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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY							
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov						
General instr	ems (Short Form) uctions are located o of this workbook	08/22/2024	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150							
Α		D DY THIS STATEMENT. ()	(VVV/(Boried))							
~	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (1	(† † †/(Period))							
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optiona	II - see instructions)							
Accounting Period										
	Instructions:									
В			osidiary of another corporation, give the full	corporate						
Owner	List any other name or names under which the owner conducts the business of the cable system.									
	_	he accounting period, only the owner or y fee payment covering the entire accou	n the last day of the accounting period shoul Inting period.	ld submit a						
	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/MAIL	ING ADDRESS OF CABLE SYSTE	М							
	yondoo Broadband LLC									
		OF CABLE SYSTEM (IF DIFFEREN	IT)							
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM								
	PO Box 22467 (Number, street, rural route, apartment, or suite	e number)								
	Baltimore MD 21203 (City, town, state, zip)	,								
С	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In lin		, ,	5						
System	1	1 1 yondoo Broadband Point Mugu								
	MAILING ADDRESS OF CABLE SYSTE	EM:								
	2 PO Box 22467 (Number, street, rural route, apartment, or suite	e number)								
	Baltimore MD 21203 (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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: yondoo Broadband LLC	SYSTEM ID# 63745						
	Instructions: List each separate community served by the cable system. A "com							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the						
- ' t	CITY OR TOWN	STATE						
First Community	Point Mugu Naval Air Station	СА						
· · · · · · · ,								
Rows as Necessary								

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID		
Name	vondoo Broadband LLC		•					010	6374		
Е	SECONDARY TRANSMISSION					ry transmission	service of t	he cable			
_		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									
Secondary	about other services (including p										
Transmission	last day of the accounting period										
Service: Sub- scribers and	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										
Rates	each category by counting the n	,		0 / 3							
	separately for the particular serv			0,0		•		enargea			
	Rate: Give the standard rate of										
	unit in which it is generally billed					ard rate variatior	is within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion servi	ce that cable			
	systems most commonly provide	•		-		-					
	that applies to your system. Not										
	categories, that person or entity										
	subscriber who pays extra for ca						nder "Servi	ce to the			
	first set" and would be counted of Block 2: If your cable system						different f	rom those			
	printed in block 1 (for example, t										
	with the number of subscribers a										
	sufficient.										
	BLC				BLOCK	C2 NO. OF	r				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		16	81.50	Starter	,		8	31.		
	 Service to additional set(s) 								•••••••		
	• FM radio (if separate rate)								•••••••		
	Motel, hotel										
	Commercial								6		
	Converter								6		
	Residential										
	Non-residential								<u> </u>		
									I		
	SERVICES OTHER THAN SEC						tom'o oon	viene that ware			
F	In General: Space F calls for rain not covered in space E, that is, t										
-	service for a single fee. There are										
Services	furnished at cost or (2) services	•			•						
Other Than	amount of the charge and the ur		usually	billed. If any r	ates are cl	harged on a var	iable per-p	rogram basis,			
Secondary	enter only the letters "PP" in the		ha aabl	a avatam far a	ach of the	applicable convi	and listed				
ransmissions: Rates	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										
Rateo	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	CATEG	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT		
	Continuing Services:		Installa	ation: Non-res	sidential						
	• Pay cable		• Mot	tel, hotel							
	 Pay cable—add'l channel 		• Cor	mmercial							
	Fire protection		• Pay	/ cable					ļ		
	 Burglar protection 		• Pay	/ cable-add'l cl	nannel						
	Installation: Residential		• Fire	e protection							
	• First set		• Bur	glar protection							
	 Additional set(s) 		Other s	services:							
	• FM radio (if separate rate)		• Red	connect					ļ		
			• Die						1		
	Converter		• Dis	connect							
	• Converter			connect tlet relocation							

	LEGAL NAME OF OWNER O			SYSTEM						
Name	yondoo Broadband L			63						
	PRIMARY TRANSMITTERS:									
G	In General: In space G, id carried by your cable syste	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, <i>except</i> (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 ransmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain st	ations carried on a						
	• Do not list the station her station was carried only or		· · ·							
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination p d with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each						
	of license. For example, W	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.								
	educational station, by enter (for independent multicast) For the meaning of these to	h case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), ou erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form.	pendent), "I-M" tional multicast).						
	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	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION								
	KABC	BC 7 N		Los Angeles, CA						
	KTLA	57	N-M	Los Angeles, CA						
ws as Necessary	KTLA KCBS	57 2	N-M N	Los Angeles, CA Los Angeles, CA						
ows as Necessary										
ows as Necessary	KCBS	2	N	Los Angeles, CA						
ows as Necessary	KCBS KNBC	2 55	N N-M	Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA	2 55 5	N N-M N	Los Angeles, CA Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS	2 55 5 5 53	N N-M N N-M	Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV	2 55 5 5 53 11	N N-M N N-M N	Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL	2 55 5 5 5 3 11 9	N N-M N-M N-M I	Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL KABC	2 55 5 5 5 3 11 9 59	N N-M N-M N I N-M	Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL KABC KABC	2 55 5 5 53 11 9 9 59 51	N N-M N-M N-M I N-M N-M	Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL KABC KABC KCOP	2 55 5 5 3 11 9 9 59 51 13	N N-M N-M N-M I N-M N-M N-M	Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL KABC KABC KCOP KNBC	2 55 5 5 5 3 11 9 59 59 51 13 4	N N-M N N-M N I N-M N-M N-M N N N	Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL KABC KABC KCOP KNBC KCET	2 55 5 53 11 9 9 59 51 13 4 28	N N-M N N-M N I N-M N-M N-M N N N	Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL KABC KABC KCOP KNBC KCET KVEA	2 55 5 5 5 5 5 3 11 9 9 59 51 13 13 4 28 52	N N-M N N-M N I N-M N-M N-M N N N N N E I	Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL KABC KABC KABC KCOP KNBC KCET KVEA KVEA	2 55 5 5 5 3 11 9 59 59 51 13 4 4 28 52 60	N N-M N-M N-M 1 1 N-M N-M N-M N N N N N N N N N	Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL KABC KABC KABC KCOP KNBC KCET KVEA KVEA	2 55 5 5 5 3 11 9 59 59 51 13 4 4 28 52 60	N N-M N-M N-M 1 1 N-M N-M N-M N N N N N N N N N	Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL KABC KABC KABC KCOP KNBC KCET KVEA KVEA	2 55 5 5 5 3 11 9 59 59 51 13 4 4 28 52 60	N N-M N-M N-M 1 1 N-M N-M N-M N N N N N N N N N	Los Angeles, CA Los Angeles, CA						
ows as Necessary	KCBS KNBC KTLA KCBS KTTV KCAL KABC KABC KABC KCOP KNBC KCET KVEA KVEA	2 55 5 5 5 3 11 9 59 59 51 13 4 4 28 52 60	N N-M N-M N-M 1 1 N-M N-M N-M N N N N N N N N N	Los Angeles, CA Los Angeles, CA						

yondoo Bro	adband LL	CABLE S' C						SYSTEM 637
	t every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, 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 recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 his point, see pay ed by the cable s e station is licens	adend, and (2 nna, during or ge (v) of the g ystem as a se and by the FC0) it can l ertain st eneral ir parate a	be expected, ated 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	
		5,0			, OI 1 IM	5,0		

	d: 2023/2						FORM	M SA1-2E. PAGE 5.		
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	yondoo Broadband Ll	_C						63745		
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G					
	In General: In space I, ident	tify every no	nnetwork televi	<i>ision program,</i> broadcast by	a distant sta	tion, that y	our cable sys	tem carried on a		
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute Carriage:										
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and	• • • •	-	ur cable syster	m carry, on a substitute ba	sis, any nonr	ietwork te	· · ·			
Program Log	broadcast by a distant sta	tion?					YES	× NO		
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the prog	gram		
	log in block 2.									
	2. LOG OF SUBSTITUT			ata lina. Llaa abbraviationa	, whorever p	anible if	their meenin	n io		
	In General: List each subs clear. If you need more spa				s wherever po	ossidie, II	men meaning	y is		
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute						
	period, was broadcast by a									
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs.	Bulls."				1 /	,			
				er "Yes." Otherwise enter ' casting the substitute progr						
				the community to which the		ensed by	the FCC or,	in		
	the case of Mexican or Car									
	Column 5: Give the mon first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. Us	se numera	als, with the n	nonth		
			e substitute pr	ogram was carried by you	r cable syster	n. List the	e times accura	ately		
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should be			
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	vour svet	tem was requ	uired		
	to delete under FCC rules									
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regu	llations in			
	effect on October 19, 1976	•								
						N SUBST				
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	1	CARRI					
	1. TITLE OF PROGRAM	Yes or No						7. REASON FOR DELETION		
			CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY					
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			
1			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES			
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES			

Accounting Period:	2023/2 FORM SA1-2E.	PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	EM ID#
Name	yondoo Broadband LLC	63745
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	2.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.74
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52	2.74
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	<u></u>
	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 receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.74	
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	7.74
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2023/2								FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C yondoo Broadl	DWNER OF CABLE SYSTEM: band LLC							SYSTEM ID# 63745
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	bu must give (1) the number o s, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels able system carried television sast services	otal num the cab s broadcas	mber of able 	f activated channels	during the a	accounting perio	d. [16 120
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		ORMA	ATION IS NEEDED	(Identify an ii	ndividual to who	m	
for Further Information	Name	Robert Steffen						Telephone	410-727-8250 ext 121
	Address	PO Box 22467 (Number, street, rural route, apartr Baltimore MD 21203 (City, town, state, zip)	ment, or su	suite num	mber)				
	Email						Fax (optiona	l)	
O Certification	I, the undersigned (Owne (Agentian (Agentian (Affician in I X (Offician in I I have examined	Typed or printed Title:	Antion or power is n if a corpo hereby do knowled Enter an Enter sig	only one ship) I an r partner not a cc poration) r declare edge, inf declare edge, inf (/s/I an electrr signature e: Ro	ne, of the boxes.) am the owner of the ership) I am the duly corporation or partne n) or a partner (if a p e under penalty of la	cable system ' authorized a rship; or artnership) of w that all stat f, and are ma e line above to ure" (e.g., /s/	as identified in I agent of the owne the legal entity i tements of fact ca ade in good faith.	ine 1 of space E er of the cable s dentified as owr ontained herein	ystem as identified ner of the cable system
		Date:					08/25/20	23	

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 fing, a determination that would be made by a court of law.

AL NAME OF OWNER OF CABLE SYSTEM: doo Broadband LLC 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-	SYSTEM ID 6374
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	6374
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	
scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
	am
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 Assessmen
	-
	-
x 174 days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served	

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