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					
2/20/2025	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		Ayersville Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		27932 Watson Rd. (Number, street, rural route, apartment, or suite number)
		Defiance, Ohio 43512 (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 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:
	1	Ayersville Telephone Company
		MAILING ADDRESS OF CABLE SYSTEM:
	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		(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:	2024/2	FORM CAA OF DACE 4h							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
Name	Ayersville Telephone Company	62821							
	Instructions: List each separate community served by the cable system. A "community								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First Community	Ayersville	Ohio							
Add Rows as Necessary									

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Ayersville Telephone Company

62821

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 	57	84.97	Basic Plus	80	97.97	
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential	63	5.95	HD Converter	37	9.95	
Non-residential			HD PVR	61	11.95	

F

Services Other Than Secondary Transmissions Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	69.95	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
 Converter 		Disconnect			
		Outlet relocation			
		 Move to new address 	28.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62821

Ayersville Telephone Company

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
WTOL	11.1	N	Toledo, OH
WTOL-Crime	11.2	N-M	Toledo, OH
WTOL-Grit	11.3	N-M	Toledo, OH
WTOL-Quest	11.4	N-M	Toledo, OH
WTOL-GetTV	11.6	N-M	Toledo, OH
WTOL-Twist	11.7	N-M	Toledo, OH
WTOL-Laff	11.8	N-M	Toledo, OH
WTVG	13.1	N	Toledo, OH
WTVG-CW	13.2	N-M	Toledo, OH
WTVG-Weather	13.7	N-M	Toledo, OH
WTVG-MeTV	13.3	N-M	Toledo, OH
WTVG-Circle	13.4	N-M	Toledo, OH
WTVG-Dabl	13.6	N-M	Toledo, OH
WNWO	24.1	N	Toledo, OH
WNWO-Charge	24.2	N-M	Toledo, OH
WNWO-Comet	24.3	N-M	Toledo, OH
WNWO-TBD	24.4	N-M	Toledo, OH
WNHO	35	<u> </u>	Defiance, OH
WBGU	27.1	E	Bowling Green, OH
WBGU-Kids/Encore	27.2	E-M	Bowling Green, OH
WBGU-Create	27.3	E-M	Bowling Green, OH
WGTE	30	E	Toledo, OH
WGTE-Family	30.2	E-M	Toledo, OH
WGTE-Create	30.3	E-M	Toledo, OH

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Ayersville Telephone Company

FORM SA1-2E. PAGE 3.

SYSTEM ID#

62821

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WLIO	8.1	N	Lima, OH
WUPW	36.1	N	Toledo, OH
WUPW-Bounce	36.2	N-M	Toledo, OH
WUPW-Escape	36.3	N-M	Toledo, OH
WUPW-Court TV	36.4	N-M	Toledo, OH
WLMB	40.1	I	Toledo, OH
WTLW	44.1	l	Lima, OH
WTLW-DT2	44.2	I-M	Lima, OH
COZI TV	45.1	I-M	Lima, OH
get TV	45.2	I-M	Lima, OH
this TV	48.3	I-M	Lima, OH

Accounting Period: 2024/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Ayersville Telephone Company

62821

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.

H

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
							
		 				 	
		 					
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Accounting Perio	ng Period: 2024/2 FORM SA1-2E. PA							/I SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	Ayersville Telephone (Company						62821		
	CURCUITUTE CARRIACI	- CDECIA	I STATEME	NT AND DROCDAM I O	^					
	SUBSTITUTE CARRIAGE									
"	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special										
Statement and		• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant station?									
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	te the prog	ram		
	log in block 2.									
	2. LOG OF SUBSTITUTE	PROGRA	AMS							
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if the	eir meaning	j is		
	clear. If you need more spa									
				vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor	•								
	"NBA Basketball: 76ers vs.			1 1 3	,	,	,			
				er "Yes." Otherwise enter						
		•		asting the substitute progr			- 500 :			
	the case of Mexican or Car		,	he community to which the		•	e FCC or, i	ın		
			•	stem carried the substitute		,	. with the m	nonth		
	first. Example: for May 7 gi	-			, p 9		,			
				ogram was carried by you	•			ately		
	to the nearest five minutes.	Example:	a program carı	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m.	should be			
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour eveten	n was reau	ired		
	to delete under FCC rules a									
	was substituted for program							yg. a.m		
	effect on October 19, 1976			•		_				
								ı		
		IDOTITLIT		•		N SUBSTIT		7. REASON FOR		
			E PROGRAM 3. STATION'S		5. MONTH	AGE OCCU 6. TII		DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO			
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Accounting Period:	2024/2			FORM SA	1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Ayersville Telephone Company			S	STEM ID# 62821				
	Ayersvine releptione company				02021				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and to all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation of 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.	tem's sec of how to	ondary transmi compute this a	ssion service mount, see	2, 022.00 ss receipts)				
Copyright Royalty Fee	copyright royalty fee you owe: nstructions: 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 \$137,1	00 OR L	ESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e that you	must pay for thi	s 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	s 1 and 2 .		. \$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mor	e than \$137,1	00)					
	1. Base amount under statutory formula	\$	263,800.00						
	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 an	nd 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)					
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula	5	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	· · · · · <u>-</u>		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	1. 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 paymen See page i of the general instructions in the paper SA1-2 t				ts!				

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF OWNE					SYSTEM ID# 62821				
M Channels		channels Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations To its subscribers, and (2) the cable system's total number of activated channels during the accounting period.								
Gildinicis		nber of channels on which rision broadcast stations .		le		35				
	on which the cable	aber of activated channels system carried television bervices	oroadcas	st stations		248				
N Individual to Be Contacted		CONTACTED IF FURTHI		PRMATION IS NEEDED (Identify an inc	dividual to whom					
for Further Information	Name Ph	nillip D. Maag			Telephone 419-	-395-2222				
	(Nui	932 Watson Rd. mber, street, rural route, apartn efiance, Ohio 43512		uite number)						
	(City	y, town, state, zip) pmaag@ayersvi	lletelco.	.com	Fax (optional) 419-395-2585					
_	CERTIFICATION (This	statement of account mu	st be ce	rtified and signed in accordance with C	Copyright Office regulations)					
O Certification	• I, the undersigned, he	ereby certify that (Check or	e, but on	nly one, of the boxes.)						
	(Owner oth	ner than corporation or pa	artnershi	ip) I am the owner of the cable system a	is identified in line 1 of space B; or					
			_	partnership) I am the duly authorized ago ot a corporation or partnership; or	ent of the owner of the cable system	as identified				
		partner) I am an officer (in of space B.	a corpoi	ration) or a partner (if a partnership) of th	ne legal entity identified as owner of	the cable system				
		d correct to the best of my	-	eclare under penalty of law that all statem ge, information, and belief, and are made						
	ı		X	/s/ Phillip D. Maag						
				electronic signature on the line above to canature using an "/s/ signature" (e.g., /s/ J	•					
		Typed or printed	name:	Phillip D. Maag						
		Title: (Title of of		etary-Treasurer ion held in corporation or partnership)						
		Date:			2/20/2025					

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.

Accounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Ayersville Telephone Company	62821
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."	P 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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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@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	

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