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					
08/29/19	\$ ALLOCATION NUMBER					
	11					

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	ACC	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
		WINDSTREAM NORTH CAROLINA LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 4001 RODNEY PARHAM
		(Number, street, rural route, apartment, or suite number)
		LITTLE ROCK AR 72212 (City, rown, 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 salready 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.

Name WINDSTREAM NORTH CAROLINA LLC Instructions: Use each separate community seved by the cable system. A "community" is the same as a "community are speared and district community or municipal entity (including unincorporated communities within unincorporated communities within unincorporated community. Please use is at the first community. Please use is at the first community. Please use at a the first community. Please use is at the first community on all future filings. Note: Intities and properties such as hotels, apartments, condominiums, or mobile home parks should be report dentified city. CITY OR TOWN SANFORD WOODLAND HEIGHTS. HIGH RIDGE VILLAGE. ASHEWOOD ESTATES THE OAKS THE OAKS	Ι.,	FOAL MAME OF OWNER OF OARD FOVOTEN.	FORM SA1-2E. PAGE							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community as separate and distinct community or municipal entity (including unincorporated communities within unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system 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 report identified city. CITY OR TOWN SANFORD COMMUNITY WOODLAND HEIGHTS HIGH RIDGE VILLAGE ASHEWOOD ESTATES	Name	EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I							
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of syst 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 report identified city. CITY OR TOWN SANFORD WOODLAND HEIGHTS HIGH RIDGE VILLAGE ASHEWOOD ESTATES			632							
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Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be report identified city. CITY OR TOWN SANFORD COMMUNITY WOODLAND HEIGHTS HIGH RIDGE VILLAGE ASHEWOOD ESTATES	d									
CITY OR TOWN First	as	s the "first community." Please use it as the first community on all future filings								
Served identified city. CITY OR TOWN First Community WOODLAND HEIGHTS HIGH RIDGE VILLAGE ASHEWOOD ESTATES	Area N	lote: Entities and properties such as hotels, apartments, condominiums, or mob	le home parks should be reported in parentheses below the							
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Accounting Period: 2019/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63214

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

WINDSTREAM NORTH CAROLINA LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

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

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

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
0.4750000/05050000	NO. OF	5.75	NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
Service to first set	514	8.50-54.99			
Service to additional set(s)					
FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
1		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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	19.00	Motel, hotel		PPV	PP
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 63214

WINDSTREAM NORTH CAROLINA LLC

G

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WUNC/WNCTV	4	E	RALEIGH/DURHAM NC
WRAL	5	N	RALEIGH/DURHAM NC
WTVD	11	N	RALEIGH/DURHAM NC
WNCN	17	N	RALEIGH/DURHAM NC
WLFL	22	N	RALEIGH/DURHAM NC
WRDC	28	N	RALEIGH/DURHAM NC
WRAY	30	N	RALEIGH/DURHAM NC
UNCEX	36	E	RALEIGH/DURHAM NC
WUVC	40	N	RALEIGH/DURHAM NC
WRPX	47	N	RALEIGH/DURHAM NC
WRAZ	50	N	RALEIGH/DURHAM NC
			4

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WINDSTREAM NORTH CAROLINA LLC

63214

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#	
Ivaille	WINDSTREAM NORTH	CAROLI	NA LLC					63214	
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	og				
Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMEN								
Special	During the accounting per				sis anv nonn	etwork telev	vision program	n	
Statement and	broadcast by a distant sta	•			o.o, a,o		YES	X NO	
Program Log	_			o blank Kusus sasuus is	"V"		_		
	Note: If your answer is "No	, leave the	rest of this pag	je blank. If your answer is	s "Yes," you n	nust comple	te the progra	m	
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for put 1070	ce, please a of every no distant stati gulations, o ies like "mo Bulls." In was broad sign of the sadcast static atth and day /e "5/7." es when the Example: a er "R" if the and regulation in that y	am on a separare add additional renetwork televition and that your authorizations vies" or "basked dcast live, enterstation broadca on's location (thons, if any, the owner your system substitute program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the get tball." List specific program "Yes." Otherwise enter string the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for progring the accounting period	e program") the ed for the proneral instruction titles, for e "No." ream. e station is lide a station is lide program. Us reable system: 15 p.m. to 6: ramming that id; enter the leterone in the program in the leterone in	nat, during the gramming cons for furth ensed by the entified). See numerals, m. List the tir 28:30 p.m. see your systemetter "P" if the	ne accounting of another state information ove Lucy" or the FCC or, in with the more accurate should be a was required the listed programmer.	tion n. nth	
	effect on October 19, 1976.				11 100	IENI CUIDOT		T	
		HIRSTITLIT	TE PROGRAM	WHEN SUBSTITUTE CARRIAGE OCCURREI				7. REASON FOR	
	TITLE OF PROGRAM	0 11/50 0 074710110			5. MONTH 6. TIMES			DELETION	
	1. TITLE OF PROGRAW	Yes or No	CALL SIGN	4. STATION'S LOCATION			— TO		
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Accounting Period:	2019/1	FORM SA	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM NORTH CAROLINA LLC	s	YSTEM ID 6321
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nsmission service nis amount, see	7,042.47
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.		
	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	or this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	⁷ ,100)	
	1. Base amount under statutory formula	<u> </u>	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	<u> </u>	
	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 \$52	27,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	_ I	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
540	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O					SYSTEM ID# 63214
M Channels	to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable systems.	the cable system's total nu of channels on which the ca	able cast stations	channels during the ac		200
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this	TACTED IF FURTHER INI statement of account.)	FORMATION IS N	IEEDED (Identify an in	dividual to whom	
for Further Information	Name JIM P	OWELL			Telephone	706.896.1089
	(Number,	HIGHWAY 17 N street, rural route, apartment, or IG HARRIS GA 305 n, state, zip)				
	Email	sandra.blade@windst	tream.com		Fax (optional)	
O Certification	Owner other the (Owner other the in line 1 of s (Officer or part in line 1 of s I have examined the state	certify that (Check one, but of an corporation or partners or other than corporation or pace B and that the owner is oner) I am an officer (if a corporace B. The corporation or partners or other than corporation or pace B and that the owner is oner) I am an officer (if a corporace B. The corporation or partners or other than corporation or pace B. The corporation or partners or other than corporation or pace B. Enter Enter Typed or printed name Title:	only one, of the boship) I am the owner partnership) I am sont a corporation poration) or a partnership or a	er of the cable system as the duly authorized age or partnership; or er (if a partnership) of the alty of law that all statement belief, and are made as the control of the carried belief, and are made as the carried belief. Is a TIMOTHY Per ture on the line above to 's signature' (e.g., /s/ PLOKEN JLATORY REPORE	LOKEN certify this statement. John Smith)	3; or system as identified

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

ounting Period: 2	019/1	FORM SA1-2E. PAGE 8
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID
NDSTREAM N	IORTH CAROLINA LLC	63214
The Satellite H lowing sentence "In detection service scribers For more information in the properties of the properties	ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include subsand amounts collected from subscribers receiving secondary transmissions pursuant to section 119." mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form. ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
YES. Ente	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter t	he amount of late payment or underpayment	Interest Assessment
	x	
Line O. Markins		
Line 2 Multipi	y line 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multipl	y line 2 by the number of days late and enter the sum here	
•	y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
	(interest charge)	
	ne interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please ne Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is th		
	ne decimal equivalent of 1/365, which is the interest assessment for one day late.	
-	the decimal equivalent of 1/365, which is the interest assessment for one day late. The filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the o	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
-	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
Owner Address	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
list below the c	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	

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