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 COPYRIGH	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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 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	
		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, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as 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:	
	1	СОММZООМ	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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#
	COMMZOOM COMMUNICATIONS, LLC	38834
D	"a separate and distinct community or municipal entity (including uninco	y that you list will serve as a form of system identification hereafter known e filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	COMFORT	ТХ
Community		
Add Rows as Necessary		
Add nows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	COMMZOOM COMMUNI	CATIONS, L	LC						3883
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or Du blocks in space (transmission umber of billing ice at the rate i harged for eacl (Example: "\$2 ounts allowed fi in space E, the to their subscription	BSCRI cover a and rac ace F, r ecembe ce E cal service. s in tha ndicate h catege 20/mth") for adva e form li ribers. (	Il categories of lio broadcasts not here. All the r 31, as the ca l for the number In general, you t category (the d—not the num ory of service. . Summarize a since payment. sts the catego Give the number	f secondary by your sy e facts you se may be er of subsc ou can com e number of nber of set Include bo any standar ries of seco	stem to subscril state must be t b) ribers to the cat pute the numbe f persons or org s receiving serv th the amount o rd rate variations ondary transmis ribers and rate	pers. Give i hose existin ole system, r of subscri anizations ice). f the charge s within a p sion service for each list	nformation ng on the broken bers in charged e and the articular rate e that cable ed category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a nce again undo nas rate catego ers of services	nted as addition er "Serv pries for that inc	a subscriber in al sets would b rice to addition secondary tra clude one or m	each appl be included al set(s)." nsmission ore second	icable category i in the count un service that are dary transmission	Example: der "Servic different fro ns), list the	a residential e to the om those m, together	
	BLC	DCK 1					BLOCK		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	OODOORIDI			UAT		WICE	SOBSCIUDENS	
	Service to first set		129	44.99					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services t e two exception or facilities furn it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ns: you ished to usually ne cable stem fur e was n	rmation with re not offered in do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	espect to al combinatio o give rate i ers. Rate in ates are ch ach of the a red during t	on with any seco information cond formation shoul arged on a varia applicable servio the accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that v	emission services oth the ogram basis, were not	
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	sidential				
	Pay cable	13.95		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection		-	/ cable					
	•Burglar protection			/ cable-add'l cl	hannel				
	Installation: Residential			e protection					
	• First set	100.00		glar protection	1				
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)			connect					
	Converter		• Dis	connect					
				tlet relocation ve to new addi					
			<ul> <li>i\/i</li> </ul>	UP TO DOW OUT					1

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
ame	соммгоом сомми	JNICATIONS, LLC		38
	PRIMARY TRANSMITTERS:	TELEVISION		
G imary smitters: avision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <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 to <b>Column 4:</b> Give the location	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- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute 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
	KABB	29	N	SAN ANTONIO, TX
	ксwх	2	I	FREDERICKSBURG, TX
s Necessary	KCWX KENS	2 5	l N	
ecessary			I N E	FREDERICKSBURG, TX
ecessary	KENS	5		FREDERICKSBURG, TX SAN ANTONIO, TX
ecessary	KENS KLRN	5 9	E	FREDERICKSBURG, TX SAN ANTONIO, TX SAN ANTONIO, TX
ecessary	KENS KLRN WOAI	5 9 4	E	FREDERICKSBURG, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX
lecessary	KENS KLRN WOAI KPXL	5 9 4 26	E	FREDERICKSBURG, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX
ecessary	KENS KLRN WOAI KPXL KMYS KSAT	5 9 4 26 35 12	E N I I N	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         UVALDE, TX         KERRVILLE, TX         SAN ANTONIO, TX
vecessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
Necessary	KENS KLRN WOAI KPXL KMYS KSAT	5 9 4 26 35 12	E N I I N	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         UVALDE, TX         KERRVILLE, TX         SAN ANTONIO, TX
: Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         UVALDE, TX         KERRVILLE, TX         SAN ANTONIO, TX         SAN ANTONIO, TX
s Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
s Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
is Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
s Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
s Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
as Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TXSAN ANTONIO, TXSAN ANTONIO, TXSAN ANTONIO, TXUVALDE, TXKERRVILLE, TXSAN ANTONIO, TXSAN ANTONIO, TX
as Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         UVALDE, TX         KERRVILLE, TX         SAN ANTONIO, TX         SAN ANTONIO, TX
as Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         UVALDE, TX         KERRVILLE, TX         SAN ANTONIO, TX         SAN ANTONIO, TX
as Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         UVALDE, TX         KERRVILLE, TX         SAN ANTONIO, TX         SAN ANTONIO, TX
as Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N I I N N	FREDERICKSBURG, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         SAN ANTONIO, TX         UVALDE, TX         KERRVILLE, TX         SAN ANTONIO, TX         SAN ANTONIO, TX

Accounting F	Period: 2017	/2					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
COMMZOON			ONS, LLC					38834
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat	y the sys be recein at the Co sign of e the static ion's sign	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ante his point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, tated intervals. nstructions in the.	Primary Transmitters: Radio
Column 4: G	Give the station	n's locati	k mark in the "S/D" column. on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+							

Accounting Perio	od: 2017/2						FORM SA1-2	E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYS	TEM ID#
Name	COMMZOOM COMMU	NICATION	IS, LLC					38834
					_			
	SUBSTITUTE CARRIAGI							
I I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				gonorarmoa			
Special	During the accounting per				s any nonne	twork television	nrogram	
Statement and	•	•	r cable system	carry, on a substitute basi	s, any nonne			-
Program Log	broadcast by a distant sta						YES XN	0
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the	e program	
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their me	eaning is	
	clear. If you need more spa			ision program ("substitute p	program") that	t during the ac	counting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further inf	formation.	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love L	_ucy" or	
	"NBA Basketball: 76ers vs.		depet live ente	"Vee" Otherwise enter "N	- "			
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the FC	C or, in	
	the case of Mexican or Can						,	
			when your sys	tem carried the substitute p	orogram. Use	numerals, with	the month	
	first. Example: for May 7 giv							
				gram was carried by your o				
	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. snoui	la be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	s required	
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations i	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITUT	TE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCURI		ASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME		LETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						<u></u>		
						_		
						_		
						_		
						_		
1		1	1					

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	S	*STEM ID 38834
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 service s amount, see	e ),711.49
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	7,600)	
	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		F OWNER OF CABLE SYSTEM: I COMMUNICATIONS, LLC		SYSTEM ID# 38834
<b>M</b> Channels	<ul> <li>to its subscrib</li> <li>1. Enter the to system carr</li> <li>2. Enter the to on which the</li> </ul>	ers, and (2) the cable system's total n tal number of channels on which the ed television broadcast stations tal number of activated channels cable system carried television broad		10
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER II about this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	JACOB T. GRAY	Τ	elephone 210-736-3376, EXT 1004
	Address	2438 BOARDWALK ST (Number, street, rural route, apartment, SAN ANTONIO, TX 78217 (City, town, state, zip)	·	
	Email	CF0@COMMZOON	1.COM Fax (optional) 21	10-403-2688
O Certification	I, the undersi     (Ov     (Ag     X     (Of     I have examinare true, comp	aned, hereby certify that (Check one, but ner other than corporation or partner ent of owner other than corporation of in line 1 of space B and that the owner ficer or partner) I am an officer (if a co- in line 1 of space B. red the statement of account and hereb lete, and correct to the best of my know ction 1001(1986)]	rship) I am the owner of the cable system as identified in line 1 of partnership) I am the duly authorized agent of the owner of the is not a corporation or partnership; or         rporation) or a partner (if a partnership) of the legal entity identified in good partner (if a partnership) of the legal entity identified in good fact contained ledge, information, and belief, and are made in good faith.         X       /s/ JACOB T. GRAY         er an electronic signature on the line above to certify this statements or signature using an "/s/ signature" (e.g., /s/ John Smith)	of space B; or he cable system as identified ied as owner of the cable system ed herein
		Date:	SEPTEMBER 29, 2	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 telephon 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 fing, a determination that would be made by a court of lav

unting Period: 2017/2		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
IMZOOM COMMUNICATIONS, LLC		388
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSI 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 transmis For more information on when to exclude these amounts, see the note on page (vii) of located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross received made by satellite carriers to satellite dish owners?	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- ssions pursuant to section 119." f the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
X NO		
YES. Enter the total here and list the satellite carrier(s) below.	.\$	
Name Name Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of	a late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions lo	ocated in the paper SA1-2 form.	Q
	scated in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo	x 1%	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo	\$         -           x         1%            -	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	s       -         x       1%         x       0         days	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo	s       -         x       1%         x       0         days	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	s       -         x       1%          -         x       0         days	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	s       -         x       1%         x       0         days         x       0         x       0         x       0         x       0         x       0         x       0         x       0         x       -         x       0         x       0         x       0.00274	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions loc         Line 1       Enter the amount of late payment or underpayment	s       -         x       1%          -         x       0         days          -         x 0.00274	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions loc         Line 1       Enter the amount of late payment or underpayment	s       -         x       1%         x       0         days       -         x       0         days       -         x       0         (interest charge)       -	Q Interest Assessm
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locution 1 Enter the amount of late payment or underpayment</li></ul>	x 1% x 0 days x 0 days x 0.00274 \$ - x 0.00274	Q Interest Assessm
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locution 1 Enter the amount of late payment or underpayment</li></ul>	x 1%   x 1%   x 0   days   x 0   days   x 0   days   x 0   y	Q Interest Assessm
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locure 1 Enter the amount of late payment or underpayment</li></ul>	x 1%   x 1%   x 0   days   x 0   days   x 0   days   x 0   y	Q Interest Assessm
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locute in the amount of late payment or underpayment</li></ul>	x 1%   x 1%   x 0   days   x 0   days   x 0   days   x 0   y	Q Interest Assessm
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions location in the amount of late payment or underpayment</li></ul>	x 1%   x 1%   x 0   days   x 0   days   x 0   days   x 0   y	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x 1%   x 1%   x 0   days   x 0   days   x 0   days   x 0   y	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x 1%   x 1%   x 0   days   x 0   days   x 0   days   x 0   y	Q Interest Assessm

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.