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

STATEM	TATEMENT OF ACCOUNT or Secondary Transmissions by	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	- coplicsoa@loc.gov
Cable Syste General instru in the first tab	ictions	are located	2/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO		BY THIS STATEMENT: (Y	YYY/(Period))	
		2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
		hand wards and a second s			
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full cor	rporate title
Owner		List any other name or names under whic	h the owner conducts the business of t	he cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should st ting period.	ubmit a
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	63342
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		WINDSTREAM OHIO INC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
	1	MAILING ADDRESS OF OWNER OF			
		(Number, street, rural route, apartment, or suite r			
		BALDWIN GA 30511-1762 (City, town, state, zip)			
С				ntify the business and operation of the le system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:	-		
		MAILING ADDRESS OF CABLE SYSTEM	1:		

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.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	WINDSTREAM OHIO INC	6334
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	ommunities within unincorporated areas and including single,
	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 mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	ELYRIA	ОН
Community	HIGH POINT IN THE PARK	
	กลางการและสามารถอาการและสามารถอาการและสามารถอาการและสามารถอาการและสามารถอาการและสามารถอาการและสามารถอาการและสามารถอาการ	
dd Rows as Necessary		
	านการการการการการการการการการการการการการก	

								FORM SA1-	-2E. PAGE
Name	LEGAL NAME OF OWNER OF C WINDSTREAM OHIO IN		:					313	6334
		0							
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	, ,						5	
Service: Sub-	Number of Subscribers: Both	•					,	,	
scribers and Rates	down by categories of secondar each category by counting the n					•			
Rates	separately for the particular serv		0	0,0		•		Charged	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· · ·			ny standa	rd rate variatior	ns within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	ssion servi	ce that cable	
	systems most commonly provide			-					
	that applies to your system. Not			0		0			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t					•			
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tw	vo- or thre	e-word descript	tion of the s	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТІ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIND	LINU	TUTE	0/11		WICE	CODOCINIDENCO	1011
	Service to first set		71	54.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				\$				
-	In General: Space F calls for ra					Il your cable sy	stem's serv	vices 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 ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0 /	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that							wara not	
Rates	5				0	•	•		
	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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-resi	dential				
	• Pay cable	19.00	• Mot	tel, hotel			PPV		F
			• Cor	nmercial					
	 Pay cable—add'l channel 		• Pav	/ cable					
	 Pay cable—add'l channel Fire protection 		1 4 3						
				/ cable-add'l ch	annel				
	Fire protection Burglar protection Installation: Residential		• Pay • Fire	v cable-add'l ch e protection	annel				
	Fire protection Burglar protection Installation: Residential First set		• Pay • Fire • Bur	v cable-add'l ch protection glar protection	annel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Bur Other s	v cable-add'l ch e protection glar protection services:	annel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Bur Other s	v cable-add'l ch e protection glar protection services: connect	annel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Bur • Bur • Rec • Dis	v cable-add'l ch protection glar protection services: connect connect	annel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Bur Other s • Rec • Dis • Out	v cable-add'l ch e protection glar protection services: connect					

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE				
Name	WINDSTREAM OHIO			63				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters:								
Television	Substitute Basis Stations basis under specific FCC m • Do <i>not</i> list the station her station was carried <i>only</i> or	s: With respect to any distant stations can rules, regulations, or authorizations: ore in space G—but do list it in space I (the	ne Special Statement and Program	n Log)—if the				
	basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on	ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	see page (v) of the general instru orogram services such as HBO, ES e-air designation. For example, re	ctions. SPN, etc. Identify each port multistream				
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to	WRC is channel 4 in Washington, D.C. wh case whether the station is a network s tering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t	station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa ctions in the paper SA1-2 form.	r a noncommercial ependent), "I-M" ational multicast).				
		2. B'CAST CHANNEL NUMBER	•	-				
	WEWS	5	N	CLEVELAND OH				
	WVPX	23	N	CLEVELAND OH				
Nococcary	WQHS	61	N	CLEVELAND OH				
d Rows as Necessary	WMFD	12		MANSFIELD OH				
	14/ 114/	Y N	N					
	WJW WVIZ	25		CLEVELAND OH				
	WVIZ	25	E	CLEVELAND OH				
	WVIZ WEAO	25 49	E	CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC	25 49 3	E	CLEVELAND OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM	25 49 3 47	E E N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH				
	WVIZ WEAO WKYC WRLM WOIO	25 49 3 47 19	E	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO	25 49 3 47 19	E E N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				
	WVIZ WEAO WKYC WRLM WOIO WUAB	25 49 3 47 19 43	E E N I N I	CLEVELAND OH CLEVELAND OH CLEVELAND OH CANTON OH CLEVELAND OH CLEVELAND OH				

ccounting Period:	2018/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID				
Name	WINDSTREAM OHIO II	NC		6334				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	n during the accounting period, excep	y translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program	ne basis under				
Primary	5		61(e)(2) and (4))]; and (2) certain static	•				
Transmitters: Television	Substitute Basis Stations:	s explained in the next paragraph. With respect to any distant stations c iles, regulations, or authorizations:	carried by your cable system on a subs	stitute program				
		e in space G—but do list it in space I (t	the Special Statement and Program Lo	og)—if the				
	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.							
			program services such as HBO, ESPN					
		6	ne-air designation. For example, report	i 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), or "E-M" (for noncommercial educational multicast).							
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to 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				

WINDSTREA	M OHIO IN	IC						SYSTEM 633
	every radio s	tation ca	arried on a separate and discre 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: If ignal, indicate	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recei t the Cc sign of e he static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column.	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g	?) it can ertain st eneral i	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio						FORM	M SA1-2E. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WINDSTREAM OHIO	NC						63342
	SUBSTITUTE CARRIAG)G			
	In General: In space I, ident					tion that va	ur ooblo ovo	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any noni	network tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?	-	-	-		YES	× NO
r rogram Log	-				<i>(</i>) <i>(</i>)		-	
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer	is "Yes," you i	must compl	ete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. Llaa abbraviatian	a whorever p	oopible if th	oir moonin	a io
	In General: List each subs clear. If you need more spa				is wherever p		ien meaning	y is
	· ·			vision program ("substitut	e program") t	hat, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ited for the pr	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progr	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
				the community to which the			he FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitut	e program. U	se numeral	s, with the n	nonth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	ır cahle syste	m List the t	times accur	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete un	der FCC rules	s and regula	ations in	
		•						
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM OHIO INC	S	YSTEM ID# 63342
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	2,366.26 ss receipts)
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 \$2 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-mon	
	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		
	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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
246	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		nts!

						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: M OHIO INC				SYSTEM ID# 63342
M Channels	to its subscriber 1. Enter the tota system carried	You must give (1) the number c rs, and (2) the cable system's f al number of channels on whic d television broadcast stations	total number of activate	d channels during the a	ccounting period.	12
	on which the o	al number of activated channel cable system carried television lcast services	broadcast stations		[120
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of account		NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	PAM HENDRIX			Telephone	706.776.4618
	Address	2000 COMMUNICAT (Number, street, rural route, apart BALDWIN GA 3051 (City, town, state, zip)	tment, or suite number)			
	Email	sandra.blade@	windstream.com		Fax (optional)	
O Certification	 I, the undersign (Own (Agentication in the second seco	nt of owner other than corpor	one, <i>but only one</i> , of the partnership) I am the ov ration or partnership) I owner is not a corporatio (if a corporation) or a pa I hereby declare under p	boxes.) wner of the cable system am the duly authorized a on or partnership; or rtner (if a partnership) of wenalty of law that all state	as identified in line 1 of space E gent of the owner of the cable s the legal entity identified as owr ements of fact contained herein	ystem as identified
		Typed or printer	Enter signature using a	/S/ TIMOTHY F nature on the line above to n "/s/ signature" (e.g., /s/ Y P LOKEN	o certify this statement.	
		Title:		GULATORY REPO	RTING	
		Date:			FEBRUARY 25, 2019	

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. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
NDSTREAM OHIO INC	6334
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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 Assessmer
	-
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	-
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 \$	-
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 - k 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 - (interest charge) * * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. For further assistance please	-
x	
x	
x	
x	
x	

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