Cable
Worksheet

	able		<u>\$</u>						
U W	orksheet		Total amount of	Total amount of remittance		Number of SAs rec'd		Initials	
				Date of remittar	ice		Check	☐ EFT	☐ FILING FEE
Cable ID #								Amount/I	nitials
Examined by	R	Reviewe	ed by	Date examination completed	Allo	ocation r	number	\$	
Space A Accounting					<u>'</u>				
Period	Janua	ary 1 – J	une 30, 20		☐ July	y 1 – Dece	ember 31, 20		
	Letter	r sent			☐ Info	ormation	n received		
	☐ Accep	oted	☐ Phone call/D	ate/Contact					
Space B Owner									
	Letter	r sent			☐ Info	ormatio	n received		
	☐ Accepted ☐ Phone call/Date/Contact								
Space D Area Served									
	Letter	r sent			☐ Info	ormation	n received		
	☐ Accep	oted	☐ Phone call/D	ate/Contact					
Space E Secondary Transmission									
Service Subscribers: and Rates	Letter	r sent			☐ Info	ormatio	n received		
and Rates	☐ Accep	oted	☐ Phone call/D	ate/Contact					
Space G Primary Transmitters: Television									
	Letter	r sent			☐ Info	ormation	n received		
	☐ Accep	oted	☐ Phone call/D	ate/Contact					
Space H Primary Transmitters:									
Radio	☐ Accep	oted	☐ Phone call/D	ate/Contact					

			Space I Substitute Carriage
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space J Part-time Carriage Log
Letter sent		☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact		
			Space K Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space L Copyright Filing and Royalty Fees
Royalty Fee s	hould be \$	Refund request to fiscal	
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space M Channels
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space O Certification
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space P Statement of Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space Q Interest Assessment
Letter sent		☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact		

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

DATE RECEIVED	AMOUNT
	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting Period	Barcode Data Filing Period (optional - see instructions)					
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					
Owner	the subsidiary, not that of the parent corporation. 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.					
4_	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					
	Irvine Community Television, Inc.					
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 186					
	(Number, street, rural route, apartment, or suite number) Irvine KY 40336 (City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 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.

Accounting Period:	2019/1	FORM 0.4 0.5 PLOT 41
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Property and the contract of t	5008
	Irvine Community Television, Inc.	
D	Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future fillings.	ities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Irvine	KY
Community	Ravenna	KY ZASTANIA
	Unincorporated areas of Estill County	KY
Add Rows as Necessary		
		A DANGARAK KARAMENTEN BAMBATA AKARASA PER INTERNA
	CONTRACTOR OF THE CONTRACTOR O	
	20 Co. and Change in April 2007 (2007) April 2007 (2007)	
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Accounting Period: 2019/1

FORM SA1-2E, PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5008

Irvine Community Television, Inc.

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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set • Service to additional set(s)	1,983	\$29.69	οK		
• FM radio (if separate rate) Motel, hotel	27	\$8.00			
Commercial Converter			subscribars I		
Residential Non-residential			on nomination of the second		

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				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential	V011526		
Pay cable	18.84	Motel, hotel		Tier 1	40.45
· Pay cable—add'l channel	13.50	Commercial		Tier converter	2.20
Fire protection		• Pay cable		Digital	22.33
Burglar protection		Pay cable-add'l channel		Digital converter	5.90
Installation: Residential		Fire protection	er Cittle - In San Co		
First set	23.98	Burglar protection			
 Additional set(s) 	28.78	Other services:			
• FM radio (if separate rate)		Reconnect	23.98		
Converter		Disconnect			
		Outlet relocation	19.18		
		Move to new address	23.98		
	The state of the s	26.	国际发生技术学	A second of the	4.1

Accounting Period: 2019/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Irvine Community Television, Inc.

SYSTEM ID#

5008

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. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WDKY	31.3	N	DANVILLE, KY
WDKY-2	31.4	N-M	DANVILLE, KY
WDKY-3	31.5	N-M	DANVILLE, KY
WDKY-4	31.6	N-M	DANVILLE, KY
WKLE	42.3	E	LEXINGTON, KY
WKLE-2	42.4	E-M	LEXINGTON, KY
WKLE-3	42.5	E-Mod Pos	LEXINGTON, KY
WKLE-4	42.6	E-M	LEXINGTON, KY
WKYT	36.3	Nones dinetruo	LEXINGTON, KY
WKYT-2	36.4	N-M ^{*s M3O, EST}	LEXINGTON, KY
WKYT-3	36.5	N-M	LEXINGTON, KY
WLEX	39.1	N	LEXINGTON, KY
WLEX-2	39.2	N-M 100	LEXINGTON, KY
WLEX-3	39.3	N-M	LEXINGTON, KY
WLJC	7.1	1.	BEATTYVILLE, KY
WLJC-2	7.2	Mulicipa (a) Mulicipa (a) A	BEATTYVILLE, KY
WLJC-3	7.3	I-M	BEATTYVILLE, KY
WLJC-4	7.4	I-M	BEATTYVILLE, KY
WLJC-5	7.5	I-M	BEATTYVILLE, KY
WLJC-6	7.6	I-M	BEATTYVILLE, KY
WTVQ	40.1	N	LEXINGTON, KY
WTVQ-2	40.2	N-M	LEXINGTON, KY
WTVQ-3	40.3	N-M	LEXINGTON, KY
WTVQ-4	40.4	N-M	LEXINGTON, KY
WTVQ-5	40.5	N-M	LEXINGTON, KY
WTVQ-6	40.6	N-M	LEXINGTON, KY
WTVQ-7	40.7	N-M	LEXINGTON, KY
WUPX	21.3	N	MOREHEAD, KY

Add Rows as Necessary

	APA TOP TO THE PERSON OF THE P	
Accounting Period:	2019/1	FORM SA1-2E. PAGE 3
- 97 .	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Irvine Community Television, Inc.	5008
	PRIMARY TRANSMITTERS: TELEVISION	
G	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	
Primary	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	
Transmitters:	substitute program basis, as explained in the next paragraph.	
Television	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. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WUPX-2	21.4	N-M	MOREHEAD, KY
WUPX-3	21.5	N-M	MOREHEAD, KY
WYMT	12.1	N. W. N.	HAZARD, KY
WYMT-2	12.2	N-M wax or a	HAZARD, KY
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		Martine State of the	
		IT is the second of the second of	
		> 'casting over'	
		station or a	
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		The test form	
		γ Siche Stall	

Accounting	Period:	2019/1

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

5008

Irvine Community Television, Inc.

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.

Primary Transmitters: Radio

H

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.

- 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
		St. and St.					
			La company of the second secon				
		A 19 1/33					
						775	
						Market 1 mg	
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			·				

Accounting Perio	d: 2019/1					FOR	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:				SYSTEM ID#
Name	Irvine Community Tele	vision, In	c.				5008
	SUBSTITUTE CARRIAGE	- SPECIA	LSTATEMEN	T AND PROGRAM LOG			
- 1	In General: In space I, identi				a distant static	on that your cable syste	m carried on a
•	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	tions, or authorizations	For a further
Substitute	explanation of the programm				e general instru	uctions in the paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	During the accounting per		ir cable system	carry, on a substitute bas	sis, any nonne	100ms.00	T v
Program Log	broadcast by a distant stat					YES	L_NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mi	ust complete the progr	am
	log in block 2. 2. LOG OF SUBSTITUTE	PROCEA	Me				
	In General: List each subs			ate line. Use abbreviations	wherever pos	ssible, if their meaning	is
	clear. If you need more spa	ice, please	add additional	rows to the tables.			
	period, was broadcast by a			rision program ("substitute			
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the ger	neral instruction	ons for further informat	ion.
	Do not use general categor		ovies" or "baske	etball." List specific progra	m titles, for ex	ample, "I Love Lucy" o	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ente	er "Yes." Otherwise enter "	No."		
	Column 3: Give the call	sign of the	station broadca	asting the substitute progra	am.	====	
	the case of Mexican or Car			he community to which the			n
	Column 5: Give the mor	nth and day	when your sys	tem carried the substitute	program. Use	numerals, with the m	onth
	first. Example: for May 7 gi		a aubatituta ara	aram was carried by your	cable system	Liet the times accura	toly
	to the nearest five minutes	Example:	a program carr	ogram was carried by your ied by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. should be	tery
	stated as "6:00-6:30 p.m."						
	to delete under FCC rules	ter "R" if the	listed program	n was substituted for progr	amming that y	our system was requi	red gram
	was substituted for program	nming that	your system wa	as permitted to delete und	er FCC rules	and regulations in	gram
	effect on October 19, 1976						
				-1 ¹ 10" 52	WHE	N SUBSTITUTE	
	5	SUBSTITUT	TE PROGRAM		CARRI	AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
	Commence and the second	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
					1		
				or and r	1.5."		
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					A THE STATE		
							A STATE OF THE STA

ccounting Period:	2019/1	FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Irvine Community Television, Inc.		SYSTEM ID: 5008
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, see	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	his six-month	
	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	,100)	
	Base amount under statutory formula	-	
	3. Subtract line 2 from line 1		
	Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		-
	6. Subtract line 5 from line 4		-
	The state of the s		
	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 \$52	7,600)	
	220 004 44		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	758.61	_
	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	\$	2,077.61
	FILING FEE AND TOTAL REMITTANCE DUE	a fiether managed a	
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,077.61	-
Due	Filing Fee (See the instructions for more information on filing fee calculations)	20.00	_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	2,097.61
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Regiss See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	er of Copyright more information	s. on.

Name M	Irvine Commu	OWNER OF CABLE SYSTEM: unity Television, Inc.									-		-	-	-		-			-							_		-			-	-	-													-	_								_					_	_				-	-		-														
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