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			
02/22/2019	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@loc.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
		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
		Antilles Wireless, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		920 E 56th St Suite B (Number, street, rural route, apartment, or suite number)
		Kearney NE, 68847 (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 unless these is 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		IDENTIFICATION OF CABLE SYSTEM:
•	1	
		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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL MANE OF CHANGE OF CARLE OVERTER	FORM SA1-2E. PAGI					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI					
	Antilles Wireless, LLC	632					
D	Instructions: List each separate community served by the cable system. A "u" a separate and distinct community or municipal entity (including unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future for the service of the service o	orated communities within unincorporated areas and including single hat you list will serve as a form of system identification hereafter kno filings.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Served	identified city.						
	CITY OR TOWN	STATE					
First	Salton City	CA					
Community							
l Rows as Necessary							

Accounting Period: 2018/2 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63223

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Antilles Wireless, LLC

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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service 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, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
Service to first set	13	21.45					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
	T	T		1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	49.50	Motel, hotel	49.95		
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
 First set 	49.95	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	49.95		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

ccounting Period:	2018/2			FORM SA1-	2E. PAGE 3	
	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYS	STEM ID	
Name	Antilles Wireless, LL	.c			63223	
	PRIMARY TRANSMITTERS	: TELEVISION				
G Primary Transmitters: Television	carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> c • List the station here, and basis. For further informat Column 1: List each statimulticast stream associate "WETA-2" as the same or Column 2: Give the chan	I also in space I, if the station was carried tion concerning substitute basis stations, son's call sign. Do not report origination pred with a station according to its over-then the form. nel number the FCC assigned to the telev	(1) stations carried only on a particle carriage of certain network progree (e)(2) and (4))]; and (2) certain started by your cable system on a subset of the general instruction of the general instruction of the system of the general instruction of the system of the system of the general instruction of the system o	time basis under ams [sections stions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream		
	of license. For example, Column 3: Indicate in each educational station, by en (for independent multicas: For the meaning of these Column 4: Give the locat FCC. For Mexican or Can	endent), "I-M" ional multicast). is licensed by the				
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION					
	KESQ	3	N	Palm Springs, CA	-	
	KDFX	9	N	········		
	IVDI X	•	14	Paim Springs CA		
Add Rows as Necessary	KPBS	15.1	E	Palm Springs, CA San Diego, CA		
Add Rows as Necessary	KPBS	15.1	E	San Diego, CA		
Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			
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Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			
Add Rows as Necessary	KPBS	15.1	E			

Acco	untina	Period:	2018/	2
	ununu	ı c iicu.	2010/	_

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Antilles Wireless, LLC

63223

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
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Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	Antilles Wireless, LLC							63223
l	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	ıthorizations.	For a further
Substitute	explanation of the programmi				ne general insti	uctions in th	e paper SAT	-2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	During the accounting peri	•	r cable system	carry, on a substitute ba	sis, any nonne	twork televis	sion progran	
Program Log	Ibraadaaat bu a distant atatian?							
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting 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. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							
								tion n. nth ly
	effect on October 19, 1976.							
					WHE	EN SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARR	IAGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
							_	
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ccounting Period:	2018/2	FORM SA	1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Antilles Wireless, LLC	S	YSTEM II 6322						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	smission servic	e 3,258.67						
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.	o \$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 fo accounting period is \$52.00	r 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	7,100)							
	1. Base amount under statutory formula	_							
	2. Enter amount of gross receipts from space K	_							
	3. Subtract line 2 from line 1	_							
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	Enter the amount of gross receipts from space K								
	Base amount under statutory formula	_							
	3. Subtract line 2 from line 1	_							
	4. Multiply line 3 by .01	_							
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)								
	6. Interest charge. Enter the amount from line 4, space Q, page 8								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and otal Remittance	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!						

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7	
Name	LEGAL NAME OF OWNER Antilles Wireless, LL					SYSTEM ID# 63223	
M Channels	to its subscribers, and (2 1. Enter the total numbe system carried television 2. Enter the total number on which the cable systems.	2) the cable system's tot r of channels on which t on broadcast stations r of activated channels stem carried television bi	the cable	on which the cable system carried televisioner of activated channels during the accounting the a	ng period.	37	
N Individual to Be Contacted							
for Further Information	Name Amb	er Reineke			Telephone 3	08-698-1442	
	(Number	E 56th St Suite B er, street, rural route, apartme ney, NE 68847	nent, or suite	e number)			
	(City, to	amber.reineke@u)usacomr	munications.tv Fax	(optional)		
0	CERTIFICATION (This st	atement of account mus	st be certi	fied and signed in accordance with Copyrig	ght Office regulations)		
O Certification	• I, the undersigned, herel	by certify that (Check one	e, but only	one, of the boxes.)			
	(Owner other	than corporation or par	rtnership)	I am the owner of the cable system as identif	fied in line 1 of space B; or		
				tnership) I am the duly authorized agent of th a corporation or partnership; or	ne owner of the cable syste	em as identified	
	X (Officer or pa in line 1 of		a corporati	ion) or a partner (if a partnership) of the legal	entity identified as owner	of the cable system	
		orrect to the best of my kr		are under penalty of law that all statements of , information, and belief, and are made in good			
			X	/s/ Amber Reineke			
				lectronic signature on the line above to certify tature using an "/s/ signature" (e.g., /s/ John Sm			
		Typed or printed r	name:	Amber Reineke			
			CFO ficial position	n held in corporation or partnership)			
		Date:			2.22.19		

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counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ntilles Wireless, LLC	63223
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Name Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	_
* 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.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	1000ma 1000ma
ID number First community served Accounting period	

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