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	IT 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	02/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Percede Data Filing Period (antional acc instructions)	
		20182 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Cass Cable TV, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 200 (Number, street, rural route, apartment, or suite number)	
		Virginia, IL 62691	
		(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)	
<u> </u>			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D	Cass Cable TV, Inc. Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	d communities within unincorporated areas and including single,
Area	as the "first community." Please use it as the first community on all future filings Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	i.
Served		
		STATE
First Community	Pittsfield Griggsville	IL.
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM I
Name	Cass Cable TV, Inc.	ADEL OTOTEM.						010	34
									• •
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should	cover a	Il categories of	secondary				
Secondary Transmission	about other services (including p last day of the accounting period						hose existi	ng on the	
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E cal	I for the numbe	r of subsc	ribers to the cal	•		
scribers and Rates	down by categories of secondary each category by counting the ne								
nutos	separately for the particular serv	ice at the rate	indicated	d-not the num	ber of sets	s receiving serv	ice).	•	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	· · ·	,		iy stanuai		s within a p		
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	a subscriber in	each appl	icable category	Example:	a residential	
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
		OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:				0,111				
	Service to first set		885	19.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
			Newler		\				
-	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, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • •		
Other Than	amount of the charge and the un	it in which it is							
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ear	ch of the a	innlicable servi	es listed		
Rates	Block 2: List any services that	your cable sys	stem furi	nished or offere	ed during t	he accounting p	period that		
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	ices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	/ICF	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RA
	Continuing Services:		1	ation: Non-resi					
	Pay cable	17.35	• Mot	tel, hotel		45.00		ole - add'l	12
	Pay cable—add'l channel	13.95		nmercial			Pay cal	ole - add'l	12
	Fire protection Purglar protection		-	/ cable / cable add'l ch	annal				
	•Burglar protection Installation: Residential		-	v cable-add'l ch e protection	annei				
	• First set	45.00		glar protection					
	Additional set(s)	30.00		services:					
	• FM radio (if separate rate)		• Red	connect		45.00			Ι
							1		
	Converter			connect					
	• Converter		• Out	connect let relocation ve to new addre		30.00 35.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM				
Name	Cass Cable TV, Inc.							
	PRIMARY TRANSMITTERS: TELEVISION							
G rimary smitters: levision	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 each educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sum ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educated actions in the paper SA1-2 form. the community to which the station	time basis under tams [sections ations carried on a lostitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KHQA	7	Ν	Hannibal, MO				
	KHQA KHQA2	7	<u>N</u> N-M	Hannibal, MO Hannibal, MO				
vs as Necessary								
rs as Necessary	KHQA2	7	N-M	Hannibal, MO				
rs as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
s as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
; as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	N-M	Quincy, IL				
; as Necessary	KHQA2 WGEM WGEM2 WGEM3 WSEC	7 10 10 10 10 15	N-M N I-M N-M E	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL				
as Necessary	KHQA2 WGEM WGEM2 WGEM3 WSEC WTJR KDNL	7 10 10 10 10 15 32 31	N-M N I-M E I	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Quincy, IL St. Louis, MO				
as Necessary	KHQA2 WGEM WGEM2 WGEM3 WSEC WTJR KDNL KETC	7 10 10 10 10 15 32	N-M N I-M E I I N E	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Quincy, IL St. Louis, MO St. Louis, MO				
s as Necessary	KHQA2 WGEM WGEM2 WGEM3 WSEC WTJR KDNL	7 10 10 10 15 32 31 39	N-M N I-M E I I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Quincy, IL St. Louis, MO				
is as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
	WSEC	15	I	Jacksonville, IL				
	WTJR	32	I	Quincy, IL				
	KDNL	31	N	St. Louis, MO				
	KETC	39	E	St. Louis, MO				
vs as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
	WSEC	15	I	Jacksonville, IL				
	WTJR	32	I	Quincy, IL				
	KDNL	31	N	St. Louis, MO				
	KETC	39	E	St. Louis, MO				
ws as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
	WSEC	15	I	Jacksonville, IL				
	WTJR	32	I	Quincy, IL				
	KDNL	31	N	St. Louis, MO				
	KETC	39	E	St. Louis, MO				
ws as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
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	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
	WSEC	15	I	Jacksonville, IL				
	WTJR	32	I	Quincy, IL				
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	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
	WSEC	15	I	Jacksonville, IL				
	WTJR	32	I	Quincy, IL				
	KDNL	31	N	St. Louis, MO				
	KETC	39	E	St. Louis, MO				
ws as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
	WSEC	15	I	Jacksonville, IL				
	WTJR	32	I	Quincy, IL				
	KDNL	31	N	St. Louis, MO				
	KETC	39	E	St. Louis, MO				
ws as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
	WSEC	15	I	Jacksonville, IL				
	WTJR	32	I	Quincy, IL				
	KDNL	31	N	St. Louis, MO				
	KETC	39	E	St. Louis, MO				
ws as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
	WSEC	15	I	Jacksonville, IL				
	WTJR	32	I	Quincy, IL				
	KDNL	31	N	St. Louis, MO				
	KETC	39	E	St. Louis, MO				
ws as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
	WSEC	15	I	Jacksonville, IL				
	WTJR	32	I	Quincy, IL				
	KDNL	31	N	St. Louis, MO				
	KETC	39	E	St. Louis, MO				
ws as Necessary	KHQA2	7	N-M	Hannibal, MO				
	WGEM	10	N	Quincy, IL				
	WGEM2	10	I-M	Quincy, IL				
	WGEM3	10	E	Quincy, IL				
	WSEC	15	I	Jacksonville, IL				
	WTJR	32	I	Quincy, IL				
	KDNL	31	N	St. Louis, MO				
	KETC	39	E	St. Louis, MO				

Accounting P			/STEM·					I SA1-2E. PAGE
Cass Cable								SYSTEM II 34
	,							
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright 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 the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s he station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			1	1	1	1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cass Cable TV, Inc.							3463
	SUBSTITUTE CARRIAGI							
I I	In General: In space I, identi					ion that your	cable svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork televisi	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ist complete	the program	n
	log in block 2.	,		,	, , , , , , , , , , ,			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	itute progra	m on a separa		vherever pos	sible, if their	meaning is	
	clear. If you need more spa				vrogrom") the	t during the	accounting	
	period, was broadcast by a			ision program ("substitute p ur cable svstem substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for further	information	
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	r "Yes." Otherwise enter "N	٥."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	n.			
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the s			ith the mor	nth
	first. Example: for May 7 giv		When you eye			numerale, n		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulation	ns in	
								•
						N SUBSTIT		
	S	1				AGE OCCU 6. TII		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	FROM -	– TO	_
							-	
							_	
							_	
						_	_	
						_	_	
						_	_	
							_	
							-	
							-	
							-	
							-	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cass Cable TV, Inc.	S	*STEM ID 3463
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	e 1,752.00
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 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.	\$263,800	
	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 accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	· · ·	
	1. Base amount under statutory formula \$ 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.		
	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 informat		hts!

Accounting Period:	2018/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Cass Cable	DF OWNER OF CABLE SYSTEM: TV, Inc.		SYSTEM ID# 3463
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to	pers, and (2) the cable system's	ls	ions 10 12
	and nonbroa	adcast services		
N Individual to Be Contacted		TO BE CONTACTED IF FURTI ct about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Chad Winters	Telepi	hone 217-452-4105
	Address	100 Redbud Rd.	tment, or suite number)	
		Virginia, IL 62691		
	Email	(City, town, state, zip)	casscabletv.com Fax (optional) 217-45	2 2020
	Email	chad.winters@	casscabletv.com Fax (optional) 217-45	/2-7030
0	CERTIFICATIO	DN (This statement of account m	ust be certified and signed in accordance with Copyright Office regulati	ons)
Certification	• I, the undersi	gned, hereby certify that (Check c	ne, <i>but only one</i> , of the boxes.)	
	(Ov	vner other than corporation or p	partnership) I am the owner of the cable system as identified in line 1 of spa	ace B; or
	(Ag		ation or partnership) I am the duly authorized agent of the owner of the ca	ble system as identified
	X (Of		owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as	s owner of the cable system
		in line 1 of space B.		
	are true, comp		hereby declare under penalty of law that all statements of fact contained he knowledge, information, and belief, and are made in good faith.	rein
			X /s/ Chad Winters	
			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 printe	d name: Chad Winters	
		Title:	Vice President	
		(Title of	official position held in corporation or partnership)	

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 telephoi 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

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
s Cable TV, Inc.	340
 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 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 Assessmer
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	-
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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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
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 -	
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	

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