This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	03/01/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		COMMZOOM COMMUNICATIONS, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number)
		SAN ANTONIO, TX 78217 (City, fown, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		COMMZOOM MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	•	•

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	COMMZOOM COMMUNICATIONS, LLC	0
D	Instructions: List each separate community served by the cable system. A "cr "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
_	CITY OR TOWN	STATE
First Community	BANDERA	TX
2		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							A1-2E. PAGE
Name	COMMZOOM COMMUNI		LC						
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	service of th	e cable	
	system, that is, the retransmission	on of television	and rac	lio broadcasts	by your sy	stem to subscril	bers. Give i	nformation	
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						olo evetom	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				iny standa		s within a p		
	Block 1: In the left-hand block	in space E, the	e form li	sts the catego					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system I								
	printed in block 1 (for example, the printed in block 1)								
	with the number of subscribers a sufficient.	ind rates, in the	e ngnt-n	and block. A li	vo- or three	e-word descripti	ion of the se	ervice is	
	BLC				BLOCK	2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOLLE		TUTE	0/11		TUIDE	CODOCINIDENC	
	Service to first set		25	72.81					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		28	72.81					
	Commercial		3	72.81					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		s				
-	In General: Space F calls for rat	-			-	ll your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		<b>3 •</b> • • • • • • • • • • • • • • • • •	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVIC	E RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	13.95	• Mo	tel, hotel					
	Pay cable—add'l channel		• Co	mmercial					
	Fire protection		• Pa	/ cable					
	<ul> <li>Burglar protection</li> </ul>		• Pa	/ cable-add'l cł	nannel				
	Installation: Residential		• Fire	e protection					
	• First set	100.00	• Bui	glar protection	I				
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)		• Re	connect					
	• Converter		• Dis	connect					
	Convertor								
	Converter		• Ou	tlet relocation					

Namo	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEN
Name	соммгоом сомми	JNICATIONS, LLC		
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on a <b>Column 2:</b> Give the chann- of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast). For the meaning of these ter	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct orogram services such as HBO, ESI e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educat loctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a abstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КАВВ	29		
			N-M	SAN ANTONIO, TX
	KENS	5	N-M	SAN ANTONIO, TX SAN ANTONIO, TX
ows as Necessary				
iws as Necessary	KENS	5	N-M	SAN ANTONIO, TX
iws as Necessary	KENS KHCE	5 23	N-M E	SAN ANTONIO, TX SAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN	5 23 9	N-M E E	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI	5 23 9 4	N-M E E	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX
ws as Necessary	KENS KHCE KLRN WOAI KPXL	5 23 9 4 26	N-M E E	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT	5 23 9 4 26 35	N-M E E N-M I I N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX
ws as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX
ws as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
ows as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	N-M E E N-M I I N-M N-M	SAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX

EGAL NAME OF								SYSTEM
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can sertain si general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-			-	0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						L		

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	COMMZOOM COMMU	NICATION	IS, LLC					0
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
	In General: In space I, identi					ion. that vou	ır cable svste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televi	sion progran	
Program Log	broadcast by a distant star	tion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS					
	In General: List each subst				wherever pos	sible, if thei	ir meaning is	5
	clear. If you need more spa			ows to the tables. sion program ("substitute p	program") that	t during the	e accounting	1
	period, was broadcast by a							
	under certain FCC rules, re							n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lo	ove Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	0."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	n.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			e FCC or, in	
				tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	noula be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulatio	ons in	
								1
			E PROGRAM			N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
								"
								"
							_	
							_	
							_	
								"
							_	
							_	
								]
							_	
1		1	1			<u> </u> -		1

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	S	YSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e <b>5,222.54</b>
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: M COMMUNICATIONS, LLC	SYSTEM ID# (
<b>M</b> Channels	<ol> <li>to its subscrib</li> <li>1. Enter the to system carr</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations     bers, and (2) the cable system's total number of activated channels during the accounting period.     total number of channels on which the cable     ied television broadcast stations     cotal number of activated channels     e cable system carried television broadcast stations     adcast services	10 46
N Individual to	INDIVIDUAL	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
Be Contacted for Further Information	Name	JACOB T. GRAY Telephone 210	-736-3376, EXT 1004
	Address	2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number)	
		SAN ANTONIO, TX 78217 (City, town, state, zip)	
	Email	CFO@COMMZOOM.COM Fax (optional) 210-403-2688	
O Certification	I, the undersi     (Ov     (Ag     X     (Of     I have examinare true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations)         igned, hereby certify that (Check one, but only one, of the boxes.)         wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or         fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.         ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         ection 1001(1986)]       X       /s/ JACOB T. GRAY         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: JACOB T. GRAY	
		Title: CFO/COO (Title of official position held in corporation or partnership)	
		Date: SEPTEMBER 29, 2017	

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 the 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 telephol 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

unting Period: 2017/2		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
MMZOOM COMMUNICATIONS, LLC		
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSING The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to service of providing secondary transmissions of primary broadcast transmitters scribers and amounts collected from subscribers receiving secondary transmissions	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub-	P Special Statemen Concerning Gros
For more information on when to exclude these amounts, see the note on page (vii) of located in the paper SA1-2 form.	f the general instructions	Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross rece made by satellite carriers to satellite dish owners?	eipts for secondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below.	.\$	
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
	a lata novmant or undernovmant	
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions lo		Q
For an explanation of interest assessment, see page (viii) of the general instructions lo	ocated in the paper SA1-2 form.	Q Interest Assessme
	cocated in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions lo	ocated in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions lo	x 1%	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions lo	in the paper SA1-2 form.           \$           x           1%	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions lo	x 1%	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions lo	s       -         x       1%          -         x       31         days       -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions loc Line 1 Enter the amount of late payment or underpayment	bccated in the paper SA1-2 form.         \$         x         1%         x         31         days	Q Interest Assessme
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