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 COPYRIG	by email to:	
	ry Transmissions by	DATE RECEIVED	AMOUNT	- coplicsoa@loc.gov
General instruc	ms (Short Form) ctions are located of this workbook	08/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))	
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full cor	porate title
Owner	List any other name or names under which	the owner conducts the business of t	he cable system.	
	If there were different owners during the a single statement of account and royalty fe		the last day of the accounting period should so ting period.	ubmit a
	X 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		
	CCI Systems, Inc. (FKA Cable Const	ructors Inc)		
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
	Lighthouse.net			
	MAILING ADDRESS OF OWNER OF P.O. BOX 190			
	(Number, street, rural route, apartment, or suite no Iron Mountain, MI 49801			
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 2			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite no	umber)		
	(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.

Return completed workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat 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 filing	ed communities within unincorporated areas and including singl you list will serve as a form of system identification hereafter kno gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Mackinac Island	MI
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name			tructo	ara Ina)				313	
	CCI Systems, Inc. (FKA		Sirucit						
Е	SECONDARY TRANSMISSION			-	-				
L	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period				-			C C	
Service: Sub- scribers and	Number of Subscribers: Both						,	,	
Rates	down by categories of secondar each category by counting the n								
	separately for the particular serv	ice at the rate	indicate	ed—not the nur	mber of se	ts receiving ser	vice).		
	Rate: Give the standard rate of unit in which it is generally billed	-	-					-	
	category, but do not include disc				-		is within a		
	Block 1: In the left-hand block	in space E, th	e form l	ists the catego	ries of sec	•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca	able service to	addition	al sets would l	be include				
	first set" and would be counted of	0			• • •	oon ioo that ar	different	from these	
	Block 2: If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	DCK 1			1		BLOC	()	
	BLU	NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		000		E verence	ام ما		74	40.0
	Service to first set		292	39.99	Expand	aea		74	40.0
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
_	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that								
Nales	listed in block 1 and for which a				•	•	•		
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential		01	···· -	40.4
	Pay cable Add'l channel	18.68		tel, hotel mmercial			Showti Starz	ime	12.4 10.1
	Pay cable—add'l channel Fire protection			y cable					10.1
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential			e protection					
	First set			rglar protection					
	 Additional set(s) 		Other	services:					
	• FM radio (if separate rate)		• Re	connect					
	Converter		• Dis	connect					
			• Out	tlet relocation					
				ve to new addr					

Accounting Period:				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CCI Systems, Inc. (FM	(A Cable Constructors Inc)		0
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a subst he Special Statement and Program Lond d both on a substitute basis and also program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a fulfor network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WWUP	10_1	N	Cadillac, Michigan
	WFXQ	10_2	N	Cadillac, Michigan
Add Rows as Necessary	WCMU	6_1	E	Mount Pleasant, MI
	WTOM	4_1	Ν	Traverse City, Michigan
	WGTU	4_2	Ν	Traverse City, Michigan

EGAL NAME O			YSTEM: Constructors Inc)					SYSTEM I
n General: Lis		station ca	arried on a separate and discre					Н
pecial Instruct eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: Io Column 2: S Column 3: If gnal, indicate Column 4: C	ctions Conce it is carried b monitoring, to prmation abou rm. dentify the call tate whether f the radio stat this by placing Sive the station	rning AI y the syst be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically processes k mark in the "S/D" column. on (the community to which the the community with which the	opyright Office r the system's he system's FM anten his point, see par ed by the cable s e station is licens	egulations, an adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	PM sign () it can ertain st eneral in eparate a	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		1		I				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
							·	
				L				

Accounting Perio	od:							FORM	1 SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF								SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)					0
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G				
	In General: In space I, ident	tify every no	nnetwork televi	ision program, broadcast by	, a distant sta	tion, that v	our c	able syst	em carried on a
	substitute basis during the a	accounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, d	or auth	norization	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions	in the	paper S/	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network te	elevisi	ion progr	am
Program Log	broadcast by a distant sta	tion?						YES	NO
0 0	Note: If your answer is "No	» leave the	rest of this na	nge blank. If vour answer i	e "Vee " vou u	nust com			
					3 103, you i		picic	the prog	lan
	log in block 2. 2. LOG OF SUBSTITUTI		MS						
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if	their	meaning	ıis
	clear. If you need more spa				e mierer p				,
				vision program ("substitute					
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.			eter opeenie progre		manipio,	. 201	o Luoy	
	1 0		,	er "Yes." Otherwise enter					
				asting the substitute prog					
	the case of Mexican or Car			the community to which the			/ the H	FCC or, I	IN
				stem carried the substitute			als. w	vith the m	nonth
	first. Example: for May 7 gi				- p 3		,		
				ogram was carried by you					ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example: a	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.	m. sh	ould be	
		ter "R" if the	listed program	n was substituted for prog	ramming that	vour svs	tem w	vas requ	ired
	to delete under FCC rules								
	was substituted for program	• •	your system w		der FCC rules	and regu	ulatior	ns in	-
	was substituted for prograne ffect on October 19, 1976	• •	your system w		ler FCC rules	and regu	ulatior	ns in	-
		• •	your system w			and regu			
	effect on October 19, 1976		E PROGRAM	as permitted to delete und	WHE	N SUBS	TITUT CURF	TE RED	7. REASON FOR
	effect on October 19, 1976			as permitted to delete und	WHE	N SUBS	τιτυτ	TE RED	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	TITUT CURF TIME	TE RED s	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	TITUT CURF TIME	TE RED s	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	TITUT CURF TIME	TE RED s	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	TITUT CURF TIME	TE RED s	
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	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	TITUT CURF TIME	TE RED s	

Accounting Period:		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)		0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	,225.28 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
		¢	52.00
	Line 1. Royalty fee for accounting period		52.00 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)		
	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 informati		nts!

Accounting Period:		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 0
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	4
	on which the cable system carried television broadcast stations and nonbroadcast services	135
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		906-771-2208
	Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip)	
	Email christopher.flanick@packerlandbroadband.com Fax (optional) 906-828-328	9
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, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow 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)] X /s/ Jacob Mulaikal 	system as identified
	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: Jacob Mulaikal Title: CFO (Title of official position held in corporation or partnership) Date: 8/28/2018	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Systems, Inc. (FKA Cable Constructors Inc)	
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? NO YES. Enter the total here and list the satellite carrier(s) below.	Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	L Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	ays
	- ays -
Line 3 Multiply line 2 by the number of days late and enter the sum here	 ays
x da Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>·</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here x x da Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	<u> </u>
x x date Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	 e
x	 e

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