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				
05/29/2025	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting 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							
		WHITE COUNTY VIDEO, INC.							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		P.O. BOX 2221 (Number, street, rural route, apartment, or suite number)							
		LITTLE ROCK, AR 72203-2221 (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 these s 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:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	P.O. BOX 340 (Number, street, rural route, apartment, or suite number)							
		SEARCY, AR 72143 (City, town, state, zip code)							

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

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	WHITE COUNTY VIDEO, INC.	45
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpora	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future fili	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	WHITE COUNTY (COMMUNITY)	AR
Community	WHITE COUNTY	AR
	BALD KNOB	AR
ld Rows as Necessary	HIGGINSON	AR
	JUDSONIA	AR
	KENSETT	AR
	SEARCY	AR

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4595

WHITE COUNTY VIDEO, INC.

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	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	275	120.95	CABLE CARDS	4	1.95
Service to additional set(s)			HD CONVERTERS	238	5.95
• FM radio (if separate rate)			DUAL TUNER CONVERTER	1	14.95
Motel, hotel	0	-	SPORTS FEE	275	9.95
Commercial	1	82.95	DTA CONVERTERS	17	1.99
Converter			DIGITAL VALUE PACK	61	24.95
Residential					
Non-residential					
• FM radio (if separate rate) Motel, hotel Commercial Converter • Residential	0		DUAL TUNER CONVERTER SPORTS FEE DTA CONVERTERS	1 275 17	14. 9. 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 2				
CATEGORY OF SERVICE	GORY OF SERVICE RATE CATEGORY OF SERVICE RATE					RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	120.95	 Motel, hotel 				
 Pay cable—add'l channel 		 Commercial 	99.95			
Fire protection		• Pay cable				
•Burglar protection	• Pay cable-add'l channel					
Installation: Residential		 Fire protection 				
• First set	79.95	 Burglar protection 				
Additional set(s)	79.95	Other services:				
 FM radio (if separate rate) 		 Reconnect 	79.95			
• Converter 6.95 • Disconn		Disconnect				
		 Outlet relocation 	79.95			
• Move		 Move to new address 	79.95			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4595

WHITE COUNTY VIDEO, INC.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KETS	2.1	E	LITTLE ROCK, AR
KETS	2.2	E-M	LITTLE ROCK, AR
KETS	2.3	E-M	LITTLE ROCK, AR
KETS	2.4	E-M	LITTLE ROCK, AR
KARZ	3.1	<u> </u>	LITTLE ROCK, AR
KARZ	3.2	I-M	LITTLE ROCK, AR
KARK	4.1	N	LITTLE ROCK, AR
KARK	4.2	N-M	LITTLE ROCK, AR
KARK	4.3	N-M	LITTLE ROCK, AR
KARK	4.4	N-M	LITTLE ROCK, AR
KATV	7.1	N	LITTLE ROCK, AR
KATV	7.2	N-M	LITTLE ROCK, AR
KATV	7.3	N-M	LITTLE ROCK, AR
KATV	7.4	N-M	LITTLE ROCK, AR
KLRT	10.1	<u>l</u>	LITTLE ROCK, AR
KLRT	10.2	I-M	LITTLE ROCK, AR
KTHV	11.1	N	LITTLE ROCK, AR
KTHV	11.2	N-M	LITTLE ROCK, AR
KTHV	11.3	N-M	LITTLE ROCK, AR
KTHV	11.4	N-M	LITTLE ROCK, AR
KTHV	11.5	N-M	LITTLE ROCK, AR
KASN	12.1	l	LITTLE ROCK, AR
KASN	12.2	I-M	LITTLE ROCK, AR
KASN	12.3	I-M	LITTLE ROCK, AR

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 4595 WHITE COUNTY VIDEO, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television 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 **KASN** 12.4 I-M LITTLE ROCK, AR **KVTN** 13.1 I LITTLE ROCK, AR **KKAP** 19.1 LITTLE ROCK, AR

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WHITE COUNTY VIDEO, INC.

4595

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 CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF								
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Associating Dovid	M. 2024/2						FOR	A CA4 OF DACE E	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM [.]				FUR	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	WHITE COUNTY VIDE							4595	
								4000	
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	tify every noi	nnetwork televi	sion program, broadcast by	a distant sta	tion, that y	our cable sys	tem carried on a	
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute									
Carriage: Special									
Statement and									
Program Log									
	Note: If your answer is "No	o," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust com	plete the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUT		_		_				
	In General: List each subsclear. If you need more spa				s wherever po	ossible, if	their meanin	g is	
				vision program ("substitute	program") ti	hat. durin	the accoun	tina	
	period, was broadcast by a	distant stat	tion and that y	our cable system substitut	ed for the pro	ogrammin	g of another	station	
	under certain FCC rules, re								
	Do not use general catego "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	im uues, ioi e	example,	I Love Lucy	OI	
	Column 2: If the program	m was broa		er "Yes." Otherwise enter "					
		0		asting the substitute progr			500	•	
	the case of Mexican or Car			he community to which the			the FCC or,	in	
				stem carried the substitute			als, with the r	month	
	first. Example: for May 7 gi								
	Column 6: State the time to the nearest five minutes			ogram was carried by your				ately	
	stated as "6:00–6:30 p.m."	. сханірів. а	a program can	ied by a system nom o.o i	. 13 p.111. to 0	i.20.30 p.i	II. SHOUIU DE		
	Column 7: Enter the let			n was substituted for progr					
	to delete under FCC rules was substituted for prograr							ogram	
	effect on October 19, 1976		your system w	as permitted to delete und	ei roo iules	and regu	ilations in		
					1				
						N SUBS		7	
	S	I	E PROGRAM				CURRED	7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	б. FROM	TIMES — TO	52226.1	
		103 01 110	OALL GIGIT	4. CIATION CECOATION	AND DAT	TROW	10		
									
							_		
								"	
		 						"	

Accounting Period:	2024/2	FORM SA1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WHITE COUNTY VIDEO, INC.	SYSTEM ID# 4595						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service						
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of 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 \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.							
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1							
	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.							
	o. moreot sharge. Lines the amount morn line 4, space Q, page 0	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 \$527,	600)						
	1. 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	163.89						
	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	\$ 1,482.89						
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	1,482.89						
Total Remittance Due		<u> </u>						
	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	\$ 1,502.89						
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more							

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNE					SYSTEM ID# 4595
M Channels	1. Enter the total num system carried telev 2. Enter the total num on which the cable :	d (2) the cable system's taber of channels on which vision broadcast stations abber of activated channels system carried television	n the cables s broadcast sta	which the cable system carried to of activated channels during the ac	ccounting period.	33
N Individual to Be Contacted		CONTACTED IF FURTH this statement of accour		ATION IS NEEDED (Identify an in	dividual	
for Further Information	Name SF	PENCER STONE			Telephone	501-378-3421
	(Nui	O. BOX 2221 mber, street, rural route, apartr ITLE ROCK, AR 72 y, town, state, zip) SSTONE@WEI	2203-2221	mber)	Fax (optional)	
O Certification	I, the undersigned, h (Owner oth X (Agent of o	ereby certify that (Check of the than corporation or power other than corporation of space B and that the of partner) I am an officer (of space B. statement of account and discorrect to the best of my	partnership) I ation or partnership ation or partnership is not a different accordance of the component of t	d and signed in accordance with 0 ne, of the boxes.) am the owner of the cable system a ership) I am the duly authorized accorporation or partnership; or n) or a partner (if a partnership) of the composition of the penalty of law that all state and are made.	as identified in line 1 of space gent of the owner of the cable the legal entity identified as over ements of fact contained herei	B; or system as identified wner of the cable system
			Enter an elect	/ Charlotte A Dial tronic signature on the line above to re using an "/s/ signature" (e.g., /s/ J		
		Typed or printed Title: (Title of of	VP OF A	HARLOTTE A DIAL DMINISTRATION Id in corporation or partnership)		
		Date:			08/19/2024	

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 filing, a determination that would be made by a court of law.

Accounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
WHITE COUNTY VIDEO, INC.	4595
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."	Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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
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	_
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 www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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	

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