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				
0.07.04	\$ ALLOCATION NUMBER				
2-27-21					

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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20202 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.
		LECAL NAME OF OWNER/MAILING ADDRESS OF CARLE SYSTEM
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		WASHINGTON CABLE SYSTEMS INC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		BOOMEOU NAME(O) OF COMERCO CABLE OF OTEM (IF BITTERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		700 7TH ST SW STE S3 (Number, street, rural route, apartment, or suite number)
		WASHINGTON DC 20024-2484 ((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 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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/2	
	T	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WASHINGTON CABLE SYSTEMS INC	33152
Area	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 holdentified city.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Served		
	CITY OR TOWN	STATE
First	SW Washington	DC
Community		
Add Rows as Necessary		

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WASHINGTON CABLE SYSTEMS INC

33152

# Ε

## Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK	₹2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	29	44.00			
<ul> <li>Service to additional set(s)</li> </ul>	13	2.00			
• FM radio (if separate rate)					
Motel, hotel					
Commercial	11	1,023.00			
Converter					
Residential	39	3.00			
Non-residential					

# F

# Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RA
Continuing Services:		Installation: Non-residential			
• Pay cable	14.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	10.00	Commercial	150.00		
Fire protection		• Pay cable			
<ul><li>Burglar protection</li></ul>		• Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	30.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>	30.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect	-		
		Outlet relocation	15.00		
		<ul> <li>Move to new address</li> </ul>	15.00		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID# 33152** 

### **WASHINGTON CABLE SYSTEMS INC**

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WRC-4.1	48.1	N-M	Washington, DC
COZI-4.2	48.2	N-M	Washington, DC
WZDC-4.3	48.3	N-M	Washington, DC
XITOS-4.4	48.4	N-M	Washington, DC
WTTG-5.1	36.1	N-M	Washington, DC
BUZZR-5.2	36.2	N-M	Washington, DC
METV-5.3	36.3	N-M	Washington, DC
WJLA-7.1	7.1	N-M	Washington, DC
CHG-7.2	7.2	N-M	Washington, DC
COMET-7.3	7.3	N-M	Washington, DC
TBD-7.4	7.4	N-M	Washington, DC
WUSA-9.1	9.1	N-M	Washington, DC
Justice-9.2	9.2	N-M	Washington, DC
WJAL-Quest-9.3	9.3	N-M	Washington, DC
WDCA-20.1	35.1	N-M	Washington, DC
MOVIES-20.2	35.2	N-M	Washington, DC
HEROES-20.3	35.3	N-M	Washington, DC
LIGHTV-20.4	35.4	N-M	Washington, DC
MPT-22.1	22.1	E-M	Annapolis, MD
MPT2-22.2	22.2	E-M	Annapolis, MD
MPTKIDS-22.3	22.3	E-M	Annapolis, MD
NHKWLD-22.4	22.4	E-M	Japan

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WASHINGTON CABLE SYSTEMS INC

FORM SA1-2E. PAGE 3.

SYSTEM ID#

33152

**PRIMARY TRANSMITTERS:** TELEVISION

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WETA-26.1** 27.1 E-M Washington, DC **WETA-UK-26.2** 27.2 E-M Washington, DC WETA-KIDS-26.3 Washington, DC 27.3 E-M E-M WETA World-26.4 27.4 Washington, DC WETA Metro-26.5 27.5 E-M Washington, DC WHUT-32.1 33.1 E-M Washington, DC E-M WHUT-Kids-32.2 33.2 Washington, DC

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### WASHINGTON CABLE SYSTEMS INC

33152

#### 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.

H

Primary Transmitters: Radio

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

- **Column 1:** Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
(none)							
(Horie)		<del>-</del>					
		]					
		<u> </u>					
		<b> </b>					
		<b>-</b>					
		<b>-</b>					
		<b></b>					
		<b></b>					
		<b></b> -					
		<b></b>					

	d: 2020/2						FC	DRM SA1-2E. PAGE 5.	
NI	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	WASHINGTON CABLE	SYSTEM	IS INC					33152	
	CUDETITUTE CARRIAGE	- CDECIA	LOTATEME	NT AND DDOOD AM LOA	^				
	SUBSTITUTE CARRIAGE								
	n General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	•	abstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute		planation 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 STATEMENT	<b>CONCER</b>	NING SUBS	TITUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ır cable syster	n carry, on a substitute ba	sis, any nonn	etwork te	levision pr	ogr <u>am</u>	
Program Log	broadcast by a distant sta	tion?					YES	X NO	
i rogram Log	-								
	<b>Note:</b> If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust com	plete the p	rogram	
	log in block 2.								
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviations	s wherever po	ossible, if	their mear	ning is	
	clear. If you need more spa	•							
		-		vision program ("substitute			-	_	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	im titles, for e	example,	I Love Luc	cy or	
			dcast live ent	er "Yes." Otherwise enter '	'No."				
				asting the substitute progr					
		•		the community to which the		censed by	the FCC o	or, in	
	the case of Mexican or Car		,	-				,	
	Column 5: Give the mor	nth and day	when your sy	stem carried the substitute	program. Us	se numera	als, with the	e month	
	first. Example: for May 7 given								
				ogram was carried by you					
	to the nearest five minutes.	Example: a	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.r	n. should k	pe	
	stated as "6:00–6:30 p.m."	or "D" if the	liated are area	a waa aybatitutad far araa				a au sina al	
				n was substituted for progr					
	to delete under FCC rules a was substituted for program							program	
	effect on October 19, 1976	•	your system w	as permitted to delete und	iei i oo iales	and regu			
	011000 011 0000001 10, 1010	•							
					WHE	N SUBS	TITUTE		
	SI	UBSTITUT	E PROGRAM	1	SUBSTITUTE PROGRAM WHEN SUBSTIT				
					CARRI	AGE OCC	CURRED	7. REASON FOR	
	<ol> <li>TITLE OF PROGRAM</li> </ol>		3. STATION'S		5. MONTH	6.	TIMES	DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION			TIMES	DELETION	
	1. TITLE OF PROGRAM  (none)				5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	
					5. MONTH	6.	TIMES	DELETION	

Accounting Period:	2020/2			FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WASHINGTON CABLE SYSTEMS INC			S	YSTEM ID# 33152
<b>K</b> 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 explanation 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.	stem's sec	condary transmi compute this a	ssion service mount, see	5,062.00 ss receipts)
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	ut less tha	n \$527,600	63,800	
	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	fee that you	u must pay for thi	is 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 lin	es 1 and 2		. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K		<u> </u>		
	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		_		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 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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUI	<b>=</b>			
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)		\$	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 paym See page i of the general instructions in the paper SA1-		_		ts!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER C				SYSTEM ID# 33152
<b>M</b> Channels	to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable system.	the cable system's total of channels on which the broadcast stations of activated channels are carried television broadcast.	I number of activated channers  e cable  badcast stations	ystem carried television broadcast stations els during the accounting period.	29
N Individual to Be Contacted for Further	we can contact about this			O (Identify an individual to whom  Telephone 202	2-646-1600
Information	(Number	eventh St SW street, rural route, apartmer			
		pk@washcable.tv		Fax (optional) 202-479-4396	
O Certification	I, the undersigned, hereby  (Owner other the state)  (Agent of owner in line 1 of state)  X (Officer or partin line 1 of state)  I have examined the state  • I have examined the state	certify that (Check one, han corporation or part other than corporation pace B and that the owner ther) I am an officer (if a pace B.	but only one, of the boxes.)  Enership) I am the owner of the on or partnership) I am the duer is not a corporation or partner (if a corporation) or a partner (if a ceby declare under penalty of later	partnership) of the legal entity identified as owner of aw that all statements of fact contained herein ef, and are made in good faith.	
		Typed or printed na	nter signature using an "/s/ sign		

**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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

VALA CLUBIA.		DIECY	CTEME	INIC
WASHING <sup>*</sup>	ION CA	BLE 21	3 I F IVI 5	INC.

SHINGTON CABLE SYSTEMS INC	33152
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."  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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* 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@loc.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	
Address	
ID number  First community served Accounting period	

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)