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

for Secondary Cable Systems General instruction	T OF ACCOUNT Transmissions by s (Short Form)	DATE RECEIVED	AMOUNT	-
General instructio	s (Short Form)			
in the first tab of t		8/18/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A AG	CCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optiona	al - see instructions)	
_	Instructions: Give the full legal name of the owner of th	he cable system. If the owner is a subs	sidiary of another corporation, give the full cor	rporate title
В	of the subsidiary, not that of the parent co	orporation.		
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty for		the last day of the accounting period should s nting period.	ubmit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	61833
	ADVANCED TELEPHONE SYSTEMS BUSINESS NAME(S) OF OWNER OF		<u>г</u>)	
			')	
-	HTC COMMUNICATIONS MAILING ADDRESS OF OWNER OF			
	75 MAIN STREET			
	(Number, street, rural route, apartment, or suite r HICKORY, PA 15340-1118 (City, town, state, zip)			
	STRUCTIONS: In line 1, give any busir	ness or trade names used to ide	ntify the business and operation of the	system unless these
	mes already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEN	A:		
	2 (Number, street, rural route, apartment, or suite r	number)		
	(City, town, state, zip code)			

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		
	ADVANCED TELEPHONE SYSTEMS, INC	618
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v as the "first community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	ne parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	MT PLEASANT TOWNSHIP	PA
Community	CROSS CREEK TOWNSHIP	PA
	INDEPENDENCE TOWNSHIP	PA
dd Rows as Necessary	CHARTIERS TOWNSHIP	ΡΑ
	CECIL TOWNSHIP	PA
	HOUSTON BOROUGH	PA
	SMITH TOWNSHIP	PA

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM IC
Name				;				515	6183
			-,						
Е	SECONDARY TRANSMISSION In General: The information in s					ny transmission	convice of t	ha aabla	
-	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	•							
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·		,		rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					andan transmit		a that apple	
	systems most commonly provide	•		Ű		•			
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of							41	
	Block 2: If your cable system printed in block 1 (for example, t	0							
	with the number of subscribers a								
	sufficient.		onginti						
	BLC	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		809	20.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			•		• • • •		
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				131100. 2131				
								D D D U D U D U D U D U D U U U U U U U U U U	
		01710	CK 1				CATECO	BLOCK 2 DRY OF SERVICE	
			CATEC		VICE	PATE			D ATI
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	UATEOC	DRT OF SERVICE	RATI
	Continuing Services:		Installa	ation: Non-res		RATE			
	Continuing Services: • Pay cable		Installa • Mo	ation: Non-res tel, hotel		RATE	EXPAN	DED BASIC	61.9
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mo • Col	ation: Non-res tel, hotel mmercial		RATE	EXPAN TIER	DED BASIC	61.9 22.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa • Mo • Cor • Pay	ation: Non-res tel, hotel mmercial y cable	idential	RATE	EXPAN TIER CINEM	DED BASIC AX	61.9 22.9 12.2
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installa • Mo • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	idential	RATE	EXPAN TIER CINEM SHOW	DED BASIC AX FIME	61.9 22.9 12.2 19.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		Installa • Mo • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	idential	RATE	EXPAN TIER CINEM SHOW STARZ	DED BASIC AX FIME	61.9 22.9 12.2 19.5 19.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		Installa • Mo • Col • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential	RATE	EXPAN TIER CINEM SHOW	DED BASIC AX FIME	61.9 22.9 12.2 19.5 19.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		Installa • Mo • Col • Pay • Pay • Fire • Bur Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential	RATE	EXPAN TIER CINEM SHOW STARZ	DED BASIC AX FIME	61.9 22.9 12.2 19.5 19.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Installa • Mo • Col • Pay • Pay • Fire • Bur Other •	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch protection rglar protection services: connect	idential	RATE	EXPAN TIER CINEM SHOW STARZ	DED BASIC AX FIME	61.9 22.9 12.2 19.5 19.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		Installa • Mo • Col • Pay • Pay • Fire • Bur Other • Ree • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect connect	idential	RATE	EXPAN TIER CINEM SHOW STARZ	DED BASIC AX FIME	61.9 22.9 12.2 19.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Installa • Mo • Col • Pay • Pay • Fire • Bur Other • Dis • Our	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch protection rglar protection services: connect	idential nannel	RATE	EXPAN TIER CINEM SHOW STARZ	DED BASIC AX FIME	61.9 22.9 12.2 19.5 19.5

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	ADVANCED TELEPHO			61833
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1 : List each statior multicast stream associated "WETA-2" as the same on t Column 2 : Give the channel of license. For example, W Column 3 : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4 : Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.1 is explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (i a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th	<i>it</i> (1) stations carried only on a part-tiu the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t estation, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
				4. LOCATION OF STATION
	KDKA	25	N	PITTSBURGH, PA
	WTAE	27	N	PITTSBURGH, PA
Add Rows as Necessary	WPXI	23	N	PITTSBURGH, PA
	WQED	4	E	PITTSBURGH, PA
	WPCW	11	N	MONROEVILLE, PA
	WPCB	28	Ν	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WINP	16	N	PITTSBURGH, PA
				-

ADVANCED TELEPHONE SYSTEMS, 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 wholes eignals were generally receivable by your cable system during the accounting period. 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 headend, with the system's FM antenna, during craftal 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 2: State whether the station is AM or FM. State whether the station's is Carlon (the community to which the station is licensed by the FCC or, in the case of Maccan or Canadian stations; if any, the community with which the station is licensed by the FCC or, in the case of Maccan or Canadian stations; if any, the community with which the station is licensed by the FCC or, in the case of Maccan or Canadian stations; if any, the community with which the station is licensed by the FCC or, in the case of Maccan or Canadian stations; if any, the community with which the station is licensed by the FCC or, in the case of Maccan or Canadian stations; if any, the community with which the station is licensed by the FCC or, in the case of Maccan or Canadian stations; if any, the community with which the station is licensed by the FCC or, in the case of Maccan or Canadian stations; if any, the community with which the station is licensed by the statematican and the stat	61
 n 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eceivable 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. baser SA1-2 form. Column 1: Identify the call sign of each station carried. 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). 	
 eceivable 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. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. For detailed information about the call sign of each station carried. Column 1: Identify the call sign of each station carried. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, 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). 	Н
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Primary Transmitters Radio
Image: Section of the section of th	
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Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	ADVANCED TELEPHO	ONE SYST	EMS, INC					61833
					-			
	SUBSTITUTE CARRIAG	-	-					
	In General: In space I, ident							
	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in		i ille paper 3	A 1-2 10111.
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer i	s "Yes " vouu	must comp	lete the proc	nam
	-	, iouvo uio		ige blank. It your anower is	5 100, you i	nuot oomp		jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle ift	heir meanin	n is
	clear. If you need more spa				s wherever p	0331010, 11 1		y 13
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ont	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th		censed by	the 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).		
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car	fied by a system norm 0.0	i. i5 p.iii. to c	.20.30 p.n		
		er "R" if the	listed prograr	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regul	ations in	
	effect on October 19, 1976	•						
	C			A		N SUBST		7. REASON FOR
	5					AGE OCC		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— TO	
							<u> </u>	
							_	
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Accounting Period:	2020/1 FORM SA1-2	E. PAGE 6
Name		TEM ID#
Humo	ADVANCED TELEPHONE SYSTEMS, INC	61833
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c 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. For a further explanation of how to compute this amount, se 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. \$ 97,82 (Amount of gross receipts.	20.00 ecceipts)
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	0.00
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	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	
	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	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)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ADVANCED TELEPHONE SYSTEMS, INC	SYSTEM ID# 61833
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 . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	9 313
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 CAROL ENGEL Telephone	724-356-2010
	Address Address 75 MAIN STREET (Number, street, rural route, apartment, or suite number) HICKORY, PA 15340-1118 (City, town, state, zip) Email CAROL@HKY.COM Fax (optional)	
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow 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 hereid 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)]	system as identified /ner of the cable system
	Date: 8/18/20	

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.

scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 Mailing Address Nume 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.	SYSTEM 618 P ecial Statemer ncerning Gros ceipts Exclusio ceipts Exclusio
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." Spectra 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? \$ No	P ecial Statemer ncerning Gros ceipts Exclusio
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." 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 carrier(s) below. No YES. Enter the total here and list the satellite carrier(s) below. Name Maining Address Name Maining Address Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here	ecial Statemer ncerning Gros ceipts Exclusio
Mailing Address Mailing Address INTEREST ASSESSMENT 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. Inter Line 1 Enter the amount of late payment or underpayment	Q rest Assessme
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. Line 1 Enter the amount of late payment or underpayment	Q rest Assessme
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. Line 1 Enter the amount of late payment or underpayment	Q rest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	rest Assessme
x days Line 3 Multiply line 2 by the number of days late 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@copyright.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	

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