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							
8/26/2019	\$ 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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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
		Orwell Cable Television Co
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Consolidated Communications
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		121 S 17th Street (Number, street, rural route, apartment, or suite number)
		Mattoon, IL 61938 (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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

	LEGAL MANE OF OWNER OF GARLE SYSTEM	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	Orwell Cable Television Co	293						
	Instructions: List each separate community served by the cable system. A "commu							
D	"a separate and distinct community or municipal entity (including unincorporated of							
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	list will serve as a form of system identification hereafter known						
	as the "first community." Please use it as the first community on all future filings.							
A ====	Note: Entities and proporties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area Served	24 - 127 - 129							
Serveu								
	CITY OR TOWN	STATE						
First	Orwell	OH						
Community	Windsor	ОН						
	North Bloomfield	OH						
d Rows as Necessary	Rome	OH						
	Colebrook	ОН						

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Orwell Cable Television Co

29330

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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 	389	64.95			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T			

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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
 Pay cable 		Motel, hotel		НВО	16.75	
 Pay cable—add'l channel 		Commercial		Showtime	14.75	
 Fire protection 		Pay cable		Showtime + HBO	30.50	
 Burglar protection 		Pay cable-add'l channel				
Installation: Residential		Fire protection				
 First set 	75.00	Burglar protection				
 Additional set(s) 	25.00	Other services:				
• FM radio (if separate rate)		Reconnect	25.00			
 Converter 		Disconnect				
		Outlet relocation				
		Move to new address	25.00			

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID# 29330

Orwell Cable Television Co

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), 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 BYCAST CHANNEL NUMBER 3 TYPE OF STATION

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKYC (NBC)	3	N	Cleveland, OH
WUAB (IND)	4	I	Cleveland, OH
KJKW (FOX)	8	I	Cleveland, OH
WEWS (ABC)	10	N	Cleveland, OH
WOIO (CBS)	18	N	Cleveland, OH
WFMJ (NBC)	21	N	Youngstown, OH
			,

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Orwell Cable Television Co

29330

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
	 	 					
	_						
		 					
	 	 					
	 	 					
	 	 					
	†						
	 	 					
	 	 					
		 				 	
	 	 					
	 	 					
	 	 					
							
	 	 					
	 	 					
	 	 					
	 	 					
	_						
	_						
	<u></u>						
	†						
	 						
	 						
							
	_						
	1	1	i I	1	1	Ī	1

Accounting Perio							FOR	M SA1-2E. PAGE 5.		
Name	Orwell Cable Television		ГЕМ:					SYSTEM ID# 29330		
Substitute Carriage: Special Statement and Program Log	iage: cial ent and ent									
	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									
	SI 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH	EN SUBST BIAGE OCC 6		7. REASON FOR DELETION		

2019/1				A1-2E. PAGE				
LEGAL NAME OF OWNER OF CABLE SYSTEM: Orwell Cable Television Co			S	YSTEM ID 2933				
all amounts (gross receipts) paid to your cable system by subso (as identified in space E) during the accounting period. For a fu page (vii) of the general instructions located in the paper SA1-2 Gross receipts from subscribers for secondary transmission during the accounting period.	cribers for the syster rther explanation of form. n service(s)	m's secondary trans how to compute th	smission services amount, see	6,572.41				
· · · · · · · · · · · · · · · · · · ·	3 3		(variount or gr	occ recorpto)				
 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, Use block 2 if the amount of gross receipts in space K is more t Use block 3 if the amount of gross receipts in space K is more t 	han \$137,100 but le han \$263,800 but le	ess than \$527,600	\$263,800					
BLOCK 1: GROSS RECEI	PTS OF \$137,100	OR LESS						
Instructions: As a cable system with gross receipts of \$137,100 or accounting period is \$52.00	less, the royalty fee t	hat you must pay for	this six-month					
Line 1. Rovalty fee for accounting period								
				0.00				
Line 2. Interest charge. Enter the amount from line 4, space Q, par	ye o			0.00				
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING P	ERIOD Add lines 1 a	and 2	· ·					
BLOCK 2: GROSS RECEIPTS OF \$263	3,800 OR LESS (bu	ut more than \$137	,100)					
Base amount under statutory formula		263,800.00	-					
2. Enter amount of gross receipts from space K		166,572.41	-					
3. Subtract line 2 from line 1	<u>\$</u>	97,227.59	-					
			166,572.41					
			97,227.59					
			69,344.82					
				346.72				
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								
			-					
			-					
			-					
5. Royalty due on the first \$263,800 of gross receipts (under statute	ory 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 PERIO	D. Add lines 4, 5, an	d 6						
FILING FEE AND TOTAL REMI	TANCE DUE							
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3	3, above)	\$	346.72					
			20.00					
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add line	es 2 and 3		\$	366.72				
The state of the s	= v		. *					
				hts!				
	GROSS RECEIPTS Instructions: The figure you give in this space determines the all amounts (gross receipts) paid to your cable system by subse (as identified in space 5) during the accounting period. For a fur page (vii) of the general instructions located in the paper SA1-2 Gross receipts from subscribers for secondary transmissio during the accounting period. IMPORTANT: You must complete a statement in space P conc COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, if the amount of gross receipts in space K is \$137, 100 or 100 to 100	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of page (iii) of the general instructions located in the pager 5A1-2 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 receipt 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 but is 5ee page (vi) of the general instructions is napace K is more than \$137,100 but is 5ee page (vi) of the general instructions located in the paper \$A1-2 form for more inform BLOCK 1: GROSS RECEIPTS OF \$137,100 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee to accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 a BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bit 1). Base amount of gross receipts from space K. \$ S. Subtract line 2 from line 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Orwell Cable Television Co 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 trans, as a content of the system's secondary transmission service(s) during the accounting period. MIPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royally fee you owe: - Complete 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 the space of the amount of gross receipts in space K is more than \$263,800 but less than \$227,600 serving the space page (v) of the amount of gross receipts in space K is more than \$263,800 but less than \$227,600 serving the space page (v) of the amount of gross receipts of \$137,100 or less. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137. 1. Base amount under statutory formula. \$ 263,800.00 2. Enter amount of gross receipts from space K. \$ 166,572.41 3. Subtract line 2 from line 4. \$ 97,227.59 4. Enter the amount of gross receipts from space K. \$ 168,502.40 5. Enter the amount of gross receipts from space K. \$ 2. Base amount under statutory formula. \$ 263,800.00 1. Royalty line 6 by .005 (enter fig	ORNOS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. S 16 IMPORTATN: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To complet the reyalty fee you owe: Complete block 1, block 2, or block 3. Use block 2 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 \$283,800 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$283,800 See page (v) of the general instructions located in the paper \$A1-2 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-month accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 2. Enter amount of gross receipts from space K \$ 166,572.41 3. Subtract line 2 from line 1 \$ 97,227.59 4. Enter the amount of gross receipts from space K \$ 97,227.59 4. Enter the amount of gross receipts from space K \$ 99,227.59 4. Enter the amount of gross receipts from space K \$ 99,227.59 4. Enter the amount of gross receipts from space K \$ 99,227.59 4. Enter the amount of gross rec				

Accounting Period:	2019/1							FORM SA1-2E. PAGE 7	
Name	Orwell Cable Telev	ER OF CABLE SYSTEM: vision Co						SYSTEM ID: 29330	
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 7 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 35								
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)								
for Further Information	Name Ja	ana Manterola				Tele	ephone 509-9	062-0272	
	(Nu	05 N Ruby Street umber, street, rural route, apartro llensburg, WA 9892		e number)					
		ty, town, state, zip)							
	Email	jana.manterola@	@consolic	dated.com		Fax (optional) 509-	933-7453		
O Certification	• I, the undersigned, h	s statement of account mu ereby certify that (Check on her than corporation or pa	ne, <i>but only</i>	one, of the boxes.)					
	in line X (Officer of in line 4)	owner other than corporat 1 of space B and that the ow r partner) I am an officer (if 1 of space B. statement of account and h	wner is not	a corporation or partion) or a partner (if a	tnership; or a partnership) of the	e legal entity identified	as owner of the		
		d correct to the best of my k							
				/s/ Mike Shultz electronic signature o ature using an "/s/ si	n the line above to	certify this statement. John Smith)			
		Typed or printed	name:	Mike Shultz					
				resident Legis in held in corporation or		gulatory			
		Date:				08/26/2019			

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 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 telephon 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 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

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
rwell Cable Television Co	29330
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 Name Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	
ID number First community served Accounting period	

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.