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 COPYRIGHT	OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located in the first tab of this workbook	02/20/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	27701
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		19 North Main Street (Number, street, rural route, apartment, or suite number)	
		Carbondale, PA 18407 (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:	
	-	Thompson System Adams CATV, Inc.	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	19 North Main Street (Number, street, rural route, apartment, or suite number)	
		Carbondale, PA 18407 (City, town, state, zip code)	
L			

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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Adams CATV, Inc.	277
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Ararat Twsp	PA
Community	Brooklyn Twsp	PA
	Gibson Twsp	PA
ld Rows as Necessary	Great Bend Boro	PA
	Great Bend Twsp	PA
	Hallstead Boro	PA
	Harford Twsp	PA
	Harmony Twsp	PA
	Herrick Twsp	PA
	Hop Bottom	PA
	Jackson Twsp	PA
	Lanesboro Boro	PA
	Lathrop Twsp	PA
	New Milford Boro	PA
	New Milford Twsp	PA
	Oakland Boro	PA
	Oakland Twsp	PA
	Preston Twsp	PA
	Starrucca Boro	PA
	Susquehanna Boro	PA
	Thompson Boro	PA
	Thompson Twsp	PA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							-2E. PAG		
Name	Adams CATV, Inc.	ADEE OTOTEM.						010	277		
Е	SECONDARY TRANSMISSION							a achla			
-	In General: The information in s system, that is, the retransmission										
Secondary	about other services (including p										
Transmission	last day of the accounting period							hashan			
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary										
Rates	each category by counting the n										
	separately for the particular serv							a and the			
	Rate: Give the standard rate c unit in which it is generally billed										
	category, but do not include disc				ly otaridai		, mann a p				
	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	ble service to ad	dition	al sets would b	e included						
	first set" and would be counted or Block 2: If your cable system I					service that are	different fr	rom those			
	printed in block 1 (for example, the										
	with the number of subscribers a										
	sufficient.							()			
	BLU	OCK 1 NO. OF					BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBER	ิรร	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA		
	Residential:										
	Service to first set	2,;	209	23.99							
	Service to additional set(s)			-							
	• FM radio (if separate rate)			-							
	Motel, hotel Commercial		5	\$10 per set							
	Converter		J	φισ per set							
	Residential	2.5	209								
	Non-residential	_,	5								
	SERVICES OTHER THAN SEC										
F	In General: Space F calls for rat not covered in space E, that is, t										
-	service for a single fee. There ar					,	,				
	function of a set of	•		ao not need to	give rate i		erning (1)				
Services	furnished at cost or (2) services			o nonsubscribe	rs. Rate in	formation should	d include b				
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Other Than Secondary		nit in which it is us rate column.	sually	o nonsubscribe billed. If any ra	rs. Rate in tes are ch	formation should arged on a varia	d include b ble per-pr				
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	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
me	Adams CATV, Inc.	CABLE OF OTENI.		27
	PRIMARY TRANSMITTERS:	TELEVISION		
ary itters: sion	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 ru- Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried 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- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also , see page (v) of the general instruct program 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 indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	WYOU	22 22	N	Scranton, PA
	WBRE	28	N	Wilkes-Barre, PA
cessary	WNEP	16	N	Scranton, PA
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	WVIA	44	E	
				Scranton, PA
	WOLF	56		Hazelton, PA
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	WOLF WSWB WQPX WICZ WQMY	56 38 64 40 53		Hazelton, PA Scranton, PA Scranton, PA Bignhamton, NY Williamsport, PA

EGAL NAME OI		CABLE SY	/STEM:					SYSTEM II 277
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing Sive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can pertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
I/A								

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Adams CATV, Inc.							27701
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LOO	G			
	In General: In space I, identi							
	substitute basis during the a							
Substitute	explanation of the programm				e general instri	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	work televi	sion progran	n
Program Log	broadcast by a distant star	tion?					YES	X NO
r rogram zog	Note: If your answer is "No'	' loovo tho	rost of this nag	o blank. If your answor is "		et complot	the program	m
	-	, leave life	rest of this pay	e bialik. Il your allswel is	res, you mu	ist complete	e the program	11
	log in block 2.							
	2. LOG OF SUBSTITUTE			to line. Line obbroviations	whorever pee	aibla if thai	r mooning is	
	In General: List each subst clear. If you need more spa				wherever pos		r meaning is	
				ision program ("substitute p	program") tha	t. durina the	e accounting	1
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	r information	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.		depet live enter	"Vee" Otherwise enter "N	le "			
				r "Yes." Otherwise enter "N sting the substitute program				
				e community to which the		nsed by the	FCC or. in	
	the case of Mexican or Can							
				tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv							
				gram was carried by your o				ly
	to the nearest five minutes.	Example: a	i program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m."	ar "P" if the	listed program	was substituted for progra	mming that w	our evetom	was require	d
	to delete under FCC rules a							
	was substituted for program							um
	effect on October 19, 1976.		,	•		0		
					П			
						N SUBST		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	IMES — TO	DELETION
		163 01 10	CALL SIGN	4. STATION S LOCATION	AND DAT	TROM	_ 10	
	<u>N/A</u>							
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Name Lobort And Construction Construction SYSTEM ID Adams CATV, Inc. 27701 Marce CATV, Inc. 27701 M	Accounting Period:	2018/2			FORM	SA1-2E. PAGE 6.
Key ones Receips Instructions: The figure you give in this space determines the form you the and the amount you gave. Either the total of determines the form you gave. Either the total of determines the second you transmission service (integration of the second you transmission service). Status and the second you transmission service (integration). Status and the second you the second you transmission service (integration). Status and the second you transmission service (integration). Status and the second you transmission service (integration). Status and the second you the second you transmission service (integration). Status and	Name					8YSTEM ID# 27701
L Copyright Rystyl Fee Instructions: To compute the rystally fee you wet: - Complete block 1 if the amount of gross receipts in space K is start 7.00 or less. - Use block 2 if the amount of gross receipts in space K is start 7.00 or less. - Use block 2 if the amount of gross receipts in space K is start 7.00 or less. - Use block 2 if the amount of gross receipts in space K is start 7.00 or less. - Use block 2 if the amount of gross receipts in space K is 137.100 or less. - Use block 2 if the amount of gross receipts of \$137.100 or less. - Use block 2 if the amount of gross receipts of \$137.100 or less. 		Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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.	system's s tion of how	secondary trans to compute this	mission serv s amount, ser \$ 49	ee 94,243.00
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$25,00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula Subtract line 2 from line 1 3. Subtract line 2 from line 4 4. Enter the amount from line 4. 5. Enter amount of gross receipts from space K 6. Subtract line 2 from line 4 7. Multiply line 6 by .056 (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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYA		 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800) but less t	han \$527,600	\$263,800	
accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula 2. Enter amount of gross receipts from space K 3. Subtract line 2 form line 1 4. Enter the amount of gross receipts from space K 5. Enter the amount 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
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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		Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add li	nes 1 and 2	>		
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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. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. 9. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K. \$ 494,243.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1. \$ 230,443.00 4. Multiply line 3 by .01 \$ 2,304.43 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. 0.000 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6. \$ 3,623.43 Flining Fee and Total Remittance Due <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th></td<>						
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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 \$ 494,243.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 230,443.00 4. Multiply line 3 by .01 \$ 2,304.43 5. Royality 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 \$ 3,623.43 FILING FEE AND TOTAL REMITTANCE DUE Filing Fee and Total Remittance Due 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 3,623.43 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 3,623.43 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 3,643.43 Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!						
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4. Multiply line 3 by .01 \$ 2,304.43 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		2. Base amount under statutory formula	\$	263,800.00		
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		3. Subtract line 2 from line 1	\$	230,443.00		
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		4. Multiply line 3 by .01		\$	2,304.43	
6. Interest charge. Enter the amount from line 4, space Q, page 8		5. Royalty due on the first \$263,800 of gross receipts (under statutory formula).		. \$	1,319.00	
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Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!	Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
		3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,643.43
				-		ghts!

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Adams CATV	OWNER OF CABLE SYSTEM: , Inc.	SYSTEM ID# 27701
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 televisio rs, and (2) the cable system's total number of activated channels during the accountir al number of channels on which the cable d television broadcast stations	
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individua about this statement of account.)	I to whom
for Further Information	Name	Wendy Hartman	Telephone 570-282-6121
	Address	19 North Main Street (Number, street, rural route, apartment, or suite number)	
		Carbondale, PA 18407 (City, town, state, zip)	
	Email	wendy@echoes.net Fax	(optional) 570-282-3787
O Certification	I, the undersign (Owr (Age i X (Off	I (This statement of account must be certified and signed in accordance with Copyrig ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identif in t of owner other than corporation or partnership) I am the duly authorized agent of the n line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal n line 1 of space B.	ied in line 1 of space B; or e owner of the cable system as identified
		ed the statement of account and hereby declare under penalty of law that all statements of te, and correct to the best of my knowledge, information, and belief, and are made in good tion 1001(1986)]	
		Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John Sm	
		Typed or printed name: Douglas V.R. Adams	
		Title: President (Title of official position held in corporation or partnership)	
		Date:	2/13/19

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 t 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 lay

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ms CATV, Inc.	2770
 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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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 Assessme
×	-
x	-
x	-
	-
x days 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 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 \$	-
x days 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	
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 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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. For further assistance please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x	
x	
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 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
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	

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