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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste				\$	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook	8/26/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	/YY/(Period))	
		2020/1	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 th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	n the owner conducts the business of th	ne cable system.	
		If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should ing period.	submit a
		Check here if this is the system's first filing	: If not, enter the system's ID number a	assigned by the Licensing Division.	60817
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		TELEVIEW INC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite n	umber)		
		City, town, state, zip)			
С				tify the business and operation of the system, if different from the addres	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	TELEVIEW INC	60817
D	Instructions: List each separate community served by the cable system. A "commun "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 as the "first community." Please use it as the first community on all future filings.	ity" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter know
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.	
	CITY OR TOWN	STATE
First	IRWINTON	GA
Community	MCINTYRE	GA
	IVEY	GA
dd Rows as Necessary	TOOMSBORO	GA
	WILKINSON CO	GA
	GORDON	GA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM I
Name	TELEVIEW INC								608
_	SECONDARY TRANSMISSION		IBSCR		ATES				
E	In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	ting on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble systen	n broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc						is within a		
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca				••				
	first set" and would be counted of						nuel Selv		
	Block 2: If your cable system	has rate categ	ories fo	or secondary tra	nsmission				
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	e-word descrip	tion of the	service is	
	sufficient.	OCK 1					BLOC	< 2	
		NO. OF		DATE	0.4.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Service to first set		264	40.25					
	Service to additional set(s)		204	40.25					
	• FM radio (if separate rate)								
	Motel, hotel		1	40.25					
	Commercial			40.25					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscri	ber) inf	ormation with re	espect to a	ll your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t					•			
Services	service for a single fee. There al furnished at cost or (2) services	•			0		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip		-					0 101111 01 Q	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	18.00	• Mo	otel, hotel					
	 Pay cable—add'l channel 		۰Co	mmercial					
	Fire protection		• Pa	y cable					I
	 Burglar protection 		• Pa	y cable-add'l ch	nannel				
	1		• Fir	e protection					Ι
	Installation: Residential		• Bu	rglar protection					I
	Installation: Residential First set	50.00		5 1			-		
				services:					
	• First set		Other	•					
	First setAdditional set(s)		Other ∙Re	services:					
	First setAdditional set(s)FM radio (if separate rate)		Other • Re • Dis	services:					

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEN
Name				60
	PRIMARY TRANSMITTERS:			
G	In General: In space G, ide carried by your cable syste	entify every television station (including m during the accounting period, <i>excep</i>	t (1) stations carried only on a part	-time basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations	in effect on June 24, 1981, permitting the)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c	61(e)(2) and (4))]; and (2) certain st	ations carried on a
	 Do not list the station here, station was carried only on List the station here, and 	also in space I, if the station was carrie	d both on a substitute basis and al	so on some other
	Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form	program services such as HBO, ES	SPN, etc. Identify each
	Column 2: Give the channel of license. For example, W	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network	C C	
	(for independent multicast). For the meaning of these to	ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), (erms, see page (iv) of the general instru	or "E-M" (for noncommercial educa uctions in the paper SA1-2 form.	tional multicast).
	Column 4: Give the location	n of each station. For U.S. stations, list dian stations, if any, give the name of t	t the community to which the station	5
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WMUM	29	Е	COCHRAN GA
	WMAZ	13	N	MACON GA
	WMAZ CW	13	N-M	MACON GA
1 Rows as Necessary				MACON GA
I Kows as Necessary	WGXA	16	N	MACON GA
I Rows as Necessary	WGXA			
1 KOWS as Necessary	WGXA WGXA	16 24	N	MACON GA
Kows as Necessary	WGXA WGXA WPGA	16 24 58	N N-M I	MACON GA MACON GA PERRY/MACON GA
ноws as Necessary	WGXA WGXA WPGA WMGT	16 24 58 41	N N-M I N	MACON GA MACON GA PERRY/MACON GA MACON GA
I KOWS AS NECESSARY	WGXA WGXA WPGA WMGT WMGT MY 41	16 24 58 41 41.2	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA
I KOWS AS NECESSARY	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
I KOWS as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41	16 24 58 41 41.2	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA
1 Kows as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
1 Kows as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
I KOWS AS Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
I KOWS AS Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
I KOWS AS Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
I KOWS as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
I KOWS as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
1 Kows as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
1 Kows as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
d Rows as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
a kows as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
a kows as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA
a kows as Necessary	WGXA WGXA WPGA WMGT WMGT MY 41 WMGT ESCAPE	16 24 58 41 41.2 41.4	N N-M I N I-M	MACON GA MACON GA PERRY/MACON GA MACON GA MACON GA

ccounting Period:	2020/1			FORM SA1-2E. PAGE 3
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	TELEVIEW INC			60817
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	translator stations and low power tele of (1) stations carried only on a part-tim he carriage of certain network program	ne basis under
Primary	5		61(e)(2) and (4))]; and (2) certain static	•
Transmitters:		explained in the next paragraph.		
Television		. ,	arried by your cable system on a subs	titute program
		es, regulations, or authorizations: in space G—but do list it in space I (t	the Special Statement and Program Lo	na)—if the
	station was carried <i>only</i> on a			
	List the station here, and a	lso in space I, if the station was carrie	d both on a substitute basis and also d	on some other
			, see page (v) of the general instruction	
		· · ·	program services such as HBO, ESPN	
		8	e-air designation. For example, report	multistream
	"WETA-2" as the same on the		evision station for broadcasting over th	e air in its community
		RC is channel 4 in Washington, D.C.	evision station for broadcasting over th	
			station, an independent station, or a n	oncommercial
	educational station, by enter	ing the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepen	ident), "I-M"
			or "E-M" (for noncommercial educatior	nal multicast).
		ms, see page (iv) of the general instr		
			t the community to which the station is	-
	FCC. For Mexican or Canad	ian stations, il any, give the name of	the community with which the station is	sidentinea.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME O		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						SYSTEM 608
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recein t the Co sign of o he static ion's sign g a chech n's locati	I-Band FM Carriage: Under (item whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ant this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	2) it can ertain st jeneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				GALL SIGN		3/0	LOCATION OF STATION	
VPEZ	FM	<u> </u>	MACON GA					
						·		
						·		
							·	
	L							

Accounting Perio	od: 2020/1						FORM	I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TELEVIEW INC							60817
					_			
	SUBSTITUTE CARRIAG				-			
l I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	 During the accounting per 	-			sis, any noni	network tele	vision prog	ram
Statement and Program Log	broadcast by a distant sta	-					YES	× NO
Trogram Log	-				"		_	
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer is	s res, you i	nust comple	ete the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible. if th	eir meaning	a is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.				·••			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by th	ne FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).		
	Column 5: Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerals	s, with the n	nonth
			e substitute pr	ogram was carried by you	r cable svste	m. List the t	imes accura	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming the	t vour ovoto		irod
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							sgram
	effect on October 19, 1976							
						N SUBSTI		
	s	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	-	
						_		
						-		
						-	_	
						_		
						-		
						-	_	
							_	
						-	_	
						-	_	
						-	_	
						-	_	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELEVIEW INC	S	YSTEM ID# 60817
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	9,471.50 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		52.00
	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		<u> </u>
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filian Francis			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELEVIEW INC	SYSTEM ID# 60817
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	10 66
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 JIM POWELL Telephone 7	706.896.1089
	Address 1839 HIGHWAY 17 N (Number, street, rural route, apartment, or suite number) YOUNG HARRIS GA 30582 (City, town, state, zip)	
	Email Sandra.blade@windstream.com Fax (optional) 330.486.3504	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	ystem as identified
	X /S/ TIMOTHY P LOKEN Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
	Date: AUGUST 24, 2020	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
EVIEW INC	6081
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusior
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	_
Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmen
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