This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/27/25	\$				
	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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	WAVE DIVISION HOLDINGS LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)
	BOTHELL WA 98021 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1 IDENTIFICATION OF CABLE SYSTEM:
	WAVE BROADBAND
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY
	2 (Number, street, rural route, apartment, or suite number)
	BOTHELL WA 98021 (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:	2024/2						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#					
Name	WAVE DIVISION HOLDINGS LLC	38286					
	Instructions: List each separate community served by the cable system. A						
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.					
Served	identined city.						
	CITY OR TOWN	STATE					
First	BELLINGHAM	WA					
Community	SPRING CREEK	WA					
Add Rows as Necessary							
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	0.0000						
	0.000.00.0000						

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

WAVE DIVISION HOLDINGS LLC

38286

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.

BL	BLOCK 1			BLOCK 2		
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:	292	37.95				
Service to first set						
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	1	37.95				
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	Motel, hotel		Expanded Content	86.33
 Pay cable—add'l channel 		Commercial		Digital Favorites	14.00
Fire protection		• Pay cable		Digital Variety	9.25
Burglar protection		Pay cable-add'l channel		Digital Sports	13.00
Installation: Residential		Fire protection		Digital Cable Pack	33.75
 First set 	79.95	Burglar protection		НВО	20.00
Additional set(s)	30.00	Other services:		HBO Max	15.99
 FM radio (if separate rate) 		Reconnect	40.00	Showtime/The Movie (20.00
 Converter 		Disconnect		Cinemax	19.50
		Outlet relocation		Starz	9.99
		Move to new address		Movieplex	5.00
				HD Bonus Pack	7.00

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVISION

SYSTEM ID# 38286

WAVE DIVISION HOLDINGS LLC

PRIMARY TRANSMITTERS:

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
CBUT - CBC	2	<u> </u>	VANCOUVER, BC
KBTC - PBS	28	E	TACOMA, WA
KCPQ - FOX	13	N	TACOMA, WA
KCTS - PBS	9	E	SEATTLE, WA
KCTSDT2 - PBS	9.2	E	SEATTLE, WA
KCTSDT3 - Create	9.3	E	SEATTLE, WA
KFFV - MeTV	44.1	N	SEATTLE, WA
KFFVDT 2- Movies!	44.2	N	SEATTLE, WA
KING - NBC	5	N	SEATTLE, WA
KINGDT2 - True Crime	5.2	N	SEATTLE, WA
KINGDT3 - Quest	5.3	N	SEATTLE, WA
KINGDT4 - THE365	5.4	N	SEATTLE, WA
KIRO - CBS	7	N	SEATTLE, WA
KIRODT2 - Cozi TV	7.2	N	SEATTLE, WA
KIRODT3 - Laff	7.3	N	SEATTLE, WA
KIRODT4 - Telemundo	7.4	N	SEATTLE, WA
KOMO - ABC	4	N	SEATTLE, WA
KOMODT2 - Comet	4.2	N	SEATTLE, WA
KOMODT3 - Charge!	4.3	N	SEATTLE, WA
KONG - Independent	16	<u>l</u>	EVERETT, WA
KSTW - Independent	11	<u> </u>	TACOMA, WA
KSTWDT2 - Decades	11.2	N	TACOMA, WA
KTBW - TBN	20	N	SEATTLE, WA
KUNS - CW	51.1	N	BELLEVUE, WA
KUNSDT2 - TBD	51.2	N	BELLEVUE, WA
KUNSDT3 - The Nest	51.3	N	BELLEVUE, WA

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

WAVE DIVISION HOLDINGS LLC

38286

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 "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
KVOS - Heroes & Icons	12.1	N	BELLINGHAM, WA
KVOSDT4- Decades	12.4	N	BELLINGHAM, WA
KWPX - ION	33	N	BELLEVUE, WA
KZJO - MyNetwork TV	22	N	SEATTLE, WA
KZJODT3 - Antenna	22.3	N	SEATTLE, WA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WAVE DIVISION HOLDINGS LLC

38286

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
O/ LEE OIOIV	7 (101 01 1 101	O/D	ECONTION OF STATION	O/ LE CICIT	7 (101 01 1 101	O/D	EGG/(IIGIV GI GI/(IIGI
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Name							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
	WAVE DIVISION HOLI	DINGS LL	<u> </u>					38286
1 10graiii 20g	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subs clear. If you need more spa	tify every non- accounting p ning that mu T CONCEF riod, did you ation? ", leave the	nnetwork televineriod, under spist be included RNING SUBS ur cable systemerest of this parameters.	ision program, broadcast by becific present and former Fi in this log, see page (v) of the TITUTE CARRIAGE in carry, on a substitute base age blank. If your answer is ate line. Use abbreviations	a distant state CC rules, regene general instance sis, any nonres "Yes," you r	ulations, or structions in network tel [nust comp	evision prog YES	ons. For a further SA1-2 form. gram X NO gram
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	egulations, or ries like "mo. Bulls." m was broa sign of the adcast stati nadian stati that and day live "5/7." les when the Example: ter "R" if the and regulatimming that	or authorization ovies" or "bask dcast live, entropies station broadcon's location (toons, if any, the when your sy e substitute pro a program care listed prograrions in effect devices or "base" o	ns. See page (v) of the geretball." List specific prograter "Yes." Otherwise enter "asting the substitute prograthe community to which the community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 in was substituted for programing the accounting perio	neral instruction titles, for each No." am. e station is lide station is ide program. Use cable system: 15 p.m. to 6 camming that d; enter the l	censed by entified). se numera m. List the :28:30 p.m your syste etter "P" if	the FCC or Is, with the times accur n. should be em was requ the listed pi	ation. ' or , in month rately
	9	UBSTITUT	E PROGRAM	,		N SUBST		
	TITLE OF PROGRAM	2. LIVE?			07 11 11 10 2 0 0 0 0 1 11 12 2		:HRRFD	7. REASON FOR
			3. STATION'S		5. MONTH	6.	TIMES	7. REASON FOR DELETION
		Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	<u> </u>	6.		

Accounting Period:	2024/2	FORM SA	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	S	YSTEM ID: 3828
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	smission service is amount, see	i,938.11
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 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.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay accounting period is \$52.00	or this six-mont	
	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 than \$137		
	1. Base amount under statutory formula		
	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	·	
	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	_	
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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 the Reg See page i of the general instructions in the paper SA1-2 form for more information.		ghts!

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: N HOLDINGS LLC	SYSTEM ID# 38286
M Channels	to its subscribers 1. Enter the total	ou must give (1) the number of channels on which the cable system carried television broadcast stations, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	32
	on which the ca	number of activated channels able system carried television broadcast stations ast services	326
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Brian Cioffi Telephone	631-609-0917
	Address	650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)	
		Princeton NJ 08540 (City, town, state, zip)	
	Email	brian.cioffi@astound.com Fax (optional)	
•	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations	s)
O Certification	• I, the undersigne	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	r other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
		of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable ine 1 of space B and that the owner is not a corporation or partnership; or	system as identified
		er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow ine 1 of space B.	vner of the cable system
		the statement of account and hereby declare under penalty of law that all statements of fact contained hereing, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	1
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Parisa Salehani	
		Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)	
		Date: 2/28/2025	

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 th 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 telephon 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 i 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: 2024/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVIDION HOLDINGS LLO

SYSTEM ID# 38286

VE DIVISION HOLDINGS LLC	30200
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 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.	Q Interest Assessment
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	
xdays	
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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served Accounting period .	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th 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.