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
	\$
8-9-24	ALLOCATION NUMBER

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

Accounting Period  Barcode Data Filing Period (optional - see instructions)  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.  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.  Z7177  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Adams CATV, Inc.  BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  MAILING ADDRESS OF OWNER OF CABLE SYSTEM  19 North Main Street  Number, size, rard roda, apartment, or suite number)  Carbondale, PA 18407  [City, town, state, zp)  City, town, state, zp)  INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailling address of the system, if different from the address given in space B.  System  1 DIEUTIFICATION OF CABLE SYSTEM:  Windsor System Adams CATV, Inc.	A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
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MAILING ADDRESS OF CABLE SYSTEM:		MAILING ADDRESS OF CABLE SYSTEM:								
2 19 North Main Street (Number, street, rural route, apartment, or suite number)										
Carbondale, PA 18407 (City, town, state, zip code)		Carbondale, PA 18407								

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.

New	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:					
Name	Adams CATV, Inc. 27177						
	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community or municipal entity).	" is the same as a "community unit" as defined in FCC rules: "a					
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings.	e as a form of system identification hereafter known as the "first					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identified					
Served	city.						
	CITY OR TOWN	STATE					
First	Town of Afton	NY					
Community	Town of Kirkwood	NY					
	Village of Windsor	NY					
dd Rows as Necessary	Town of Windsor	NY					
	Town of Colesville	NY					
	Town of Sanford	NY					
	Village of Deposit	NY					
	Town of Deposit	NY					

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

27177

Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Adams CATV, Inc.

**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		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,407	52.00			
<ul> <li>Service to additional set(s)</li> </ul>		-			
• FM radio (if separate rate)		-			
Motel, hotel					
Commercial	0	\$10 per set			
Converter					
Residential	1,407				
Non-residential	0				

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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel	-	Expanded Basic	67.00	
<ul> <li>Pay cable—add'l channel</li> </ul>	-	Commercial	-	HBO/Max	25.99	
Fire protection	-	• Pay cable	-	Showtime/TMC/Flix	10.99	
•Burglar protection	-	Pay cable-add'l channel	-	Choice	11.00	
Installation: Residential		Fire protection	-			
First set	-	Burglar protection	-			
Additional set(s)	-	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>	-	Reconnect	-			
Converter	7.00 DVR	Disconnect	-			
	2.49 Non DVR	Outlet relocation	-			
		Move to new address	-			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name Adams CATV, Inc.

27177

# G

### Primary Transmitters: Television

Add Rows as Necessary

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.

2 D'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBNG	12	N	Binghamton, NY
WICZ	40	l	Binghamton, NY
WBGH-CA	20	N	Binghamton, NY
WIVT	34	N	Binghamton, NY
WBPN-LP	10	l	Binghamton, NY
WVIA	44	E	Scranton, PA
WBXI-CA	38	1	Binghamton, NY
WSKG	46	E	Binghamton, NY

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Adams CATV, Inc. 27177

### 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).

	1		· · · · · · · · · · · · · · · · · · ·	T	1		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
<del></del>							
		L					
		L					
	l	l		1	l		1

0	d: 2024/1							FORM	SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:						SYSTEM ID#
	Adams CATV, Inc.								
Substitute Carriage: Special Statement and Program Log	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 in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.								or a further
	period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Calmon 5: Give the mofirst. Example: for May 7 girls Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	ace, please a of every no a distant state egulations, cries like "mo. Bulls." m was broar sign of the sadcast static nth and day ive "5/7." les when the Example: a ter "R" if the and regulation ming that y	add additional nnetwork televion and that your authorization vies" or "basked dcast live, entestation broadcapn's location (thous, if any, the when your system a program carrilisted programons in effect du	rows to the tables. ision program ("substitute pour cable system substituteds. See page (v) of the general program." List specific program.  "Yes." Otherwise enter "Nasting the substitute programe community to which the	orogram") that d for the program instruction in titles, for example, and instruction in titles, for example, and instruction is licentation is identation in the program. Use cable system. If p.m. to 6:2 amming that yet; enter the letter the letter the system.	t, during t ramming one for furth ample, "I I nsed by the tified). numerals List the ties:30 p.m. our syster	he account from the account from the form the fo	unting er statio mation. ey" or  or, in e month eurately be equired	n
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON			
	!	SUBSTITUI	TE PROGRAM	1				D 7	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		7. REASON FOR DELETION
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	CARRI	AGE OC	CURRED TIMES	D 7	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES		

Accounting Period:	2024/1			FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#
Name	Adams CATV, Inc.				27177
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatio page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross re-	ystem's see	condary transmi compute this a	ssion service mount, see	08,288.22 gross receipts)
	COPYRIGHT ROYALTY FEE				
Copyright	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 the block 3 if the amount of gross receipts in space K is more than \$263,800 the space (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha nformation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	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	s six-month	
	Line 1. Royalty fee for accounting period				
	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	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	Base amount under statutory formula	\$	263,800.00		
	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	3,800 (but l	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	408,288.22		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	144,488.22		
	4. Multiply line 3 by .01		\$	1,444.88	
	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		\$	2,763.88
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,763.88	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,783.88
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				jhts!

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: nc.			SYSTEM ID# 27177
M Channels	to its subscribers  1. Enter the tota system carrie	s, and (2) the cable system's I number of channels on whic	ns		8
		cable system carried televisio			362
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify an indunt.)	lividual to whom	
for Further Information	Name	Wendy Hartman		Telephone	570-282-6121
	Address	19 North Main Street (Number, street, rural route, apartr Carbondale, PA 1840 (City, town, state, zip)	tment, or suite number)		
	Email	wendy@echoes	s.net	Fax (optional 570-282-378	37
0	CERTIFICATION (	This statement of account mu	ust be certified and signed in accordance with Co	ppyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	one, but only one, of the boxes.)		
	(Owner	other than corporation or p	partnership) I am the owner of the cable system as	identified in line 1 of space E	3; or
			ation or partnership) I am the duly authorized agen ne owner is not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified
		er or partner) I am an officer (i in line 1 of space B.	(if a corporation) or a partner (if a partnership) of the	e legal entity identified as owr	ner of the cable system
		e, and correct to the best of m	hereby declare under penalty of law that all stateme ny knowledge, information, and belief, and are made		
			X /s/Douglas V.R. Adams		-
			Enter an electronic signature on the line above to co Enter signature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	d name: Douglas V.R. Adams		
		Title:	President itle of official position held in corporation or partnership)		
		Date:		8/8/2024	

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.

ounting Period: 2024/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ams CATV, Inc.	27177
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	1
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	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 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@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	
ID number	
First community served	
Accounting period	/1

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.

CONTROL #: REMITTANCE #:

C	Cable
	Worksheet

Total amount of remittance		Number of SAs re	c'd	In	itials
Date of remittance	_ □ Check	□ EFT		☐ FILING	FEES
			Am	ount	Initia
Date examination					

			Date of remittance	☐ Check	☐ EFT	☐ FILING	FEES	
Cable ID #						Amount	Initials	
Examined by	I	Reviewed by	Date examination completed	Allocatio	on number			
Space A Accounting Period				1				
	☐ January 1 - June 30, 2017 ☐ July 1 - December 2				nber 31, 2017			
	☐ Letter	sent	С	☐ Information received				
	☐ Accept	red		☐ Phone call/Dat	e/Contact			
Space B Owner								
	□ Letter	sent	С	Information re	ceived			
☐ Accepted			С	Phone call/Dat	e/Contact			
Space D Area Served								
	☐ Letter	sent	С	☐ Information re	ceived			
	☐ Accepted ☐ Phone call/Date/Co				e/Contact			
Space E Secondary Transission								
Service Subscribers:	☐ Letter	sent		Information re	ceived			
and Rates	☐ Accept	red	С	Phone call/Dat	e/Contact			
Space G Primary Transmitters:								
Television	□ Letter	sent	С	☐ Information re	eceived			
	☐ Accept	red	С	☐ Phone call/Dat	te/Contact			
Space H Primary Transmitters:								
Radio	☐ Accept	red		☐ Phone call/Dat	te/Contact			

		Space I Substitute Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Letter sent	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact	