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						
	FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT	DATE RECEIVED	AMOUNT				
\$ ALLOCATION NUMBER	08/29/2018					

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	ACC	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
		FBN Indiana, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		NITCO
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		301 N Washington St P O Box 461 (Number, street, rural route, apartment, or suite number)
		Hebron In 46341 (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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	_ '	Morocco System
		MAILING ADDRESS OF CABLE SYSTEM:
	2	575 W Parks Dr. (Number, street, rural route, apartment, or suite number)
		Rensselaer In. 47978 (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 CHAIGE OF CARLE OVOTER	FORM SA1-2E. PAGE SYSTEM II
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	FBN Indiana, Inc.	281;
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno- ngs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Morocco	IN
Community		
d Rows as Necessary		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 28134

# E

FBN Indiana, Inc.

#### 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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	107	31.95				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		T				

# 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	54.95	Motel, hotel		Pay cable Add'l Ch	10.50
<ul> <li>Pay cable—add'l channel</li> </ul>	9.95	Commercial		Pay cable Add'l Ch	18.95
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	75.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>	50.00	Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
• Converter	2.95	Disconnect			
		Outlet relocation			
		Move to new address	75.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28134

FBN Indiana, Inc.

PRIMARY TRANSMITTERS: TELEVISION

# G

#### 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
WBBM	2	N	Chicago IL
WMAQ	5	N	Chicago IL
WLS	7	N	Chicago IL
WGN	9	I	Chicago IL
WTTW	11	Е	Chicago IL
WNDU	16	l	South Bend IN
WLFI	18	l	LaFayette IN
WCIU	26	l	Chicago IL
WCPX	38	l	Chicago IL
WSNS	44	l	Chicago IL
WPWR	50	I	Chicago IL
WYIN	56	l	Gary IN
WJYS	62	l	Chicago IL
WBBM-1	101	N-M	Chicago IL
WMAQ-1	105	N-M	Chicago IL
WLS-1	107	N-M	Chicago IL
WGN-1	110	I-M	Chicago IL
WGN-2	111	I-M	Chicago IL
WT\TW-1	124	E-M	Chicago IL
WTTW-2	125	E-M	Chicago IL
WTTW-3	126	E-M	Chicago IL
WPWR-1	117	I-M	Chicago IL
WPWR-2	118	I-M	Chicago IL

Accounting Period: 2018/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

28134

FBN Indiana, Inc.

PRIMARY TRANSMITTERS: TELEVISION

G

# 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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WCIU 131 I-M Chicago IL WCIU-2 I-M Chicago IL Chicago IL WCIU-3 I-M WCIU-4 I-M Chicago IL Chicago IL WJYS-1 I-M WJYS-2 I-M Chicago IL Chicago IL WJYS-3 I-M WCPX-1 Chicago IL I-M WCPX-2 I-M Chicago IL WCPX-3 I-M Chicago IL WCPX-4 I-M Chicago IL WYIN-1 I-M **Gary IN** WYIN-2 I-M **Gary IN** 

Add Rows as Necessary

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FBN Indiana, Inc. 28134

#### 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  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION OF	CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
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Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF ( FBN Indiana, Inc.	CABLE SYST	ГЕМ:					SYSTEM ID# 28134	
	FBN IIIulalia, IIIc.	20134							
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT	y every nor counting peng that mus	nnetwork televis eriod, under spe et be included in	sion program, broadcast be ecific present and former F this log, see page (v) of t	y a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further	
Special	During the accounting peri-				sis, any nonne	etwork televi	ision progran	า	
Statement and Program Log	broadcast by a distant station?								
Program Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a cunder certain FCC rules, reg. Do not use general categorie. "NBA Basketball: 76ers vs. In Column 2: If the programe Column 3: Give the call is Column 4: Give the broat the case of Mexican or Canace Column 5: Give the monifirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m."  Column 7: Enter the letted to delete under FCC rules and was substituted for program.	PROGRA tute progra te, please a of every noi distant stati gulations, oi es like "moi Bulls." It was broad ign of the s doast statio adian statio ad	m on a separaradd additional rannetwork televition and that your authorizations vies" or "baske deast live, enterstation broadcan's location (thous, if any, the owhen your system substitute program carried listed program ons in effect du	te line. Use abbreviations rows to the tables. Ision program ("substitute ur cable system substitute ur cable system substitute. See page (v) of the getball." List specific program "Yes." Otherwise enter sting the substitute progree community to which the community with which the carried the substitute gram was carried by you led by a system from 6:01 was substituted for progring the accounting periods.	s wherever pose program") the ted for the program instruction in titles, for example, and titles, for example, and the ted for the program. Use the program in the ted for the	essible, if the at, during the gramming or one for further cample, "I Located by the ntified). The numerals, at List the time 28:30 p.m. services and the cample of the ca	ir meaning is e accounting f another stat er information ove Lucy" or e FCC or, in with the mor nes accurate should be a was require e listed progr	ition n. hth ly	
	effect on October 19, 1976.				11 10/11	TAL CLIDOT	ITLITE	Τ	
	SI	JBSTITUT	E PROGRAM	I		EN SUBST RIAGE OCC		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
		100 0. 110	07.22 0.0.1		7.11.2 27.1.		_		
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Accounting Period:	2018/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FBN Indiana, Inc.	S	YSTEM ID: 28134
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	9,591.61
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.		
	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 fo accounting period is \$52.00	or 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		
	1. Base amount under statutory formula		
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	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		
	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 \$52	27,600)	
	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)		
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name	FBN Indiana, Inc.	NER OF CABLE SYSTEM:		SYSTEM ID# 28134
M Channels	to its subscribers, a  1. Enter the total nu system carried tel  2. Enter the total nu on which the cabl	and (2) the cable system's to umber of channels on which levision broadcast stations. umber of activated channels e system carried television b		. 14
N Individual to Be Contacted		E CONTACTED IF FURTHE out this statement of account	R INFORMATION IS NEEDED (Identify an individual to whom )	
for Further Information	Name <b>E</b>	Eric Galbreath	Telephor	ne <b>219-866-7101</b>
	() <b>F</b>	P O Box 319  Number, street, rural route, apartm  Rensselaer, In. 47978  Dity, town, state, zip)	ent, or suite number)	
	Email	egalbreath@nito	D.com Fax (optional) 219-866-5	785
	CERTIFICATION (Th	nis statement of account mu	st be certified and signed in accordance with Copyright Office regulations	3)
O Certification		hereby certify that (Check on other than corporation or pa	thership) I am the owner of the cable system as identified in line 1 of space	B; or
	in line	e 1 of space B and that the ow	on or partnership) I am the duly authorized agent of the owner of the cable ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as or	
	in line I have examined th	e 1 of space B. e statement of account and hand correct to the best of my k	ereby declare under penalty of law that all statements of fact contained hereinowledge, information, and belief, and are made in good faith.	·
			X Eric Galbreath	_
			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: Eric Galbreath	
			VP of Rensselaer Operations cial position held in corporation or partnership)	
		Date:	8-29-18	

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 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: 2018/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
BN Indiana, Inc.	28134
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?	
NO	
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 payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	
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 \$	
(interest charge)	
* 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.