This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/27/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Descede Date Filing Desigd (actional, and instructional)	
		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.	30502
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Cunningham Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number)	
		Glen Elder, KS 67446-9795 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	Cunningham Communications, Inc.	30502
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	rated communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future fil	lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or i identified city.	nobile home parks should be reported in parentheses below the
-	CITY OR TOWN	STATE
First Community	Concordia	KS
community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	3050
	Cunningham Communic	cations, inc.							0000
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	blocks in spa	ce E cal	I for the numbe	er of subsc	ribers to the cal			
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc	ounts allowed	for adva	ance payment.	-				
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	nce again und	er "Serv	vice to additionation	al set(s)."				
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	e ngnt-n	and block. A tv	vo- or three	e-word descripti	on or the s	ervice is	
		DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		833	40.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services of								
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are ch	arged on a varia	able per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the				ala af tha a	undissels som i	l'atad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Mateo	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	Pay cable	9.25-52.25	• Mo	tel, hotel			Expand	ded Basic	96.
	 Pay cable—add'l channel 		• Co	mmercial			Digital	Basic	14.
	Electron and a set of a		• Pay	/ cable			HD Plu	S	4.9
	 Fire protection 		• Pay	/ cable-add'l ch	annel		Out of	Market Tier	10.
	Burglar protection			,			1		
	•		-	e protection					
	•Burglar protection		• Fire						
	•Burglar protection Installation: Residential		• Fire • Bur	e protection					
	•Burglar protection Installation: Residential • First set		• Fire • Bur Other	e protection glar protection		25.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bur • Bur • Ree	e protection glar protection services:		25.00			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bur • Bur • Ree • Dis	e protection glar protection services: connect		25.00 25.00			

				EVETEN ID
lame	LEGAL NAME OF OWNER O			SYSTEM ID 3050
	Cunningham Commu	•		
G mary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these the Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form.	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	4	N	Superior, NE
	KSNC	2	Ν	Great Bend, KS
Nocess	KSNT	22	Ν	Tanaka KB
ecessary			••	Topeka, KS
iecessary	KFXL	4	N	Superior, NE
ecessary				
iecessary	KFXL	4	N	Superior, NE
ecessary.	KFXL KSCW	4 33	N N	Superior, NE Wichita, KS
ecessary	KFXL KSCW KAKE	4 33 10	N N N	Superior, NE Wichita, KS Wichita, KS
eressark	KFXL KSCW KAKE KBSH	4 33 10 7	N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS
veressal.À	KFXL KSCW KAKE KBSH WIBW	4 33 10 7 13	N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS
vecessary	KFXL KSCW KAKE KBSH WIBW KOOD	4 33 10 7 13 9	N N N N E	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS
neressal.A	KFXL KSCW KAKE KBSH WIBW KOOD KGIN	4 33 10 7 13 9 10	N N N N N E N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE
vecessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI	4 33 10 7 13 9 10 13	N N N N E N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE
necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS	4 33 10 7 13 9 10 13 18	N N N N N E E N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS
veressary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB	4 33 10 7 13 9 10 13 18 41	N N N N N N E N N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO
veressary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW	4 33 10 7 13 9 10 13 18 41 35	N N N N N N N N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS
vec essary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	4 33 10 7 13 9 10 13 18 41 35 43	N N N N N N E N N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS
necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	4 33 10 7 13 9 10 13 18 41 35 43 49	N N N N N N N E N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS
as netessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	4 33 10 7 13 9 10 13 18 41 35 43 49	N N N N N N N E N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS
as necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	4 33 10 7 13 9 10 13 18 41 35 43 49	N N N N N N N E N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS
s as inecessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	4 33 10 7 13 9 10 13 18 41 35 43 49	N N N N N N N E N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS
s as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	4 33 10 7 13 9 10 13 18 41 35 43 49	N N N N N N N E N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS

Accounting F							FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF Cunninghan								SYSTEM ID 30502
g			-,					
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	at the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the			,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		1						

Accounting Perio	od: 2018/2						FORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.				30502
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G		
	In General: In space I, identi						
Substitute	substitute basis during the a explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				o gonoral mou		
Special	During the accounting per				is. anv nonne	twork television r	program
Statement and	broadcast by a distant sta	•	,		, ,		
Program Log	,		reat of this nea	o blank. If your anower is	"Vaa" vau mu		
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the	program
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their mea	aning is
	clear. If you need more spa	ce, please a	add additional i	rows to the tables.			-
	Column 1: Give the title period, was broadcast by a			ision program ("substitute			
	under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lu	icy" or
	"NBA Basketball: 76ers vs.		deast live onto	r "Yes." Otherwise enter "N	lo "		
				isting the substitute progra			
	Column 4: Give the broa	adcast statio	on's location (th	e community to which the	station is lice		; or, in
	the case of Mexican or Can			community with which the tem carried the substitute			he month
	first. Example: for May 7 giv		when your sys		program. 030		
	Column 6: State the time	es when the		gram was carried by your			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should	be
		er "R" if the	listed program	was substituted for progra	amming that y	our system was	required
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if the liste	d program
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	ind regulations in	
					11		
	S		E PROGRAM	1		EN SUBSTITUTI	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
					-		
					-		
					-		
					-		
					-		
					-		
					-		
		1				_	
]				_	
		1			-		
					-		

Accounting Period:	2018/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	Cunningham Communications, Inc.			30502
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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	i's secondary trans now to compute thi	smission servio is amount, see	6,592.75
	COPYRIGHT ROYALTY FEE			
L 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 inform	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	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-month	
	Line 1. Royalty fee for accounting period		·	
	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	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	t more than \$137	,100)	
	1. Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K	206,592.75	-	
	3. Subtract line 2 from line 1	57,207.25	-	
	4. Enter the amount of gross receipts from space K	<u>\$</u>	206,592.75	
	5. Enter the amount from line 3	\$	57,207.25	
	6. Subtract line 5 from line 4	\$ ·	149,385.50	
	7. Multiply line 6 by .005 (enter figure here)		\$	746.93
	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.		\$	746.93
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (I	out less than \$52	7,600)	
	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)	\$	746.93	
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		\$	766.93
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form	•		ghts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	SYSTEM ID# 30502
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	17 85
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	Name Brent Cunningham Telephone	785-545-3215
	Address PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number) Glen Elder, KS 67446 (City, town, state, zip)	
	Email brent@ctctelephony.tv Fax (optional) 785-545-327	7
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.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership) or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. • 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)] K //s // Brent Cunningham Typed or printed name: Brent Cunningham Title: CINVP (Title of official position held in corporation or partnership)	stem as identified
	Date: 2-22-19	

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unting Period: 2018/2		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
ningham Communications, Inc.		305
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gr service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any a made by satellite carriers to satellite dish owners? NO	n 111(d)(1)(A), of the Copyright Act by adding the fol- oss amounts paid to the cable system for the basic roadcast transmitters, the system shall not include sub- g secondary transmissions pursuant to section 119." e note on page (vii) of the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	/	
Name	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments su For an explanation of interest assessment, see page (viii) of the		0
Line 1 Enter the amount of late payment or underpayment		Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessme
	e	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x e xdays	Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her	x e	Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s	x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s Line 4 Multiply line 3 by 0.00274** and enter here	x - e	Interest Assessm
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s 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 bl * To view the interest rate chart click on <i>www.copyright.gov/lin</i> 	e x	Interest Assessm
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s 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 bl * To view the interest rate chart click on <i>www.copyright.gov/lin</i> contact the Licensing Division at (202) 707-8150 or licensin 	e x	Interest Assessm
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