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 by email to:

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
	\$
	ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20201 Barcode Data Filing Period (optional - see instructions)
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
		Stowe Cable Systems LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 1522
		(Number, street, rural route, apartment, or suite number) Stowe, VT 05672-1522
		(City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	: Section	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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:	SYSTEM I
Name	Stowe Cable Systems LLC	6639
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rule porated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter kno filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Stowe	VT
Community	Cambridge	VT
dd Rows as Necessary		

	· · · · · · · · · · · · ·							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C		:					SYS	TEM ID 6639
	Stowe Cable Systems L	.LC							0039
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR		ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including particular services)					•			
Transmission	last day of the accounting period	• • •							
Service: Sub-	Number of Subscribers: Both	n blocks in spa	ce E ca	all for the numb	er of subs	cribers to the ca			
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular server		-	•••		•	-	s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·		,	•	rd rate variatior	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion son	ice 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					d in the count u	nder "Servi	ice to the	
	Block 2: If your cable system	•			• • •	service that ar	e different	from those	
	printed in block 1 (for example, t	tiers of service	s that i	nclude one or n	nore secor	ndary transmiss	ions), list th	nem, together	
	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.	DCK 1					BLOCK	(2	
		NO. OF		DATE				NO. OF	D 4 T
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		795	\$53	Broadc	ast Fee		852	\$4.9
	Service to additional set(s)		229	\$7.50	Bioade	astree		UUL.	ψ
	• FM radio (if separate rate)			<u> </u>					
	Motel, hotel								
	Commercial		57	\$37.91					
	Converter								
	 Residential 								
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,		,			• •			
	service for a single fee. There a		-		-		- ·		
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usuali	y billed. If any f	ales are c	narged on a var	lable per-p	nogram basis,	
Fransmissions:	Block 1: Give the standard ra	te charged by t		•		•••			
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) descrip		-		lished. Lisi	these other se	rvices in th	e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATI
	Continuing Services:			ation: Non-res		TOTE	OATEOC		
	• Pay cable	\$52.50		otel, hotel			Movie F	Package Option	\$19.0
	• Pay cable—add'l channel		• Co	ommercial				Package Option	
	Fire protection		• Pa	y cable			HD Pac	ā	\$22.5
	•Burglar protection		• Pa	y cable-add'l cl	nannel		Digital	Package	\$12.5
	Installation: Residential		• Fir	e protection					
	• First set		• Bu	rglar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)			econnect					
	• Converter			sconnect					
				utlet relocation					
			• • •	ove to new add					

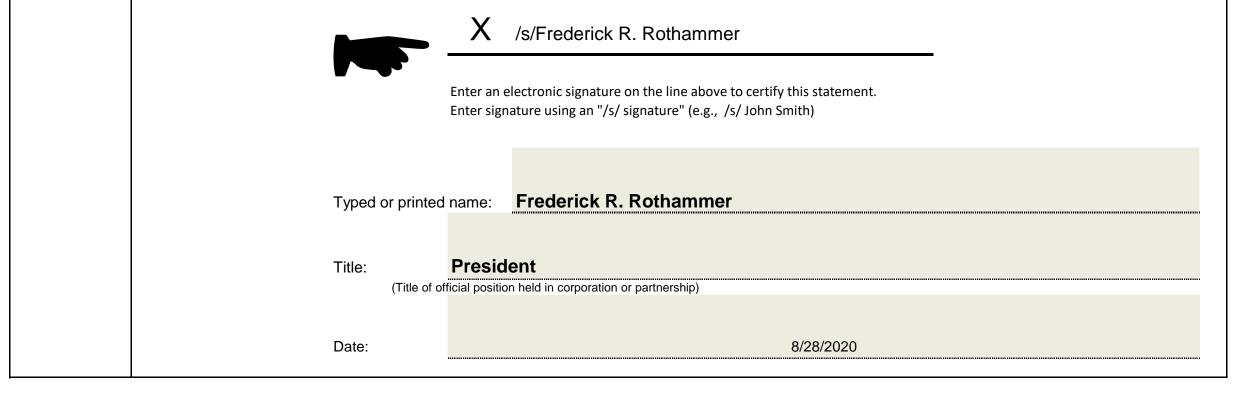
				FORM SA1-2E. P.
Name	LEGAL NAME OF OWNER OF			SYSTEN 66
	Stowe Cable Systems			00
	PRIMARY TRANSMITTERS:			
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting	ot (1) stations carried only on a part	-time basis under
rimary smitters:		e)(2) and (4), or 76.63 (referring to 76. Is explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain st	ations carried on a
levision		: With respect to any distant stations of	carried by your cable system on a s	ubstitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (the Special Statement and Program	n Log)—if the
		also in space I, if the station was carrie	ed both on a substitute basis and al	so on some other
		on concerning substitute basis stations n's call sign. <i>Do not</i> report origination		
		d with a station according to its over-th		-
		el number the FCC assigned to the tel	evision station for broadcasting ove	er the air in its community
		/RC is channel 4 in Washington, D.C. n case whether the station is a network	station, an independent station, or	a noncommercial
	educational station, by enter	ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for inde	pendent), "I-M"
	,	, "E" (for noncommercial educational), erms, see page (iv) of the general instr		itional multicast).
	Column 4: Give the location	on of each station. For U.S. stations, lis	st the community to which the statio	-
	FCC. For Mexican or Cana	dian stations, if any, give the name of	the community with which the static	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCAX	22	Ν	Burlington, Vermont
	WVNY	13	Ν	
		IV	IN	Burlington, Vermont
vs as Necessary	WPTZ	14	N N	Burlington, Vermont Burlington, Vermont
vs as Necessary				
vs as Necessary	WPTZ	14	Ν	Burlington, Vermont
vs as Necessary	WPTZ WETK	14 32	N E	Burlington, Vermont Burlington, Vermont
vs as Necessary	WPTZ WETK WFFF	14 32 16	N E	Burlington, Vermont Burlington, Vermont Burlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT	14 32 16 21	N E	Burlington, Vermont Burlington, Vermont Burlington, Vermont Montreal, Quebec
vs as Necessary	WPTZ WETK WFFF CBMT CFCF	14 32 16 21 12	N E N I I	Burlington, Vermont Burlington, Vermont Burlington, Vermont Montreal, Quebec Montreal, Quebec Burlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2	14 32 16 21 12 14	N E N I I N-M N-M	Burlington, Vermont Burlington, Vermont Burlington, Vermont Montreal, Quebec Montreal, Quebec Burlington, Vermont Burlington, Vermont Burlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3	14 32 16 21 12 14 14 14	N E N I I N-M	Burlington, Vermont Burlington, Vermont Burlington, Vermont Montreal, Quebec Montreal, Quebec Burlington, Vermont Burlington, Vermont Burlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4	14 32 16 21 12 14 14 14 32 32 32	N E N i i N-M N-M E-M E-M	Burlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontMontreal, QuebecMontreal, QuebecBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4 WETK33.2	14 32 16 21 12 14 14 14 32 32 32 32	N E N I I N-M E-M E-M E-M	Burlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontMontreal, QuebecMontreal, QuebecBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4	14 32 16 21 12 14 14 14 32 32 32	N E N i i N-M N-M E-M E-M	Burlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontMontreal, QuebecMontreal, QuebecBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4 WETK33.2	14 32 16 21 12 14 14 14 32 32 32 32	N E N I I N-M E-M E-M E-M	Burlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontMontreal, QuebecMontreal, QuebecBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4 WETK33.2	14 32 16 21 12 14 14 14 32 32 32 32	N E N I I N-M E-M E-M E-M	Burlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontMontreal, QuebecMontreal, QuebecBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4 WETK33.2	14 32 16 21 12 14 14 14 32 32 32 32	N E N I I N-M E-M E-M E-M	Burlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontMontreal, QuebecMontreal, QuebecBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4 WETK33.2	14 32 16 21 12 14 14 14 32 32 32 32	N E N I I N-M E-M E-M E-M	Burlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontMontreal, QuebecMontreal, QuebecBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4 WETK33.2	14 32 16 21 12 14 14 14 32 32 32 32	N E N I I N-M E-M E-M E-M	Burlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontMontreal, QuebecMontreal, QuebecBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4 WETK33.2	14 32 16 21 12 14 14 14 32 32 32 32	N E N I I N-M E-M E-M E-M	Burlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontMontreal, QuebecMontreal, QuebecBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4 WETK33.2	14 32 16 21 12 14 14 14 32 32 32 32	N E N I I N-M E-M E-M E-M	Burlington, Vermont Burlington, Vermont Burlington, Vermont Montreal, Quebec Montreal, Quebec Burlington, Vermont Burlington, Vermont Burlington, Vermont Burlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4 WETK33.2	14 32 16 21 12 14 14 14 32 32 32 32	N E N I I N-M E-M E-M E-M	Burlington, Vermont Burlington, Vermont Burlington, Vermont Montreal, Quebec Montreal, Quebec Burlington, Vermont Burlington, Vermont Burlington, Vermont Burlington, Vermont
vs as Necessary	WPTZ WETK WFFF CBMT CFCF WPTZ5.2 WPTZ5.3 WETK33.3 WETK33.4 WETK33.2	14 32 16 21 12 14 14 14 32 32 32 32	N E N I I N-M E-M E-M E-M	Burlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontMontreal, QuebecMontreal, QuebecBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, VermontBurlington, Vermont

EGAL NAME O								SYSTEM 663
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for 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 rece at the Co sign of o the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the opyright Office regulations on t 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						0,0		
						·		
						·		
						·		
						·		
						·		
						·		

Accounting Perio	od: 2020/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Stowe Cable Systems	LLC					66396
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every no	nnetwork televi	sion program, broadcast b	y a <i>distant</i> sta	tion, that your cable sys	stem carried on a
	substitute basis during the a	• •		•			
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general ins	tructions in the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network television prog	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust complete the pro	gram
	log in block 2.	,					0
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if their meanin	ig is
	clear. If you need more spa						
				vision program ("substitut			
	period, was broadcast by a under certain FCC rules, re				•	0 0	
	Do not use general categor	•					
	"NBA Basketball: 76ers vs.	Bulls."					
				er "Yes." Otherwise enter			
		•		asting the substitute prog the community to which th		canced by the ECC or	in
	the case of Mexican or Car		,				
				stem carried the substitut			month
	first. Example: for May 7 giv						
				ogram was carried by you			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m. should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t your system was <i>req</i>	uired
	to delete under FCC rules a						ogram
	was substituted for program	•	your system w	as permitted to delete une	der FCC rules	s and regulations in	
	effect on October 19, 1976				<u>, , </u>		
	S	UBSTITUT	E PROGRAM	1		N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
					-=		
						_	
						_	
						_	
					1		
						_	
						_	

ccounting Period:					SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Stowe Cable Systems LLC			;	SYSTEM ID 6639
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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	ystem's sec n of how to	condary transm compute this a	ission service mount, see \$2	
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in 	out less that	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	·		is six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137, ²	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	250,425.00		
	3. Subtract line 2 from line 1	\$	13,375.00		
	4. Enter the amount of gross receipts from space K		\$ 2	250,425.00	
	5. Enter the amount from line 3		\$	13,375.00	
	6. Subtract line 5 from line 4		\$ 2	237,050.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,185.25
	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		\$	1,185.25
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	ess 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		Ψ	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,				
	FILING FEE AND TOTAL REMITTANCE DUI	E			
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	·····.	\$	1,185.25	
Due	2. 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			\$	1,205.25
					ghts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Stowe Cable S	Systems LLC	66396
M Channels	to its subscribers	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		I number of channels on which the cable television broadcast stations	13
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	136
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Lyndsey Grunewald Telephone 202-8	887-4413
	Address	Akin Gump Strauss Hauer & Feld LLP; 1333 New Hampshire Ave., N.W. (Number, street, rural route, apartment, or suite number) Washington, DC 20036 (City, town, state, zip)	
	Email	Igrunewald@akingump.com Fax (optional)	
O Certification		(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
		er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a line 1 of space B and that the owner is not a corporation or partnership; or	as identified
		e r or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th line 1 of space B.	e cable system
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	



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.

unting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
we Cable Systems LLC	6639
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 Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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.	Q
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.	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
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 Interest 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	
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	
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	
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	-
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	-
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	-
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	-
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	-
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	-
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	-
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	-

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.