	☐ Check	□ EFT	□ FILING	FEES
Cable ID#			Date of Territtance			Amount	Initials
Examined by	Re	viewed by	Date examination completed	Allocatio	on number		
Space A Accounting Period							
	□ January 1 - June 30, 2017 □ July 1 - December 31, 2017						
	☐ Letter ser	it		☐ Information received			
	☐ Accepted			Phone call/Date	e/Contact		
Space B Owner							
	☐ Letter ser	ıt		☐ Information received			
	☐ Accepted		☐ Phone call/Date/Contact				
Space D Area Served							
	☐ Letter ser	it		Information re	ceived		
	☐ Accepted			Phone call/Date	e/Contact		
Space E Secondary Transission							
Service Subscribers:			ceived				
and Rates	☐ Accepted ☐ Phone call/Date/Contact						
Space G Primary Transmitters:							
Television	☐ Letter ser	it		Information re	celved		
	☐ Accepted			Phone call/Dat	e/Contact		
Space H Primary Transmitters:							
Radio	☐ Accepted			Phone call/Dat	e/Contact		

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