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				
08/10/2018	\$ 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

_	1					
Α	ACCC	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						
		Institute of the second				
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				
		HAEFELE TV INC				
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM				
		PO BOX 312 (Number, street, rural route, apartment, or suite number)				
		SPENCER NY 14883-0312				
		(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 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		IDENTIFICATION OF CABLE SYSTEM:				
	1	BERKSHIRE				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	SAME AS ABOVE (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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period		FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	HAEFELE TV INC	15263
	Instructions: List each separate community served by the cable system. A "	
D	"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	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	r mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	BERKSHIRE TOWN	NY
Community	RICHFORD TOWN	NY
	HARFORD TOWN	NY
Add Rows as Necessary	VIRGIL TOWN	NY
	CANDOR TOWN	NY
	NEWARK VALLEY TOWN	NY
	CAROLINE TOWN	NY

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**HAEFELE TV INC** 

#SYSTEM ID 15263

# E

### 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, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

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 category 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 residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**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, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	521	24.95				
<ul> <li>Service to additional set(s)</li> </ul>	336	1.00				
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
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 transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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 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.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	9.00/14.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
Additional set(s)	10.00	Other services:			
• FM radio (if separate rate)		• Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	10.00		
		Move to new address	30.00		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

HAEFELE TV INC

#15263

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
WSTM DT 3-1	24	N	SYRACUSE, NY
WSTQ DT 3-2	24	N-M	SYRACUSE, NY
WSTM DT 3-3	24	N-M	SYRACUSE, NY
WICZ DT 40-1	8	N	BINGHAMTON, NY
WCNY DT 24-1	25	E	SYRACUSE, NY
WCNY DT 24-2	25	E-M	SYRACUSE, NY
WCNY DT 24-3	25	E-M	SYRACUSE, NY
WCNY DT 24-4	25	E-M	SYRACUSE, NY
WBPN DT 40-2	8	N-M	BINGHAMTON, NY
WSKG DT 46-1	42	E	BINGHAMTON, NY
WSKG DT 46-2	42	E-M	BINGHAMTON, NY
WSKG DT 46-3	42	E-M	BINGHAMTON, NY
WSKG DT 46-4	42	E-M	BINGHAMTON, NY
WIVT DT 34-1	34	N	BINGHAMTON, NY
WBGH DT 34-2	34	N	BINGHAMTON, NY
WIVT DT 34-3	34	N-M	BINGHAMTON, NY
WIVT DT 34-4	34	N-M	BINGHAMTON, NY
WBNG DT 12-1	7	N	BINGHAMTON, NY
WBNG DT 12-2	7	N-M	BINGHAMTON, NY
WBNG DT 12-3	7	N-M	BINGHAMTON, NY
WSYR DT 9-1	17	N	SYRACUSE, NY
WSYR DT 9-2	17	N-M	SYRACUSE, NY
WSYR DT 9-3	17	N-M	SYRACUSE, NY
WSYT DT 68-1	19	N	SYRACUSE, NY

Accounting Period: 2018/1 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 15263 HAEFELE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WSYT DT 68-2** 19 N-M SYRACUSE, NY 44 ı **WNYS DT 43-1 BINGHAMTON, NY** 44 **WNYS DT 43-2** I-M **BINGHAMTON, NY WSPX DT 56-1** 15 ı SYRACUSE, NY **WSPX DT 56-2** 15 I-M SYRACUSE, NY **WSPX DT 56-3** 15 I-M SYRACUSE, NY

Accounting Period: 2018/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

HAEFELE TV INC 15263

#### 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
V/A							
	<b></b>						
	<b></b>						

Assourting David	.d. 2010/1						FORM	CA4 OF DACE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SA1-2E. PAGE 5. SYSTEM ID#	
Name	HAEFELE TV INC							15263	
<b> </b> Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televi eriod, under $\Box$	sion program, broadcas	st by a <i>distan</i> er FCC rules,	regulations, c	or authorizations	s. For a further	
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting period, did your cable system carry on a substitute basis, any nonnetwork television program.								
Program Log	broadcast by a distant sta	tion?					YES	NO	
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answ	er is "Yes," y	ou must com	plete the prog	ram	
	log in block 2.  2. LOG OF SUBSTITUTE	- DDOCD	MC						
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	of every no distant star- gulations, or ies like "mo Bulls." m was broa sign of the adcast station and and station than day we "5/7." es when the Example: or "R" if the and regulation ming that	onnetwork televition and that your authorization ovies" or "bask deast live, enterstation broade on's location (tons, if any, the when your system is substitute program carrollisted program carrollisted program ons in effect d	vision program ("substour cable system substants. See page (v) of the etball." List specific program ("Yes." Otherwise en asting the substitute pathe community to whice community with which stem carried the substants by a system from a was substituted for puring the accounting p	tituted for the general insignam titles, ter "No." rogram. In the station in the station it the program your cable second in the station of the station in t	e programmir ructions for fif for example, is licensed by is identified). In Use numer ystem. List the to 6:28:30 p. that your systhe letter "P"	ig of another surther informate "I Love Lucy" of the FCC or, it als, with the meetimes accurate meetimes accurate the listed profit of	tation ion. or  n onth tely	
	,		E PROGRAM	I		WHEN SUBS		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATI	5. MOI ON AND D		TIMES TO	DELETION	
							_		
							_		
							_		
							_		
							_		
		l							

Accounting Period:	2018/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC		Sì	STEM ID# 15263
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary transmow to compute this a	ission service amount, see	1,009.70 ss receipts)
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less  See page (vi) of the general instructions located in the paper SA1-2 form for more informa	s than \$527,600	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 th accounting period is \$52.00	at you must pay for	this six-mon	
	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 ar	nd 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but			02.00
	Base amount under statutory formula	263,800.00	,	
	2. Enter amount of gross receipts from space K	•	•	
	3. Subtract line 2 from line 1		•	
	Enter the amount of gross receipts from space K			
	Enter the amount from line 3			
	6. Subtract line 5 from line 4			
		-		
	7. Multiply line 6 by .005 (enter figure here)			0.00
	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 (I	out less than \$527	600)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	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	16		
	FILING FEE AND TOTAL REMITTANCE DUE			
	FILING FE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u></u> \$	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	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 p See page i of the general instructions in the paper SA1-2 form	-		nts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  HAEFELE TV INC	SYSTEM ID# 15263
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.	30
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	80
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address  LEE D HAEFELE  Telephone  Address  24 E TIOGA ST PO BOX 312  (Number, street, rural route, apartment, or suite number)	607-589-6235
	SPENCER NY 14883  (City, town, state, zip)  Email htv@htva.net Fax (optional) 607-589-721:	
	Lindi Tax (optional) 507 507 721.	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein</li> </ul>	system as identified ner of the cable system
	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)]       X /s/ LEE D HAEFELE  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:  LEE D HAEFELE  LEE D HAEFELE	
	Title: PRESIDENT  (Title of official position held in corporation or partnership)	
	Date: 08/08/18	

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

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
AEFELE TV INC	15263
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."  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.  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.	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address	
INTEREST ASSESSMENT	·····
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 located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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	_
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.