This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED AMOUNT								
2/28/2018	ALLOCATION NUMBER							

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

Α	ACCC	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
		Southwestern Bell Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1010 N. St. Mary's Street, Room 13-59-B (Number, street, rural route, apartment, or suite number)
		San Antonio, TX 78215-2109 (City, town, state, zip)
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	-	MAILING ADDRESS OF CABLE SYSTEM:
		INAILING ADDICESS OF CABLE STOTEM.
	2	(Number, street, rural route, apartment, or suite number)
	1	(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    Second State   Content   Con		LEGAL NAME OF OWNER OF GARLE OVERTIME	FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "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 kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE HARLINGEN TX Brownsville TX CAMERON UNINCORPORATED COUNTY TX  FIDINBURG TX HIDALGO UNINCORPORATED COUNTY TX  MCALLEN TX  MISSION TX  Penitas TX	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
"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 kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  HARLINGEN TX  Brownsville TX  CAMERON UNINCORPORATED COUNTY TX  HIDALGO UNINCORPORATED COUNTY TX  MCALLEN TX  MISSION TX  Penitas TX			
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 kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE HARLINGEN TX ALTON TX Brownsville TX CAMERON UNINCORPORATED COUNTY TX EDINBURG TX HIDALGO UNINCORPORATED COUNTY TX MCALLEN TX MISSION TX Penitas TX			
Area Served	D		
Area Served  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  Community  First Community  Rows as Necessary  ROWS as Necessary  HIDALGO UNINCORPORATED COUNTY  TX  HIDALGO UNINCORPORATED COUNTY  TX  MCALLEN  TX  MISSION  TX  MISSION  TX  Penitas  TX  TX  TX  TX  TX  TX  TX  TX  TX  T			will serve as a form of system identification hereafter kno
Served identified city.    CITY OR TOWN			
CITY OR TOWN   STATE	Area		me parks should be reported in parentheses below the
First Community         HARLINGEN         TX           Rows as Necessary Rows as Necessary Leave In Table I	Served	identified city.	
First Community         HARLINGEN         TX           Rows as Necessary Rows as Necessary Leave In Table I			
First Community         HARLINGEN         TX           Rows as Necessary Rows as Necessary Leave In Table I			
Community         ALTON         TX           Brownsville         TX           Rows as Necessary         CAMERON UNINCORPORATED COUNTY         TX           EDINBURG         TX           HIDALGO UNINCORPORATED COUNTY         TX           MCALLEN         TX           MISSION         TX           Penitas         TX		CITY OR TOWN	STATE
Rows as Necessary  CAMERON UNINCORPORATED COUNTY  EDINBURG  TX  HIDALGO UNINCORPORATED COUNTY  TX  MCALLEN  MISSION  Penitas  TX  TX  TX  TX	First		TX
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Rows as Necessary  CAMERON UNINCORPORATED COUNTY  EDINBURG  TX  HIDALGO UNINCORPORATED COUNTY  TX  MCALLEN  TX  MISSION  TX  Penitas  TX		Brownsville	TX
EDINBURG         TX           HIDALGO UNINCORPORATED COUNTY         TX           MCALLEN         TX           MISSION         TX           Penitas         TX	Rows as Necessary		
HIDALGO UNINCORPORATED COUNTY   TX   MCALLEN   TX   TX   MISSION   TX   Penitas   TX   TX   TX   TX   TX   TX   TX   T	,		
MCALLEN         TX           MISSION         TX           Penitas         TX			
MISSION TX Penitas TX			
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		PHARR	TX

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southwestern Bell Telephone Company

63543

## Ε

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and Rates In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be)

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broker down by categories of secondary transmission service. In general, you can compute the number of subscribers it each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service)

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categor that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residentia subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s).

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLC	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	849	\$19	HD Tech Fee	698	\$10.00		
Service to additional set(s)			Set-Top Box	861	\$0- \$10 \$4.99-		
• FM radio (if separate rate)			Broadcast TV Surcharge	849	\$5.99		
Motel, hotel							
Commercial	12	\$20					
Converter							
Residential     Non-residential							

## F

Services Other Than Secondary Transmissions Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed Block 2: List any services that your cable system furnished or offered during the accounting period that were no listed in block 1 and for which a separate charge was made or established. List these other services in the form of ε brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
					\$0-
Pay cable		Motel, hotel		Video on Demand	\$100
					\$0-
<ul> <li>Pay cable—add'l channel</li> </ul>	\$5-\$199	Commercial		Service Activation Fe	\$35
					\$0-
Fire protection		• Pay cable		Credit Management F	\$449
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Dispatch on Demand	\$149
					\$10-
Installation: Residential		Fire protection		Wireless Receiver	\$49
First set	\$0-\$199	Burglar protection		HD Premium Tier	\$7
					\$50-
Additional set(s)		Other services:		DVR Upgrade Fee	\$105
• FM radio (if separate rate)		Reconnect	\$0-\$35		
Converter		Disconnect			
		Outlet relocation	\$0-\$55		
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63543

### Southwestern Bell Telephone Company

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCWT-CD/KCWTCH	21/1021	l	La Feria, TX
KFXV-LD/KFXVLH	67/1067	l	McAllen, TX
KGBT/KGBTHD	4/1004	N	Harlingen, TX
KLUJ	44	E	Harlingen, TX
KMBH/KMBHHD	38/1038	E	Harlingen, TX
KNVO/KNVOHD	48/1048	l	McAllen, TX
KRGV/KRGVHD	5/1005	N	Weslaco, TX
KTFV-CD	32	<u> </u>	McAllen, TX
KTLM/KTLMHD	40/1040	l	Rio Grande City, TX
KVEO/KVEOHD	2/1023	N	Brownsville, TX
XERV/XERVHD	9/1009	<u> </u>	Reynosa, Tamaulipas
XHAB/XHABHD	7/1007	<u> </u>	Matamoros, Tamaulipas

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Southwestern Bell Telephone Company**

63543

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2017/2						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:				SYSTEM ID#				
Name	Southwestern Bell Tele	ephone C				63543					
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEME	NT AND PROGRAM LO	)G						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	<ul> <li>During the accounting peri</li> </ul>				sis, any nonne	twork televis	sion progran	า			
Statement and Program Log	broadcast by a distant stat	-	·	•	•		YES	X NO			
Program Log	Note: If your answer is "No"	leave the	reet of this nad	a blank If your answer is	"Ves" vou m	ust complete	_				
	-	, leave lile	rest or this pay	le biarik. Ii your ariswer is	s res, you iii	usi complete	ille prograi	11			
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Canter Column 5: Give the mon first. Example: for May 7 given to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s dcast static adian statio th and day he "5/7." es when the Example: a er "R" if the nd regulation	m on a separa add additional ranetwork televition and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. Ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "sting the substitute program to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting perio	e program") that ed for the program titles, for ex No."  am. e station is lice to station is idea to program. Use to cable system to 6:2 tramming that y d; enter the le	ensed by the ntiffied).  List the time 28:30 p.m. shows the "P" if the	e accounting another star rinformation ve Lucy" or FCC or, in with the more accurate nould be was require listed progr	tion n. nth ly			
		ming that y	our system wa	s permitted to delete und	er FCC rules a	and regulatio	ns in				
	effect on October 19, 1976.										
					WHE	EN SUBSTI	TUTE				
	S		E PROGRAM		<b>-1</b>	IAGE OCCI		7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T	IMES — TO	BEELTION			
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Accounting Period:	2017/2			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Southwestern Bell Telephone Company			(	SYSTEM ID: 6354
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s' (as identified in space E) during the accounting period. For a further explanation 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 re	ystem's se on of how	econdary trans to compute this	mission servi s amount, see	ce
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 the block 3 if the amount of gross receipts in space K is more than \$263,800 the page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	.ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period			·	
	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 line	s 1 and 2		· · <u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re 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 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	ess than \$527	',600)	
	Enter the amount of gross receipts from space K	<b>5</b>	283,957.72		
	2. Base amount under statutory formula	<b>5</b>	263,800.00		
	3. Subtract line 2 from line 1	<b>5</b>	20,157.72		
	4. Multiply line 3 by .01	<u>-</u>	\$	201.58	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>-</u>	\$	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	5, and 6		\$	1,520.58
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · · - <u>-</u>	\$	1,520.58	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · <u>-</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,540.58
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		_		ghts!

Accounting Period:	2017/2											FORM	SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Southwestern Bell Tell												SYSTEM ID# 63543
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  22  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  615												
N Individual to Be Contacted	INDIVIDUAL TO BE CO			DRMAT	FION IS NEE	DED (Iden	tify an inc	lividual to wh	nom				
for Further Information	Name <b>Diane</b>	e Bellinger							Telephor	ne <b>210-</b>	351-480	5	
	(Number	N. St. Mary's Str r, street, rural route, apartr Antonio, TX 7821	ment, or suit										
	(City, tov	wn, state, zip)  dg7796@att.cor	m					Fax (ontio	nal) 210-246-8	199			
								· an (opao	,				
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) 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  (Officer or partner) 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.  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.  [18 U.S.C., Section 1001(1986)]												
		Typed or printed	Enter sign	n electro	Mike McG	on the line signature" (			stement.	_			
					Vice Pres			Operatio	ns				
		Date:						February 2	23, 2018				

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 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

ccounting Period: 2017/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
outhwestern Bell Telephone Company	63543
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO  YES. Enter the total here and list the satellite carrier(s) below	
1 L.S. Litter the total fiere and list the satellite carrier(s) below	-
Name Mailing Address Mailing Address	
	"
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on <a href="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 licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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.