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	T 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	08/28/2018	\$ 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	
		20181 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.	14109
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Antilles Wireless, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		920 E 56th St Suite B (Number, street, rural route, apartment, or suite number)	
		Kearney NE, 68847 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Antilles Wireless, LLC	14109
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Julian	СА
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM.						FORM SA1	TEM ID
Name	Antilles Wireless, LLC	BLE OF OF LIM.						010	1410
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission 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-	pace E should on of television bay cable) in sp I (June 30 or D b blocks in space y transmission umber of billing	cover all and radic ace F, no ecember ce E call f service. In s in that o	categories of s broadcasts b t here. All the 31, as the cas for the number n general, you category (the r	secondary y your sy facts you e may be of subsc can com number of	stem to subscril state must be t). ribers to the cal pute the numbe f persons or org	bers. Give i hose existi ble system, er of subscr anizations	nformation ng on the broken ibers in	
	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 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.	harged for eac . (Example: "\$2 ounts allowed in space E, the to their subsc : Where an ind should be cour ble service to a once again und has rate catego iers of services	h categor 20/mth"). S for advan e form list ribers. Giv dividual of hted as a additional er "Servic pries for s s that inclu	y of service. Ir Summarize an ce payment. s the categorie ve the number r organization subscriber in e sets would be the to additional econdary trans- ude one or motion	nclude bo y standar es of secc of subsc is receivin each appl included set(s)." smission re second	th the amount of rd rate variation ondary transmis ribers and rate ng service that i icable category in the count un service that are dary transmission	f the charg s within a p sion servic for each lisi alls under of Example: der "Servic different frons), list the	articular rate e that cable ted category different a residential e to the om those em, together	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		113	33.45					
	Service to additional set(s)		115	33.43					
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Iransmissions: 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 l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	er) inform that are non- ns: you do nished to non- usually bin he cable so the cable so the furni e was ma	action with res ot offered in cc o not need to g nonsubscribers illed. If any rate system for eac shed or offere- ide or establish	pect to al ombinatio give rate i s. Rate in es are ch ch of the a d during t	n with any secc information com 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	smission services oth the ogram basis, were not	
		BLO				DATE	0.175.00	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV ion: Non-resid		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable	37.50		l, hotel	aentiai	49.95	Digital	Service	16.
	Pay cable—add'l channel		• Com	mercial					
	Fire protection		• Pay o	cable					
	 Burglar protection 		,	cable-add'l cha	annel				
				protection					
	Installation: Residential								
	First set	49.95	Ŭ	ar protection					
	First setAdditional set(s)	49.95	Other se	ervices:		40.05			
	 First set Additional set(s) FM radio (if separate rate) 	49.95	Other se • Reco	rvices:		49.95			
	First setAdditional set(s)	49.95	Other se • Reco • Disco	rvices:		49.95			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
ne	Antilles Wireless, LL			1
	PRIMARY TRANSMITTERS:			
ry ters: ion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, in's call sign. <i>Do not</i> report origination p id with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- brogram services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KPBS	15.1	E	San Diego, CA
	KSWB	5	 N	San Diego, CA
ssary	XETV	6	Ν	San Diego, CA
	KNSD	7	Ν	San Diego, CA
	KFMB	8	Ν	San Diego, CA
	KUSI	9	Ν	
			11	San Diego, CA
	KGTV	10	N	
	KGTV	10		San Diego, CA San Diego, CA
	KGTV	10		
	KGTV			
	KGTV			
	KGTV			

Accounting P			/STEM:					I SA1-2E. PAGE
Antilles Wire								141
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of o the static cion's sign g a chech n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved 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 the community with 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 ærtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	ſ	1			ſ	1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							ti	

Accounting Perio	od: 2018/1						FORM	A SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Antilles Wireless, LLC							14109
	SUBSTITUTE CARRIAGE				<u> </u>			
I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					e general mot			2 101111.
Special	1. SPECIAL STATEMENT					huadu talauisia		
Statement and	During the accounting peri-	-	r cable system	carry, on a substitute bas	is, any nonne			
Program Log	broadcast by a distant stat	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 th	ne program	า
	log in block 2.			· ·	-			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more span							
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							•
	"NBA Basketball: 76ers vs.	Bulls."				1 1 1 1		
				r "Yes." Otherwise enter "N				
				sting the substitute progra			00 an in	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv					,,		
				gram was carried by your				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shoi	uld be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that y	our evetors wa	ne roquirov	~
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.					-		
						IN SUBSTITU		
	S		E PROGRAM			AGE OCCUF 6. TIM		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	FROM —	ES TO	
		100 01 110	OF LEE OF OF				10	
					-			
						_		
						_		
						_		
					-			
						_		
					-			
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1					-			

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Antilles Wireless, LLC		14109
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 , 404.11
_	COPYRIGHT ROYALTY FEE		
Copyright	 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		nts!

Accounting Period:	: 2018/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Antilles Wirel	F OWNER OF CABLE SYSTEM: Iess, LLC	SYSTEM ID 14109
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	7 45
N Individual to Be Contacted	we can contact	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Amber Reineke Telephone 3	608-698-1442
	Address	920 E 56th St Suite B (Number, street, rural route, apartment, or suite number) Kearney, NE 68847 (City, town, state, zip)	
	Email	amber.reineke@usacommunications.tv Fax (optional)	
O Certification	I, the undersign (Owr (Age in X (Offi in thave examine are true, complet	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ant 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 ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] X /s/ Amber Reineke Enter an electronic signature on the line above to certify this statement.	tem as identified
		Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Amber Reineke Title: CFO (Title of official position held in corporation or partnership)	

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unting Period: 2018/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
Iles Wireless, LLC		141
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the sys scribers and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the gen located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners? NO	e system for the basic stem shall not include sub- ursuant to section 119." heral instructions	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late p For an explanation of interest assessment, see page (viii) of the general instructions located in		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessme
	x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
	x days	
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	x 0.00274 - (interest charge) further assistance please	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For	- x 0.00274 - (interest charge) further assistance please e. e. e Copyright Office, please	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For 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	- x 0.00274 - (interest charge) further assistance please e. e. e Copyright Office, please	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For 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	- x 0.00274 - (interest charge) further assistance please e. e. e Copyright Office, please	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For 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 th list below the owner, address, first community served, ID number, and accounting period as gi	- x 0.00274 - (interest charge) further assistance please e. e. e Copyright Office, please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- x 0.00274 - (interest charge) further assistance please e. e. e Copyright Office, please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274 	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274 	

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