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

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	02/28/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/2     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.
	x	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
		Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3330 State Highway 11B (Number, street, rural route, apartment, or suite number)
		Nicholville, NY 12965 (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 s 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:
		MyEVTV
		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 fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	
	Instructions: List each separate community served by the cable system. A "commun	
D	"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 li	st will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
		1
	CITY OR TOWN	STATE
First	Johnsburg	New York
Community	Dickinson	New York
	Moira	New York
dd Rows as Necessary	Brandon	New York
	Canton	New York
	Nicholville	New York
	Star Lake	New York
	Piercefield	New York
	Wanakena	New York
	Fine	New York
	Lisbon	New York
	Potsdam	New York
	Pierrepont	New York
	Clifton	New York
	Waddington	New York
	Parishville	New York
	Louisville	New York
	Oswegatchie	New York
	Bangor	New York
	Stockholm	New York
	Long Lake	New York
	Clare	New York
	Madrid	New York
	Norfolk	New York
	Malone	New York
		New York
	Hopkinton	New TOIK

	LEGAL NAME OF OWNER OF CA	BI E SYSTEM						FORM SA1	TEM IC
Name	Slic Network Solutions,		SH 118	8 Nicholvil	Ie NY 12	965		010	
		1110.7 0000 0		, 1101101111	10,111 12	.500			
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	(June 30 or D	ecember	r 31, as the ca	ase may be	e).		-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
nutoo	separately for the particular servi							largou	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				any standar	rd rate variations	within a pa	articular rate	
	Block 1: In the left-hand block				ries of seco	ondarv transmiss	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					i în the count und	Jei Servici		
	Block 2: If your cable system i					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	and block. A t	wo- or three	e-word description	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Service to first set		1,287	40.06	Local			104	24.9
	Service to additional set(s)		1,489		Basic			491	69.9
	• FM radio (if separate rate)		.,			led Basic		700	79.9
	Motel, hotel		10	29.95	Comme			18	29.9
	Commercial			_0.00					
	Converter								
	Residential		2,776	5.95	No Cha	rge First Cor	nverter		
	Non-residential		18	5.95					
			T						
	SERVICES OTHER THAN SEC	-			-				
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		•				
	service for a single fee. There ar								
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually I	billed. If any ra	ates are ch	arged on a varia	ble per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	system for ea	ach of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s				ished. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip			te for each.			1		
		BLO					0.175.00	BLOCK 2	<b>D</b> 4 <b>T</b>
				ORY OF SEF		RATE	CATEGO	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE	RATE	Inctalla	tion, Non roc					
	Continuing Services:	NATE		tion: Non-res	Sidentiai	149.00			
	Continuing Services: • Pay cable	MIL	• Mote	el, hotel	Sideritia	149.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mote • Con	el, hotel nmercial	sidentia	149.00 149.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mote • Con • Pay	el, hotel nmercial cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection		• Mote • Con • Pay • Pay	el, hotel nmercial cable cable-add'l c					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mote • Con • Pay • Pay • Fire	el, hotel nmercial cable cable-add'l c protection	hannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	49.00	• Mote • Con • Pay • Pay • Fire • Burg	el, hotel nmercial cable cable-add'l c	hannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		• Mote • Con • Pay • Pay • Fire • Burg	el, hotel nmercial cable cable-add'l c protection glar protectior	hannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Mote • Con • Pay • Pay • Fire • Burg <b>Other s</b> • Rec	el, hotel nmercial cable cable-add'l c protection glar protectior eervices:	hannel	149.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Mote • Con • Pay • Pay • Fire • Burg <b>Other s</b> • Rec • Disc	el, hotel nmercial cable cable-add'l c protection glar protectior <b>services:</b> connect	hannel	149.00			

	2018/2			FORM SA1-2E. PAG
lame	LEGAL NAME OF OWNER O			SYSTEM
	Slic Network Solution	ns, Inc. / 3330 SH 11B, Nicholvill	le, NY 12965	
G imary smitters: evision	In General: In space G, id 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 informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pre- ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program I both on a substitute basis and all see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections rations carried on a ubstitute program in Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTEN	10.1	N	Albany, NY
	WVNY	22.1	Ν	Burlington, NY
is Necessary	WWTI	50.1	N	Watertown, NY
	WCAX	3.1	Ν	Burlington, NY
	WRGB	6.1	Ν	Albany, NY
	WWNY	7.1	Ν	Watertown, NY
	WCWN	45.1	Ν	Schenectady, NY
		50.2		
	WWTI-2	<b>30.2</b>	N-M	Watertown, NY
	WFFF	44.1	N-M	Watertown, NY Plattsburgh, NY
				Watertown, NY Plattsburgh, NY Watertown, NY
	WFFF	44.1	N	Plattsburgh, NY
	WFFF WNYF	44.1 7.2	N N	Plattsburgh, NY Watertown, NY
	WFFF WNYF WXXA	44.1 7.2 23.1	N N N	Plattsburgh, NY Watertown, NY Albany, NY
	WFFF WNYF WXXA WCWN-2	44.1 7.2 23.1 45.2	N N N N-M	Plattsburgh, NY Watertown, NY Albany, NY Schenectady, NY
	WFFF WNYF WXXA WCWN-2 WPTZ-2	44.1 7.2 23.1 45.2 5.2	N N N N-M I-M	Plattsburgh, NY         Watertown, NY         Albany, NY         Schenectady, NY         Plattsburgh, NY
	WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA	44.1 7.2 23.1 45.2 5.2 51.1	N N N N-M I-M I-M	Plattsburgh, NY         Watertown, NY         Albany, NY         Schenectady, NY         Plattsburgh, NY         Albany, NY
	WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYA	44.1 7.2 23.1 45.2 5.2 51.1 13.1	N N N N-M i-M i-M N	Plattsburgh, NY         Watertown, NY         Albany, NY         Schenectady, NY         Plattsburgh, NY         Albany, NY         Albany, NY
	WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ	44.1           7.2           23.1           45.2           5.2           51.1           13.1           5.1	N N N N-M i-M i-M N N	Plattsburgh, NY         Watertown, NY         Albany, NY         Schenectady, NY         Plattsburgh, NY         Albany, NY         Albany, NY         Plattsburgh, NY         Plattsburgh, NY
	WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2	44.1 7.2 23.1 45.2 5.2 51.1 13.1 5.1 23.2	N N N N-M i-M i-M N N N i-M	Plattsburgh, NY         Watertown, NY         Albany, NY         Schenectady, NY         Plattsburgh, NY         Albany, NY
	WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2 WCFE	44.1         7.2         23.1         45.2         5.2         51.1         13.1         5.1         23.2         57.1	N N N N-M i-M i-M N N N E	Plattsburgh, NY         Watertown, NY         Albany, NY         Schenectady, NY         Plattsburgh, NY         Albany, NY         Albany, NY         Albany, NY         Albany, NY         Albany, NY         Albany, NY         Plattsburgh, NY         Plattsburgh, NY         Plattsburgh, NY         Plattsburgh, NY
	WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2 WCFE WMHT	44.1       7.2       23.1       45.2       5.2       51.1       13.1       5.1       23.2       57.1       17.1	N N N N-M i-M i-M N N N i-M E E	Plattsburgh, NY         Watertown, NY         Albany, NY         Schenectady, NY         Plattsburgh, NY         Albany, NY         Albany, NY         Albany, NY         Plattsburgh, NY         Albany, NY         Plattsburgh, NY         Plattsburgh, NY         Plattsburgh, NY         Albany, NY         Plattsburgh, NY         Albany, NY         Plattsburgh, NY         Albany, NY
	WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2 WCFE WMHT WNPI	44.1         7.2         23.1         45.2         5.2         51.1         13.1         5.1         23.2         57.1         17.1         18.1	N N N-M i-M i-M N N N E E E E	Plattsburgh, NY         Watertown, NY         Albany, NY         Schenectady, NY         Plattsburgh, NY         Albany, NY         Albany, NY         Albany, NY         Albany, NY         Albany, NY         Plattsburgh, NY         Albany, NY         Plattsburgh, NY         Albany, NY         Plattsburgh, NY         Albany, NY         Nature         Norwood, NY

egal name o Slic Networl			3330 SH 11B, Nicholvil	lle, NY 12965				SYSTEM
	t every radio s	station c	arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column	it is carried b monitoring, to ormation abou rm. dentify the cal state whether the radio stat this by placing Sive the station	y the sys be rece ut the Co I sign of the station's sig g a chec n's locat	II-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. inal 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 h system's FM an this point, see p sed by the cable he station is licer	eadend, and tenna, during age (v) of the system as a s nsed by the F	(2) it can certain general separate	n be expected, stated intervals. instructions in the.	Primary Transmitters Radio
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					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	Slic Network Solutions	s, Inc. / 33	30 SH 11B,	Nicholville, NY 12965			0
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LOO	3		
	In General: In space I, identi	fy every noi	nnetwork televis	ion program, broadcast by	a distant stati	ion, that your cable sys	tem carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorization	s. For a further
Substitute	explanation of the programm				e general instru	uctions in the paper SA	.1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	During the accounting period	-	r cable system	carry, on a substitute basi	s, any nonnei		
Program Log	broadcast by a distant stat					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the progra	am
	log in block 2.		MC				
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their meaning	is
	clear. If you need more spa	ce, please a	add additional i	ows to the tables.		-	
	<b>Column 1:</b> Give the title period, was broadcast by a			sion program ("substitute p			
	under certain FCC rules, re						
	Do not use general categori	es like "mo					
	"NBA Basketball: 76ers vs.		tcast live ente	"Yes." Otherwise enter "N	0 "		
				sting the substitute progra			
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		ו
	the case of Mexican or Can			community with which the steen carried the substitute p			onth
	first. Example: for May 7 giv		when your sys			numerais, with the m	
	Column 6: State the time	es when the		gram was carried by your o			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was requi	red
	to delete under FCC rules a						gram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
	s	UBSTITUT	E PROGRAM			N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
						_	

Accounting Period:	<b>2018/2</b> Fi	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	SYSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission set (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	ervice
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 \$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 this six-r accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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 \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K \$ 313,695.68	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	3.96
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,315	9.00
	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	1,817.96
	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)	7.96
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	0.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	1,837.96
	EFT Trace # or TRANSACTION ID # 228190438	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Cop See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info	

Accounting Period	: 2018/2		FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	SYSTEM ID# 0
M Channels	<ul><li>to its subscrib</li><li>1. Enter the to system carri</li><li>2. Enter the to on which the</li></ul>	You must give (1) the number of channels on which the cable system carried television broadcas ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	23
<b>N</b> Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Kevin Lynch	Telephone 315.328.9050
	Address	3330 State Highway 11B (Number, street, rural route, apartment, or suite number) Nicholville, NY 12965 (City, town, state, zip)	
	Email	kevin.lynch@slic.com Fax (optional)	
O	I, the undersig     (Ow     (Age     X     (Of     I have examinate true, comp	N (This statement of account must be certified and signed in accordance with Copyright Office regression of the control of th	of space B; or the cable system as identified fied as owner of the cable system hed herein

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 telephoin 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 lave

Inting Period: 2018/2		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
Network Solutions, Inc. / 3330 SH 11B, Nicholv	rille, NY 12965	1
service of providing secondary transmissions of prim scribers and amounts collected from subscribers rec For more information on when to exclude these amounts, se located in the paper SA1-2 form.	section 111(d)(1)(A), of the Copyright Act by adding the fol- the gross amounts paid to the cable system for the basic hary broadcast transmitters, the system shall not include sub- ceiving secondary transmissions pursuant to section 119." ee the note on page (vii) of the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?	any amounts of gross receipts for secondary transmissions	
YES. Enter the total here and list the satellite carrier(s)	below	
Name	Name Mailing Address	-
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payment	nts submitted as a result of a late payment or underpayment.	•
For an explanation of interest assessment, see page (viii) of	f the general instructions located in the paper SA1-2 form.	Q
		Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	·····	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
	x	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sur Line 3 Multiply line 2 by the number of days late and enter	x m here	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sur Line 3 Multiply line 2 by the number of days late and enter Line 4 Multiply line 3 by 0.00274** and enter here	x	Q Interest Assessme
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