U.S. COPYRIGHT OFFICE INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT The SA1-2E is a U.S. Copyright Office Form Email completed workbook to: coplicsoa@copyright.gov

Submitting the form

• This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov.
 Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

• Alphabetization: Alphabetization is NOT required for any spaces.

• *Protection: Certain cells in this workbook* have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.

• *Navigation:* To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

• Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at: https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.

• For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 – Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

• Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 – Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- Space K input the total gross receipts for the cable system in the highlighted box.
- Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

Page 7 – Spaces M-O

- · Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
	3491.35 DL	F C			
2/26/2020	ALLOCATION NUMBER	7			
	1022871				

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		BROCKWAY TELEVISION, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		501 MAIN ST. (Number, street, rural route, apartment, or suite number)
		BROCKWAY, PA 15824 (City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Nume	BROCKWAY TELEVISION, INC.	33
	Instructions: List each separate community served by the cable system. A "community	y" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BROCKWAY BOROUGH	PA
Community	SNYDER TOWNSHIP	PA
	HORTON TOWNSHIP	PA
d Rows as Necessary	SANDY TOWNSHIP	PA
	WASHINGTON TOWNSHIP	РА

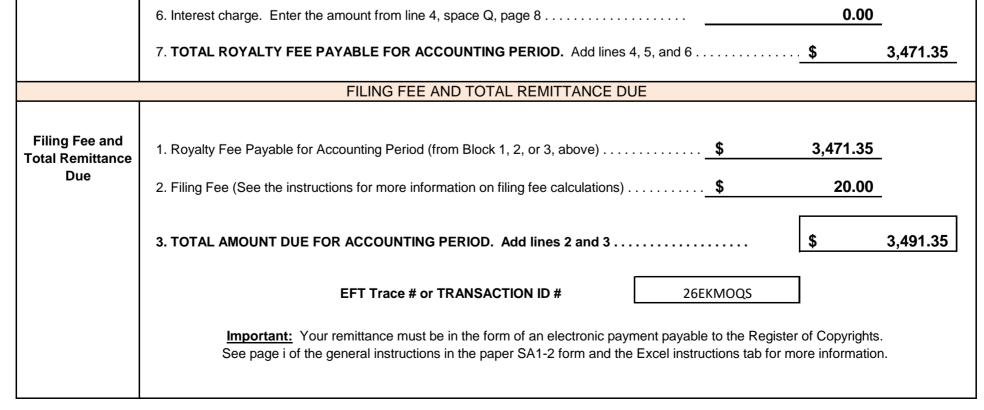
	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE STEM IC		
Name	BROCKWAY TELEVISIO								330		
					TEO						
E	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable										
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary	about other services (including p						hose existir	ng on the			
Transmission	last day of the accounting period							brokon			
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary						•				
Rates	each category by counting the nu					•					
	separately for the particular serv							-			
	Rate: Give the standard rate c										
	unit in which it is generally billed. category, but do not include disc				ny standar	d rate variations	s within a p	articular rate			
	Block 1: In the left-hand block				ries of seco	ondarv transmis	sion servic	e that cable			
	systems most commonly provide										
	that applies to your system. Note			-		-					
	categories, that person or entity										
	subscriber who pays extra for ca					i in the count un	der "Servic	e 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, ti	-									
	with the number of subscribers a	and rates, in the	e right-ha	and block. A ty	vo- or three	e-word descripti	on of the se	ervice is			
	sufficient.	DCK 1					BLOCK	2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТІ	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE		
	Residential:	SOBSCIUD			UATI		(VICL	SUBSCRIBERS			
	Service to first set		67	30.00	CONVE		134	95.2			
	Service to additional set(s)			50.00		NG HOME	104	958.2			
	• FM radio (if separate rate)					DMINIUM	. 2				
	Motel, hotel				LODGE				228.1		
	Commercial	•••••	8	30.00		BREAKFAS	: 1	115.7			
	Converter		Ŭ		<u> </u>			•			
	Residential		682	91.25							
	Non-residential		17	96.25							
	SERVICES OTHER THAN SEC										
_	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were			
F	not covered in space E, that is, th	•	,		•	•					
. .	service for a single fee. There ar										
Services Other Than	furnished at cost or (2) services of amount of the charge and the un										
Secondary	enter only the letters "PP" in the		usually	billeu. Il ally la	ales ale ch	argeu on a vana	able bei-bit	bylalli basis,			
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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.										
	bhei (two- of three-word) descrip	and includ	the the ra	te for each.							
		BLO						BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SER tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:				laential	150.00			V 11.7		
	• Pay cable	•••••••••••••••••••••••••••••••••••••••		el, hotel nmercial							
	Pay cable—add'l channel Fire protection	•••••••••••••••••••••••••••••••••••••••				150.00					
	Fire protection Burglar protection			cable add'l c	annal						
	•Burglar protection Installation: Residential			cable-add'l ch protection	annei						
	First set	100.00		glar protection							
		100.00		giar protection services:							
	 Additional set(s) 					30.00					
	• EM radio (if concrete rate)		I IKeC			30.00	TATUP				
	• FM radio (if separate rate)			connect			DAV CA				
	FM radio (if separate rate)Converter		• Disc	connect			PAY CA				
			• Diso • Out		-0.05		PAY CA				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID					
Name	BROCKWAY TELEVIS	SION, INC.		3305					
	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. <i>Do not</i> 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), 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					
	KDKA	2	N	PITTSBURGH, PA					
	WPSU	3	Е	STATE COLLEGE, PA					
as Necessary	WTAE	4	Ν	PITTSBURGH, PA					
	WJAC	6	N	JOHNSTOWN, PA					
	WWCP	8	Ν	JOHNSTOWN, PA					
	WTAJ	10	Ν	ALTOONA, PA					
	WPXI	11	Ν	PITTSBURGH, PA					
	WQED	13	E	PITTSBURGH, PA					
	WATM	23	Ν	JOHNSTOWN, PA					
	WPNT	22		PITTSBURGH, PA					
	WPCW	19	I	PITTSBURGH, PA					
	WKBS	47	I	ALTOONA, PA					

BROCKWA	F OWNER OF (TELEVISI							SYSTEM I 33
	t every radio	station ca	arried on a separate and discr 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: lf signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Give the statio	y the sys be rece it the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under (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. ion (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable s he station is licen	eadend, and (enna, during o age (v) of the g system as a s used by the FC	2) it can certain s general eparate	be expected, stated intervals. instructions 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	
		3/0		UALL SIGN		3/0		

Accounting Perio	od: 2018/2					FOI	RM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#	
Name	BROCKWAY TELEVIS	ION, INC.					3305	
					_			
	SUBSTITUTE CARRIAGE							
	In General: In space I, ident							
Outpatitute	substitute basis during the a explanation of the programm	• •		•	-			
Substitute Carriage:	1. SPECIAL STATEMEN				ne general ins		AT-2 101111.	
Special						atwork tolovision progra	~	
Statement and	During the accounting per		r cable system	carry, on a substitute bas	sis, any nonne			
Program Log	broadcast by a distant sta	tion?				YES	× NO	
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is	"Yes," you m	nust complete the progra	am	
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever po	ssible, if their meaning i	S	
	clear. If you need more spa Column 1: Give the title				program") th	at during the accountin	a	
	period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.						on.	
	Do not use general categori		vies" or "baske	tball." List specific progra	m titles, for e	xample, "I Love Lucy" or		
	"NBA Basketball: 76ers vs. Column 2: If the program		haast live enter	"Ves" Otherwise enter"	No "			
	Column 3: Give the call							
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	e station is lic		I	
	the case of Mexican or Can							
	Column 5: Give the mor first. Example: for May 7 giv	•	when your syst	em carried the substitute	program. Us	e numerals, with the mo	onth	
	Column 6: State the time		e substitute pro	gram was carried by your	cable systen	n. List the times accurat	elv	
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."	"D" :(()					,	
	Column 7: Enter the letter to delete under FCC rules a				-			
	was substituted for program						lan	
	effect on October 19, 1976.		ý			3		
					WHEN SUBSTITUTE CARRIAGE OCCURRED			
							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	· _		
		100 01 110	CALL CIGIT					
						_		
						_		
	1		1		11		1	

Accounting Period:	2018/2			FORM SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BROCKWAY TELEVISION, INC.			SYSTEM ID# 3305				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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 for	ssion service						
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 \$263,800 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 \$13	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that y	ou must pay for th	is six-month				
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	,		00)				
	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	3,800 (but	less than \$527,	600)				
	1. Enter the amount of gross receipts from space K	\$	479,035.18					
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	215,235.18					
	4. Multiply line 3 by .01		\$	2,152.35				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		. \$	1,319.00				



Accounting Period:	2018/2	FORM	M SA1-2E. PAGE 7
Name		DF OWNER OF CABLE SYSTEM: Y TELEVISION, INC.	SYSTEM ID 330
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ried television broadcast stations total number of activated channels ine cable system carried television broadcast stations 117	
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom act about this statement of account.)	
for Further Information	Name	ADELE HESSLER Telephone 814-268-6565	
	Address	501 MAIN ST. (Number, street, rural route, apartment, or suite number) BROCKWAY, PA 15824 (City, town, state, zip)	
	Email	ahessler@brockwaytv.com Fax (optional) 814-265-1300	
	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification		igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 of the cable system in line 1 of space B.	
	are true, comple	ined the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ection 1001(1986)]	
		X /s/ Michael S. Arnold	
		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: MICHAEL S. ARNOLD	
		Title: CHAIRMAN (Title of official position held in corporation or partnership)	
		Date: 01-14-2018	

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

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
OCKWAY TELEVISION, INC.	33
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	P Special Statemen Concerning Gross Receipts Exclusio
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?	
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 Assessme
	-
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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 x 0.00274 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
x	-
x	-
x	-
x	
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	

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.

			\$3,491.35						
œ	Са	ble rksheet	Total amount of remittance	Nun	nber of SAs rec'd	Initi	als		
	VVO	rksneet	02/26/19 Date of remittance	_ Check	✓ EFT	☑ FILING F	FEES		
Cable ID #	3305					Amount	Initials		
Examined by		Reviewed by	Date examination completed	Allocatio	n number				
DL			05/22/20	102	2871	\$3 <i>,</i> 491.35	HR		
Space A Accounting			(enter four digit year and	d /1 (for Jan-Jun p	period) or /2 (for Jul-De	ec period) No spaces)		
Period	🗌 Let	tter sent		Information received					
	Acc	cepted		Phone call/Da	te/Contact				
Space B Owner									
	√ Let	tter sent	I	Information re	eceived				
	Acc	cepted	Phone call/Date/Contact						
Space D Area Served									
	Let	tter sent	l	Information re	eceived				
	Acc	cepted		Phone call/Da	te/Contact				
Space E Secondary Transission									
Service Subscribers:	Let	tter sent	Information received						
and Rates		Accepted Phone call/Date/Contact							
Space G Primary Transmitters:									
Television	Let	tter sent	Information received						
		cepted		Phone call/Da	te/Contact				
Space H Primary Transmitters:									
Radio	Acc	cepted		Phone call/Da	te/Contact				

Space I Substitute Carriage

Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'I fee received	
Accepted	Phone call/Date/Contact	