

**THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015**  
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA1-2  
 Short Form**

**STATEMENT OF ACCOUNT**  
*for Secondary Transmissions  
 by Cable Systems (Short Form)*

General instructions are at the end of this form [pages (i)–(vii)].

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 02/20/2018                    | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

Return to:  
 Library of Congress  
 Copyright Office  
 Licensing Division  
 101 Independence Ave. SE  
 Washington, DC 20557-6400  
 (202) 707-8150

For courier deliveries,  
 see page ii of the general  
 instructions.

|                                  |                                                                                                         |                                                             |
|----------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b><br>Accounting<br>Period | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)</b> |                                                             |
|                                  | <input type="checkbox"/> January 1–June 30 .....<br>(Year)                                              | <input type="checkbox"/> July 1–December 31 .....<br>(Year) |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                     |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b><br>Owner | <b>INSTRUCTIONS:</b><br>Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.<br>In line 2, list any other names under which the owner conducts the business of the cable system.<br><i>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.</i><br><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. _____ |                                                                                                                                                                     |
|                   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b>                                                                                                                         |
|                   | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):</b>                                                                                                    |
|                   | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM:</b><br><br>.....<br>(Number, street, rural route, apartment, or suite number)<br><br>.....<br>(City, town, state, zip) |

|                    |                                                                                                                                                                                                                                                                             |                                                                                                                                                            |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C</b><br>System | <b>Instructions:</b> 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. |                                                                                                                                                            |
|                    | 1                                                                                                                                                                                                                                                                           | <b>IDENTIFICATION OF CABLE SYSTEM:</b>                                                                                                                     |
|                    | 2                                                                                                                                                                                                                                                                           | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><br>.....<br>(Number, street, rural route, apartment, or suite number)<br><br>.....<br>(City, town, state, zip) |

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |       |              |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|--------------|
| <b>D</b><br>Area<br>Served         | <b>Instructions:</b> 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 <i>first community on all future filings</i> .<br><br>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 | CITY OR TOWN |
| <b>First</b> ▶<br><b>Community</b> | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | .....        | ..... | .....        |
|                                    | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | .....        | ..... | .....        |

**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.



|             |                                      |
|-------------|--------------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM: |
|-------------|--------------------------------------|

| <p><b>E</b></p> <p><b>Secondary Transmission Service: Subscribers and Rates</b></p> | <p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b></p> <p><b>In General:</b> 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).</p> <p><b>Number of Subscribers:</b> 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).</p> <p><b>Rate:</b> 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.</p> <p><b>Block 1:</b> 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. <b>Note:</b> 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)."</p> <p><b>Block 2:</b> 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.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="text-align: center;">BLOCK 1</th> <th colspan="3" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th style="width: 35%;">CATEGORY OF SERVICE</th> <th style="width: 15%;">NO. OF SUBSCRIBERS</th> <th style="width: 10%;">RATE</th> <th style="width: 35%;">CATEGORY OF SERVICE</th> <th style="width: 15%;">NO. OF SUBSCRIBERS</th> <th style="width: 10%;">RATE</th> </tr> </thead> <tbody> <tr> <td><b>Residential:</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to first set</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Service to additional set(s)</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td><b>Motel, hotel</b></td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td><b>Commercial</b></td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td><b>Converter</b></td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Residential</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Nonresidential</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table> | BLOCK 1 |                     |                    | BLOCK 2 |  |  | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | <b>Residential:</b> |  |  |  |  |  | • Service to first set | ..... | ..... | ..... | ..... | ..... | • Service to additional set(s) | ..... | ..... | ..... | ..... | ..... | • FM radio (if separate rate) | ..... | ..... | ..... | ..... | ..... | <b>Motel, hotel</b> | ..... | ..... | ..... | ..... | ..... | <b>Commercial</b> | ..... | ..... | ..... | ..... | ..... | <b>Converter</b> | ..... | ..... | ..... | ..... | ..... | • Residential | ..... | ..... | ..... | ..... | ..... | • Nonresidential | ..... | ..... | ..... | ..... | ..... |
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| BLOCK 1                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | BLOCK 2             |                    |         |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |
| CATEGORY OF SERVICE                                                                 | NO. OF SUBSCRIBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RATE    | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE    |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |
| <b>Residential:</b>                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                     |                    |         |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |
| • Service to first set                                                              | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .....   | .....               | .....              | .....   |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |
| • Service to additional set(s)                                                      | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .....   | .....               | .....              | .....   |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |
| • FM radio (if separate rate)                                                       | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .....   | .....               | .....              | .....   |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |
| <b>Motel, hotel</b>                                                                 | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .....   | .....               | .....              | .....   |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |
| <b>Commercial</b>                                                                   | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .....   | .....               | .....              | .....   |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |
| <b>Converter</b>                                                                    | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .....   | .....               | .....              | .....   |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |
| • Residential                                                                       | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .....   | .....               | .....              | .....   |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |
| • Nonresidential                                                                    | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .....   | .....               | .....              | .....   |  |  |                     |                    |      |                     |                    |      |                     |  |  |  |  |  |                        |       |       |       |       |       |                                |       |       |       |       |       |                               |       |       |       |       |       |                     |       |       |       |       |       |                   |       |       |       |       |       |                  |       |       |       |       |       |               |       |       |       |       |       |                  |       |       |       |       |       |

| <p><b>F</b></p> <p><b>Services Other Than Secondary Transmissions: Rates</b></p> | <p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b></p> <p><b>In General:</b> 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.</p> <p><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p><b>Block 2:</b> 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.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="4" style="text-align: center;">BLOCK 1</th> <th colspan="2" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th style="width: 35%;">CATEGORY OF SERVICE</th> <th style="width: 10%;">RATE</th> <th style="width: 35%;">CATEGORY OF SERVICE</th> <th style="width: 10%;">RATE</th> <th style="width: 35%;">CATEGORY OF SERVICE</th> <th style="width: 10%;">RATE</th> </tr> </thead> <tbody> <tr> <td><b>Continuing Services:</b></td> <td></td> <td><b>Installation: Non-residential</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Pay cable</td> <td>.....</td> <td>• Motel, hotel</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Pay cable—add'l channel</td> <td>.....</td> <td>• Commercial</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Fire protection</td> <td>.....</td> <td>• Pay cable</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Burglar protection</td> <td>.....</td> <td>• Pay cable—add'l channel</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td><b>Installation: Residential</b></td> <td></td> <td>• Fire protection</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• First set</td> <td>.....</td> <td>• Burglar protection</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Additional set(s)</td> <td>.....</td> <td><b>Other Services:</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td>.....</td> <td>• Reconnect</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Converter</td> <td>.....</td> <td>• Disconnect</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td></td> <td></td> <td>• Outlet relocation</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td></td> <td></td> <td>• Move to new address</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table> | BLOCK 1                              |       |                     |       | BLOCK 2 |  | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | <b>Continuing Services:</b> |  | <b>Installation: Non-residential</b> |  |  |  | • Pay cable | ..... | • Motel, hotel | ..... | ..... | ..... | • Pay cable—add'l channel | ..... | • Commercial | ..... | ..... | ..... | • Fire protection | ..... | • Pay cable | ..... | ..... | ..... | • Burglar protection | ..... | • Pay cable—add'l channel | ..... | ..... | ..... | <b>Installation: Residential</b> |  | • Fire protection | ..... | ..... | ..... | • First set | ..... | • Burglar protection | ..... | ..... | ..... | • Additional set(s) | ..... | <b>Other Services:</b> |  |  |  | • FM radio (if separate rate) | ..... | • Reconnect | ..... | ..... | ..... | • Converter | ..... | • Disconnect | ..... | ..... | ..... |  |  | • Outlet relocation | ..... | ..... | ..... |  |  | • Move to new address | ..... | ..... | ..... |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------|---------------------|-------|---------|--|---------------------|------|---------------------|------|---------------------|------|-----------------------------|--|--------------------------------------|--|--|--|-------------|-------|----------------|-------|-------|-------|---------------------------|-------|--------------|-------|-------|-------|-------------------|-------|-------------|-------|-------|-------|----------------------|-------|---------------------------|-------|-------|-------|----------------------------------|--|-------------------|-------|-------|-------|-------------|-------|----------------------|-------|-------|-------|---------------------|-------|------------------------|--|--|--|-------------------------------|-------|-------------|-------|-------|-------|-------------|-------|--------------|-------|-------|-------|--|--|---------------------|-------|-------|-------|--|--|-----------------------|-------|-------|-------|
| BLOCK 1                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |       | BLOCK 2             |       |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| CATEGORY OF SERVICE                                                              | RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CATEGORY OF SERVICE                  | RATE  | CATEGORY OF SERVICE | RATE  |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| <b>Continuing Services:</b>                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Installation: Non-residential</b> |       |                     |       |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| • Pay cable                                                                      | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | • Motel, hotel                       | ..... | .....               | ..... |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| • Pay cable—add'l channel                                                        | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | • Commercial                         | ..... | .....               | ..... |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| • Fire protection                                                                | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | • Pay cable                          | ..... | .....               | ..... |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| • Burglar protection                                                             | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | • Pay cable—add'l channel            | ..... | .....               | ..... |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| <b>Installation: Residential</b>                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • Fire protection                    | ..... | .....               | ..... |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| • First set                                                                      | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | • Burglar protection                 | ..... | .....               | ..... |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| • Additional set(s)                                                              | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Other Services:</b>               |       |                     |       |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| • FM radio (if separate rate)                                                    | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | • Reconnect                          | ..... | .....               | ..... |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
| • Converter                                                                      | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | • Disconnect                         | ..... | .....               | ..... |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
|                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • Outlet relocation                  | ..... | .....               | ..... |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |
|                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • Move to new address                | ..... | .....               | ..... |         |  |                     |      |                     |      |                     |      |                             |  |                                      |  |  |  |             |       |                |       |       |       |                           |       |              |       |       |       |                   |       |             |       |       |       |                      |       |                           |       |       |       |                                  |  |                   |       |       |       |             |       |                      |       |       |       |                     |       |                        |  |  |  |                               |       |             |       |       |       |             |       |              |       |       |       |  |  |                     |       |       |       |  |  |                       |       |       |       |







**Name** LEGAL NAME OF OWNER OF CABLE SYSTEM:

**K**  
**Gross Receipts**

**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 (vi) of the general instructions.

- 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.

(Amount of gross receipts)

**L**  
**Copyright Royalty Fee**

**COPYRIGHT ROYALTY AND FILING FEES**  
**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 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 this six-month accounting period is \$52.00

Line 1. Royalty fee for accounting period . . . . . \$ 52.00

Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . \$

Line 3. **Filing Fee** . . . . . \$ 15.00

Line 4. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**  
 Add lines 1, 2 and 3 . . . . . \$

BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)

1. Base amount under statutory formula . . . . . \$263,800

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 . . . . . \$

9. **Filing Fee** . . . . . \$ 20.00

10. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**  
 Add lines 7, 8 and 9 . . . . . \$

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 . . . . . \$ 263,800

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

6. Interest Charge. Enter the amount from line 4, space Q, page 8 . . . . . \$

7. **Filing Fee** . . . . . \$ 20.00

8. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**  
 Add lines 4, 5, 6 and 7 . . . . . \$

**IMPORTANT:** Your remittance must be in the form of an *electronic payment* payable to *Register of Copyrights*. See page i of the general instructions for more information.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Name</b>                                                               |
| <p><b>CHANNELS</b><br/> <b>Instructions:</b> 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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations. ....</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. ....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>M</b><br><br><b>Channels</b>                                           |
| <p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b><br/>                 (Identify an individual we can contact about this statement of account.)</p> <p>Name ..... Telephone .....<br/> <small>(Area code)</small></p> <p>Address .....<br/> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>.....<br/> <small>(City, town, state, zip)</small></p> <p>Email (optional) ..... Fax (optional) .....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>N</b><br><br><b>Individual to Be Contacted for Further Information</b> |
| <p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</p> <ul style="list-style-type: none"> <li>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li><input type="checkbox"/> <b>(Owner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or</li> <li><input type="checkbox"/> <b>(Agent of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or</li> <li><input type="checkbox"/> <b>(Officer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> </ul> <p>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [See 18 U.S.C. sec.1001]</p> <div style="display: flex; align-items: center; margin-top: 20px;"> <div style="flex-grow: 1;"> <p>Handwritten signature: ..... </p> <p>Typed or printed name: .....</p> <p>Title: .....<br/> <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: .....</p> </div> </div> | <b>O</b><br><br><b>Certification</b>                                      |

**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.



|             |                                      |
|-------------|--------------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM: |
|-------------|--------------------------------------|

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| <p><b>P</b></p> <p><b>Special Statement Concerning Gross Receipts Exclusions</b></p> | <p><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br/>                 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) of the Copyright Act by adding the following sentence:<br/>                 “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> <p>For more information on when to exclude these amounts, see the note on page (vi) of the general instructions.</p> <p>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?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. .... \$ _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name .....</td> <td style="width:50%;">Name .....</td> </tr> <tr> <td>Mailing address .....</td> <td>Mailing address .....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table> | Name ..... | Name ..... | Mailing address ..... | Mailing address ..... | ..... | ..... | ..... | ..... |
| Name .....                                                                           | Name .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |            |                       |                       |       |       |       |       |
| Mailing address .....                                                                | Mailing address .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |                       |                       |       |       |       |       |
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| <p><b>Q</b></p> <p><b>Interest Assessment</b></p> | <p><b>INTEREST ASSESSMENT</b><br/>                 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 (vii) of the general instructions.</p> <p>Line 1. Enter the amount of late payment or underpayment ..... \$ _____<br/> <span style="float: right;">x _____ %</span></p> <p>Line 2. Multiply line 1 by the interest rate* and enter the sum here ..... _____<br/> <span style="float: right;">x _____ days</span></p> <p>Line 3. Multiply line 2 by the number of days late and enter the sum here ..... _____<br/> <span style="float: right;">x .00274</span></p> <p>Line 4, Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6 ..... \$ _____<br/> <span style="float: right;">(interest charge)</span></p> <p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a>.</p> <p>**This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p><b>Note:</b> 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.</p> <p>Owner .....</p> <p>Address .....</p> <p>.....</p> <p>ID number .....</p> <p>First community served .....</p> <p>Accounting period .....</p> |
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