

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FBN Indiana, Inc.

SYSTEM ID#

28134

D

Area Served

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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 known 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 identified city.

First Community

CITY OR TOWN

Morocco

COUNTY

Newton

STATE

Indiana

Add Rows as Necessary

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FBN Indiana, Inc.	SYSTEM ID# 28134
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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
WBBM	2	N	Chicago IL
WBBM-2.2	2.2	N-M	Chicago IL
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
WCIU	26	I	Chicago IL
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
WCPX	38	I	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	N	Chicago IL
WFLD-32.2	32.2	N-M	Chicago IL
WFLD-32.3	32.3	N-M	Chicago IL
WGN	9	I	Chicago IL
WGN-9.2	9.2	I-M	Chicago IL
WGN-9.3	9.3	I-M	Chicago IL
WGN-9.4	9.4	I-M	Chicago IL
WGN-9.5	9.5	I-M	Chicago IL
WJYS	62	I	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

Add Rows as Necessary

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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.

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WLFI	18	I	Lafayette IN
WLFI-18.2	18.2	I-M	Lafayette IN
WLS	7	N	Chicago IL
WLS-7.2	7.2	N-M	Chicago IL
WMAQ	5	N	Chicago IL
WMAQ-5.2	5.2	N-M	Chicago IL
WNDU	16	I	South Bend IN
WPWR	50	I	Chicago IL
WSNS	44	I	Chicago IL
WSNS-44.2	44.2	I-M	Chicago IL
WTTW	11	E	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
WYIN	56	I	Gary IN
WYIN-56.2	56.2	I-M	Gary IN

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FBN Indiana, Inc.	SYSTEM ID# 28134
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K Gross Receipts	<p>GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">\$ 59,051.00</td> </tr> <tr> <td></td> <td style="text-align: right; font-size: small;">(Amount of gross receipts)</td> </tr> </table> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>		\$ 59,051.00		(Amount of gross receipts)
	\$ 59,051.00				
	(Amount of gross receipts)				

L Copyright Royalty Fee	<p>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.</p>																		
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS																			
<p>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.</p> <table style="width:100%; border: none;"> <tr> <td style="width:80%;">Line 1. Royalty fee for accounting period</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 52.00</td> </tr> <tr> <td>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8</td> <td style="text-align: right; border-bottom: 1px solid black;">0.00</td> </tr> <tr> <td>Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 52.00</td> </tr> </table>		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												
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<table style="width:100%; border: none;"> <tr> <td style="width:80%;">1. Base amount under statutory formula</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 263,800.00</td> </tr> <tr> <td>2. Enter amount of gross receipts from space K</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>3. Subtract line 2 from line 1</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>4. Enter the amount of gross receipts from space K</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>5. Enter the amount from line 3</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>6. Subtract line 5 from line 4</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>7. Multiply line 6 by .005 (enter figure here)</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>8. Interest charge. Enter the amount from line 4, space Q, page 8</td> <td style="text-align: right; border-bottom: 1px solid black;">0.00</td> </tr> <tr> <td>9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		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 and 8	
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FILING FEE AND TOTAL REMITTANCE DUE

Filing Fee and Total Remittance Due	<table style="width:100%; border: none;"> <tr> <td style="width:80%;">1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 52.00</td> </tr> <tr> <td>2. Filing Fee (See the instructions for more information on filing fee calculations)</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 15.00</td> </tr> <tr> <td>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 67.00</td> </tr> </table> <p style="text-align: center; margin-top: 10px;">EFT Trace # or TRANSACTION ID # 77295507331</p> <p style="text-align: center; font-size: small; color: blue;"> Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See Circular 74 for more information. </p>	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
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2. Filing Fee (See the instructions for more information on filing fee calculations)	\$ 15.00						
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FBN 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 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 _____

Name _____
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.

Line 1 Enter the amount of late payment or underpayment _____

x _____

Line 2 Multiply line 1 by the interest rate* and enter the sum here -

x _____ days

Line 3 Multiply line 2 by the number of days late and enter the sum here -

x 0.00274

Line 4 Multiply line 3 by 0.00274** and enter here
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@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 _____

Q

Interest Assessment

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.