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
7/13/21	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		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.
	63759	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
		Spring City Cable TV, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 729 (Number, street, rural route, apartment, or suite number)
		Spring City, TN 37381 (City, town, state, zip)
С		CUCTIONS: 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:
		WALL WAS ADDRESS OF GARLE OVERTIME
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/1	FORM 044 05 PAOF 45
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Spring City Cable TV, Inc.	63759
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated con discrete 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.	nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Spring City	TN
Community	Rhea County	TN
Add Rows as Necessary		
Add Rows as Necessal y		

Accounting Period: 2021/1
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63759

Spring City Cable TV, Inc.

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.

BL	OCK 1	BLOCK 2				
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	500	51.45				
 Service to additional set(s) 	686	0.95				
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	57.31	Motel, hotel		Premium Channel	16.95
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	39.95	Burglar protection			
 Additional set(s) 	18.95	Other services:			
• FM radio (if separate rate)		Reconnect			
Converter	4.95	Disconnect			
		Outlet relocation			
		Move to new address			
)

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63759

Spring City Cable TV, 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
WRCB	3.1	N	Chattanooga, TN
WRCB-2	3.2	N-M	Chattanooga, TN
WOOT	6.1	N	Chattanooga, TN
WOOT-2	6.2	N-M	Chattanooga, TN
WOOT-3	6.3	N-M	Chattanooga, TN
WOOT-4	6.4	N-M	Chattanooga, TN
WTVC	9.1	N	Chattanooga, TN
WTVC-2	9.2	N-M	Chattanooga, TN
WTVC-3	9.3	N-M	Chattanooga, TN
WDEF	12.1	N	Chattanooga, TN
WDEF-2	12.2	N-M	Chattanooga, TN
WDEF-3	12.3	N-M	Chattanooga, TN
WDEF-4	12.4	N-M	Chattanooga, TN
WNGH	18.1	E	Chatsworth, GA
WNGH-2	18.2	E-M	Chatsworth, GA
WNGH-3	18.3	E-M	Chatsworth, GA
WELF	23.1	E	Dalton, GA
WELF-2	23.2	E-M	Dalton, GA
WELF-3	23.3	E-M	Dalton, GA
WTCI	45.1	E	Chattanooga, TN
WTCI-2	45.2	E-M	Chattanooga, TN
WTCI-3	45.3	E-M	Chattanooga, TN
WTCI-4	45.4	E-M	Chattanooga, TN
WFLI	53.1	N	Cleveland, TN

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63759 Spring City Cable TV, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television 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 WFLI-2 53.2 N-M Chattanooga, TN WFLI-3 53.2 N-M Chattanooga, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Spring City Cable TV, Inc.

63759

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WDNT	AM	Х	Spring City, TN				
WALI	AM	X	Dayton, TN				
WWQS	FM	Х	Spring City, TN			 	
WDVX	FM	Х	Clinton, TN				
WUUQ	FM	X	South Pittsburgh,TN				
WUTC	FM	X	Chattanooga, TN				
WUTC-HD2	FM	X	Chattanooga, TN				
WNML	FM	X	Oliver Springs, TN				
WNML	FM	Х	Friendsville, TN			1	
WSKZ	FM	Х	Chattanooga, TN			1	
WIVK	FM	Х	Knoxville, TN			1	
WXCT	AM	Х	Chattanooga, TN			1	
WPLZ-HD2	FM	Х	Ooltewah, TN				
WFLI	AM	Х	Lookout Mtn. TN				
		1					
		1				1	
		1				1	
		1				1	
							
		1				 	
							
		1				 	
		1				 	
		 				 	
		1				 	
		 				 	
		 				 	
	 	1				 	
		 					
		1					
	 	 				 	
	 	 				 	
	 	 			l	 	
	 	 				 	
	 	 				 	
		 					
		 					
							
		1					
		 				 	
							
							
		 				 	
	<u> </u>	·		<u> </u>	<u> </u>		·

Atime David	-d- 2024 /4									CODM CA4 OF DAGE 5
Accounting Perio	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:							SYSTEM ID#
Name	Spring City Cable TV,									63759
	opining only outsite in,									00700
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the programs	itify every no accounting p ming that mu	nnetwork televi period, under sp est be included	isior pecif	n program, broadcast by fic present and former FO his log, see page (v) of the	a distant sta CC rules, reg	gulatior	ıs, o	r authoriz	ations. For a further
Special	1. SPECIAL STATEMEN	_			-	_:	4			
Statement and	During the accounting per	•	ur cable syster	III Ca	arry, on a substitute bas	sis, any non	networ	ке		
Program Log	broadcast by a distant sta								YE	3 — 110
	Note: If your answer is "No	o", leave the	e rest of this pa	age	blank. If your answer is	"Yes," you	must c	omp	olete the	program
	log in block 2.	E BBOOD	140							
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." In was broad a sign of the badcast statination and day ive "5/7." In es when the Example: "ter "R" if the and regulate mming that	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask adcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect of	Il rovervision of the control of the	ws to the tables. on program ("substitute cable system substitute See page (v) of the ger all." List specific progra Yes." Otherwise enter "ing the substitute progracommunity to which the munity with which them carried the substitute am was carried by your by a system from 6:01 as substituted for prograg the accounting period	program") ed for the program titles, for No." am. e station is le station is le program. Le cable syste: 15 p.m. to le camming tha d; enter the	that, durogram tions for examp icensed dentifier lse nur em. Lis 6:28:30 it your letter "	uring ming or fu d by d). mera t the y p.n syst P" if	the according of anotarther info I Love Lutthe FCC als, with the times according should em was a the liste	counting ner station rmation. loy" or or, in the month courately be required d program
		N IDOTITI IT							TTUTE	7 DEASON FOR
			E PROGRAM 3. STATION'S	1		5. MONTH	1		CURRED	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN		STATION'S LOCATION	AND DAY	FRC		— Т	0
									_	
				 -						
				 						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Spring City Cable TV, Inc.	31	STEM I 637
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form	mission service	
	Gross receipts from subscribers for secondary transmission service(s)	\$ 128	106 91
	during the accounting period	(Amount of gro	s,106.81 ss receipts)
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 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		02.00
	1. Base amount under statutory formula		
	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		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)	
	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		
	TENOTEE AND TOTAL NEWST PANOE BOL		
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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
	EFT Trace # or TRANSACTION ID # 26SL25D9		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: ble TV, Inc.				SYSTEM ID# 63759
M Channels	to its subscribers, Enter the total system carried t Enter the total on which the car.	number of channels on which relevision broadcast stations. number of activated channels ble system carried television b		s during the acc	ounting period.	295
N Individual to Be Contacted		BE CONTACTED IF FURTHI	ER INFORMATION IS NEEDED	(Identify an indi	vidual to whom	
for Further Information	Name	Walter Hooper			Telephone	423-365-7288
	Address	PO Box 729 (Number, street, rural route, apartm	ent, or suite number)			
		Spring City, TN 37382 (City, town, state, zip)	<u> </u>			
	Email	walter3@spring	citycable.com		Fax (optional)	
•	CERTIFICATION (This statement of account mu	st be certified and signed in acc	ordance with Co	pyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, but only one, of the boxes.)			
	(Owner	other than corporation or pa	artnership) I am the owner of the	cable system as	identified in line 1 of space	B; or
		-	tion or partnership) I am the dul wner is not a corporation or partne		nt of the owner of the cable	system as identified
		er or partner) I am an officer (in ne 1 of space B.	a corporation) or a partner (if a p	partnership) of the	e legal entity identified as o	wner of the cable system
		e, and correct to the best of my	nereby declare under penalty of la knowledge, information, and belie			in
			X /s/ Walter Hoope Enter an electronic signature on the Enter signature using an "/s/ signature using	ne line above to ce		-
		Typed or printed	name: Walter Hooper	2 (2-6) 75) 30		
		Title: (Title of off	President icial position held in corporation or part	nership)		
		Date:			07/07/2021	

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.

AL MAME OF OWNER OF CARLE OVETEN.	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ring City Cable TV, Inc.	63759
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."	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?	
X NO	
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
Line 1 Enter the amount of late payment or underpayment	nterest Assessment
	<u>0 </u>
x1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_

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 th 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)