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				
8-28-24	\$				
	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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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.
		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
		DIRECTV, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2260 E Imperial Hwy Room 839
		(Number, street, rural route, apartment, or suite number) El Segundo, CA 90245
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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	_	IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	_	(variuser, sueet, rurai ruute, apartinerit, 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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	DIRECTV, LLC	635
	Instructions: List each separate community served by the cable system. A "community" is the	same as a "community unit" as defined in FCC rules: "a
D	separate and distinct community or municipal entity (including unincorporated communities unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a formunity." Please use it as the first community on all future filings.	within unincorporated areas and including single, discret orm of system identification hereafter known as the "fir
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home part	ks should be reported in parentheses below the identific
Served	city.	
00.700		
	CITY OR TOWN	STATE
First	LAFAYETTE	LA
Community	Abbeville	LA
	Broussard	LA
l Rows as Necessary	Carencro	LA
,	Iberia Unincorporated County	LA
	LAFAYETTE UNINCORPORATED COUNTY	LA
	Lydia	LA
	Maurice	LA LA
	Milton Nov. Iborio	LA
	New Iberia	LA
	Opelousas	LA
	Saint Landry Unincorporated County	LA
	Saint Martin Unincorporated County	LA
	Scott	LA
	Vermilion Unincorporated County	LA
	Youngsville	LA

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

DIRECTV, LLC

63569

## 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:						
<ul> <li>Service to first set</li> </ul>	989	\$26	HD Tech Fee	897	\$10.00	
<ul> <li>Service to additional set(s)</li> </ul>			Set-Top Box	996	\$0-\$15	
					\$12.99-	
• FM radio (if separate rate)			Broadcast TV Surcharge	989	\$13.99	
Motel, hotel						
Commercial	7	\$20				
Converter						
Residential						
Non-residential						

# F

## Services Other Than Secondary Transmissions:

### 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			
					\$0-
• Pay cable		Motel, hotel		Video on Demand	\$100
					\$0
<ul> <li>Pay cable—add'l channel</li> </ul>	\$5-\$199	Commercial		Service Activation Fee	\$35
					\$0-
Fire protection		• Pay cable		Credit Management Fe	\$449
•Burglar protection		Pay cable-add'l channel		Dispatch on Demand	\$99
					\$0
Installation: Residential		Fire protection		Wireless Receiver	\$49
First set	\$0-\$199	Burglar protection		HD Premium Tier	\$10
Additional set(s)		Other services:		DVR Upgrade Fee	\$105
FM radio (if separate rate)		Reconnect	\$0-\$35	Vacation Hold	\$7
Converter		Disconnect		Program Downgrade F	\$5
		Outlet relocation	\$0-\$55	Non-return Equipments	0-\$150
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63569

4. LOCATION OF STATION

DIRECTV, LLC

1. CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION

# G

### Primary Transmitters: Television

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

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

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

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

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

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

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

2. B'CAST CHANNEL NUMBER

I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. THE OF STATION	4. LOCATION OF STATION
KADN/KADNHD	15/1015	I	Lafayette, LA
KADND3	15	l	Lafayette, LA
KAJN-CD	40	l	Lafayette, LA
KATC/KATCHD	3/1003	N	Lafayette, LA
KATCD2/KATCH2	3/1003	l	Lafayette, LA
KLAF-LD/KLAFH	46/1046	N	Lafayette, LA
KLFY/KLFYHD	10/1010	N	Lafayette, LA
KLPB/KLPBHD	24/1024	E	Lafayette, LA
KLWB	50	l	New Iberia, LA

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2024/1			FORM S	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  DIRECTV, LLC			\$	63569			
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	stem's sec	ondary transmis compute this ar	ssion service mount, see	17,990.32 ross 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 \$263,800  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.							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty faccounting period is $$52.00$	ee that you	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 line	es 1 and 2 .						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mor	e than \$137,1	00)				
	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		····· <u>-</u>		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 le	ess than \$527,	600)				
	Enter the amount of gross receipts from space K	\$	437,990.32					
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	174,190.32					
	4. Multiply line 3 by .01		\$	1,741.90				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>-</u>	\$	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		\$	3,060.90			
	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)	<u>.</u>	\$	3,060.90				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · - <u>-</u>	\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,080.90			
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				ıhts!			

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7.	
Name	DIRECTV, LLC	DWNER OF CABLE SYSTEM:				SYSTEM ID# 63569	
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable						
	Enter the total     on which the	al number of activated channe cable system carried televisio				587	
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou	HER INFORMATION IS NEEDEL int.)	(Identify an inc	dividual to whom		
for Further Information	Name	Myriam Nassif			Telephone	310-964-1930	
	Address	2260 E Imperial Hwy (Number, street, rural route, aparti El Segundo, CA 9024 (City, town, state, zip)	nent, or suite number)				
	Email	Manassif@direc	ctv.com		Fax (optional		
0	CERTIFICATION	(This statement of account m	ust be certified and signed in acco	ordance with Co	opyright Office regulations)		
Certification			ne, but only one, of the boxes.)				
			artnership) I am the owner of the tion or partnership) I am the duly	-			
		in line 1 of space B and that th	e owner is not a corporation or part f a corporation) or a partner (if a pa	tnership; or			
		ete, and correct to the best of m	hereby declare under penalty of lav y knowledge, information, and belie				
	ı		X /s/ Sara Gunther				
			Enter an electronic signature on the Enter signature using an "/s/ signat				
		Typed or printed	name: Sara Gunther				
		Title:	AVP, Financial Ops le of official position held in corporation	or partnership)			
		Date:			8/20/2024		

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SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below.  Name  Mailing Address  Name  Mailing Address	SYSTEM ID:
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below.  \$ Name Mailing Address  Name Mailing Address	STSTEWILD
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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  Mailing Address  Name  Mailing Address	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below.  Name Mailing Address  Mailing Address	
Name Mailing Address Mailing Address	
Mailing Address  Mailing Address	
INTEREST ASSESSMENT	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	

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CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

		Date of remittance	☐ Check	☐ EFT	☐ FILING	G FEES
Cable ID #				Am	nount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period		1				
	☐ January 1 - June 30, 2017		☐ July 1 - December 31, 2017			
	☐ Letter sent		☐ Information received			
	☐ Accepted		☐ Phone call/Date/Contact			
Space B Owner						
	☐ Letter sent		☐ Information received			
	☐ Accepted		☐ Phone call/Date/Contact			
Space D Area Served						
	☐ Letter sent		☐ Information received			
	☐ Accepted		☐ Phone call/Date/Contact			
Space E Secondary Transission						
Service Subscribers:	☐ Letter sent		☐ Information received			
and Rates	☐ Accepted		☐ Phone call/Date/Contact			
Space G Primary Transmitters:						
Television	☐ Letter sent		☐ Information received			
	☐ Accepted		☐ Phone call/Date/Contact			
Space H Primary Transmitters:						
Radio	☐ Accepted		☐ Phone call/Date/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	