THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 General instructions are at the 2-29-24 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2023 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. 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. 039360 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 Vyve Broadband A, LLC 039360 2023/2 4 International Dr Suite 330 Rye Brook, NY 10573 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM

D			A "community" is the same as a "commun	•
U		, , , ,	ling unincorporated communities within ur	
Area	3 3 1	. ,	5(dd). The first community that list will se se it as the first community on all future fil	
Served	Note: Entities and properties such as ho the identified city.	tels, apartments, condiminiums, or	mobile home parks should be reported in	paratheses below
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First	Wagoner	OK		
Community	Fort Gibson	OK		
	Okay	OK		

Form SA1-2c Rev 04/2011

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Hume	Vyve Broadband A, LLC									0)3936
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBI	RS AND RA	TES						
Е	In General: The information in s					y transmissior	n sei	vice of th	e cable		
	system, that is, the retransmission										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission Service: Sub-	ast 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										
scribers and		down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the nu										
	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. category, but do not include disc	· · ·	,		ny standar		ons v	viunin a p			
	0.1				ies of seco	ondary transm	nissi	on service	e that cable		
	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			-		-					
	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.	DCK 1						BLOCK	٠ <u>٦</u>		
	BLC	NO. OF						BLUCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF S	ER	/ICE	SUBSCRIB	ERS	RAT
	Residential:										
	Service to first set		152	30.00							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		3	25.00							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC								41		
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		•	•	-				
-	service for a single fee. There are										
Services	furnished at cost or (2) services of										
Other Than	amount of the charge and the un		usually b	illed. If any ra	tes are ch	arged on a va	ariab	le per-pro	gram basis,		
Secondary	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.										
ransmissions: Rates	Block 2: List any services that								vere not		
Rates	listed in block 1 and for which a s				•						
	brief (two- or three-word) descrip										
		BLOO	CK 1						BLOCK	2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE		CATEGO	ORY OF SER		RAT
	Continuing Services:		Installat	ion: Non-res	idential						
	• Pay cable	19.95	 Mote 	l, hotel							
	 Pay cable—add'l channel 		• Com	mercial							
	Fire protection		• Pay o	cable			[
	•Burglar protection		• Pay o	cable-add'l ch	annel						
	Installation: Residential		• Fire	protection] [
	• First set	64.95	• Burg	lar protection] [
	 Additional set(s) 		Other se								
	• FM radio (if separate rate)		• Reco	nnect		39.95	;				
	• Converter		• Disco								
		······					1 1				
			• Outle	et relocation		20.00					
					ess	20.00 39.95	P				

Name		LEGAL NAME OF OW	NER OF CABLE SYSTEM	M: SYSTEM I						
Name		Vyve Broadban	d A, LLC	03930						
	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), or 76.61(e)(2) and (4), or 76.61(e)(2) and (4), or 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 specifc 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 's carried both on a 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme 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. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licer FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.									
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION						
	· · _ · _ · _ · _ · _ · _ · _	NUMBER	STATION							
	KDOR -Positiv TV/ Smile of a Child HD 17.5 Bartlesville, OK	17.5	I-M	BARTLESVILLE OK						
	KDOR-Enlace HD 17.4 Bartlesville, OK	17.4	I-M	BARTLESVILLE OK						
	KDOR-TBN 17 Bartlesville, OK	17.1	I-M	BARTLESVILLE OK						
	KDOR-TBN Inspire 17.2 Bartlesville, OK HD	17.2	I-M	BARTLESVILLE OK						
	KGEB-IND 53 Tulsa, OK HD	53.1	l	TULSA OK						
	KJRH-Bounce TV 2.2 Tulsa, OK	2.2	I-M	TULSA OK						
	KJRH-Court TV 2.4 Tulsa, OK	2.4	I-M	TULSA OK						
	KJRH-Laff 2.3 Tulsa, OK	2.3	I-M	TULSA OK						
	KJRH-NBC 2 Tulsa, OK HD	2.1	I-M	TULSA OK						
	KMYT-Heros and Icons 41.4 Tulsa, OK -	41.4	I-M	TULSA OK						
	KMYT-MNT HD 41 Tulsa, OK	41.1	I-M	TULSA OK						
	KMYT-Start TV 41.3 Tulsa, OK	41.3	I-M	TULSA OK						
	KOED World 11.2 Tulsa, OK	11.2	E-M	TULSA OK						
	KOED-Create 24.3 Shreveport, LA	11.3	E-M	TULSA OK						
	KOED-Kids 38.4 Tulsa, OK	11.4	E-M	TULSA OK						
	KOED-PBS 38 Tulsa, OK	11.1	E-M	TULSA OK						
	KOED-PBS Create 38.2 Tulsa, OK -HD									
	Only System	11.2	E-M	TULSA OK						
	KOKI-DABL 23.3 Tulsa, OK	23.3	I-M	TULSA OK						
	KOKI-FOX HD 23 Tulsa, OK	23.1	I-M	TULSA OK						
	KOKI-MeTV HD 23.2 Tulsa, OK	23.2	I-M	TULSA OK						
	KOTV-CBS HD 6 Tulsa, OK	6.1	N-M	TULSA OK						
			1							

Name		LEGAL NAME OF C	WNER OF CABLE S	YSTEM:		SYSTEM ID					
Name		Vyve Broadba	nd A, LLC			039360					
PR	PRIMARY TRANSMITTERS: TELEVISION										
G ca Frimary ansmitters: Felevision ba • C • L Th as: the (fo Fo	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 specifc 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 bot on a substitute basis and also on some other basis. For further information concerning substitute basis station's broadcasts are carried in its own community. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. 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 independent multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location										
1.	CALL GN		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION						
KR	CW-CW 19 Muskogee, OK SC-ETV HD 35 Claremore, lahoma		19.1 35.1	<u> </u>	MUSKOGEE OK						
KT OK	PX-Court TV 44.3 Okmulgee,		44.3	I-M	OKMULGEE OK						
кт	PX-Grit 44.4 Okmulgee, OK		44.4	I-M	OKMULGEE OK						
	PX-ION HD 44 Okmulgee, OK UL - ABC HD		44.1 8.1	I-M N-M	OKMULGEE OK TULSA OK						
кт	UL - Antenna TV		8.3	I-M	TULSA OK						
	UL - Comet		8.2	I-M	TULSA OK TULSA OK						
	UL - TBD /HB-IND 47 Tulsa, OK		8.4 47.1	I-M I-M	TULSA OK						
	MT-Cozi-TV 41.2 Tulsa, OK		47.2	I-M	TULSA OK						

ACCOUNTING PERIOD: 2023/2

FORM SA1-2. F			/0TEM						NG PERIOD: 2023/
Vyve Broadk			ISTEM:					SYSTEM ID# 039360	Name
	t every radio s	tation ca	rried on a separate and discr nerally receivable" by your ca						н
Special Instruct receivable if (1) on the basis of it For detailed info Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: G	tions Concerning, it is carried by monitoring, to prmation about lentify the call tate whether t the radio stati this by placing sive the station	rning All y the syst be receivent to the the sign of e the statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. n is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which th	Co It t sy or	ppyright Office re he system's hea stem's FM anter this point, see p d by the cable sy station is licens	gulations, an Idend, and (2) Inna, during ce Dage (v) of the rstem as a sep ed by the FCC	FM sign it can b ertain sta genera parate a	al is generally e expected, tted intervals. I instructions. nd discrete	Primary Transmitters: Radio
	adian stations	s, if any, t	he community with which the	e s					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
									
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FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:						SYSTEM ID#		
Name	Vyve Broadband A, LL	C							039360		
					<u>_</u>						
l	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.										
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and Program Log	broadcast by a distant station? Yes X Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	og in block 2.										
	2. LOG OF SUBSTITUTE										
	n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting beriod, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. To not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately or the earest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required or delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect on October 19, 1976.										
	S	UBSTITUT	E PROGRAM	1			EN SUBSTI IAGE OCC		7. REASON		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. N	IONTH D DAY		IMES	FOR DELETION		
								_			
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 039360	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period	ssion service	K Gross Receipts
Instructions: 7	ROYALTY FEE o compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 the general instructions for more information.	63,800	L Copyright Royalty Fee
	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 thi accounting period is \$52.00	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 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)		
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (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		
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	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	more information.	

FORM SA1-2. PAGE 6.

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Vyve Broadband A, LLC	039360
	CHANNELS	
М		iono
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	IONS
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	33
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	4.40
	and nonbroadcast services	149
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone 91	4-235-8313
Information	Name Marie Censopiano	4 200 0010
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulatio	25
0	as explained in the general instructions.)	13,
•		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	in line 1 of space B and that the owner is not a corporation of partnership, of	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned in line 1 of space B.	r of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	nerein
	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)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 2/26/24	
	I	

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 effects 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: 2023/2

FORM SA1-2. PAG	E 8	3.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	Namo
Vyve Broadband A, LLC 039360) Name
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. 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 Y ES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Address	
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.	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** enter here and on line 3, block 4, space L, (page 7) \$ - (interest charge)	_
* 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 fling this worksheet covering a statement of account already submitted to the Copyright Offce, 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	
Accounting period	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) reques 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 an	

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