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

for Secondary Transmissions by		FOR COPYRIGHT OFFICE USE ONLY		
Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.	
General instructions are located and this workbook	3-21-24	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20241 Barcode Data Filing Period (optional - see instructions)							
Accounting 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							
	Stowe Cable Systems LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO Box 1522 (Number, street, rural route, apartment, or suite number)							
	Stowe, VT 05672-1522 (City, town, state, zip)							
С	<b>INSTRUCTIONS:</b> 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 mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Stowe Cable Systems LLC	66396
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Area Served	city.	bile nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	Stowe	VT
Community	Cambridge	VT
Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:						SYS.	TEM ID#
Name	Stowe Cable Systems L	LC							66396
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissic about other services (including p- last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity s subscriber who pays extra for cal first set" and would be counted o Block 2: If your cable system f printed in block 1 (for example, ti	SERVICE: SU pace E should in of television ay cable) in space (June 30 or De blocks in space transmission s imber of billing ce at the rate i harged for each (Example: "\$2 punts allowed f in space E, the to their subscri- to their subscri- to their subscri- to their subscri- to their subscri- to their subscri- should be coun- ple service to a nice again under as rate categoriers of services	<b>ERVICE:</b> SUBSCRIBERS AND RATES ace E should cover all categories of secondary transmission service of the cable of television and radio broadcasts by your system to subscribers. Give information y cable) in space F, not here. All the facts you state must be those existing on the June 30 or December 31, as the case may be). blocks in space E call for the number of subscribers to the cable system, broken transmission service. In general, you can compute the number of subscribers in mber of billings in that category (the number of persons or organizations charged e at the rate indicated—not the number of sets receiving service). arged for each category of service. Include both the amount of the charge and the Example: "\$20/mth"). Summarize any standard rate variations within a particular rate unts allowed for advance payment. In space E, the form lists the categories of secondary transmission service that cable to their subscribers. Give the number of subscribers and rate for each listed category Where an individual or organization is receiving service that falls under different nould be counted as a subscriber in each applicable category. Example: a residential le service to additional sets would be included in the count under "Service to the ce again under "Service to additional set(s)." as rate categories for secondary transmission service that are different from those rs of services that include one or more secondary transmissions), list them, together						
	sufficient.		rates, in the right-hand block. A two- or three-word description of the service is						
	BLU	OCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		200		Dreede			200	¢40.05
	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> </ul>		369 91	\$58 \$7.50	Broadc	ast ree		369	\$19.95
	• FM radio (if separate rate)		31	\$7.50					
	Motel, hotel								
	Commercial		43	\$37.91					
	Converter								
	• Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECC In General: Space F calls for ratinot covered in space E, that is, this service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the un Block 1: Give the standard ratin Block 2: List any services that listed in block 1 and for which a signification of the or three-word) description	e (not subscrib nose services t e two exceptior or facilities furn it in which it is rate column. e charged by th your cable sys eeparate charge tion and include	er) infor hat are is: you ished to usually he cable tem furr e was m e the rat	mation with re- not offered in ( do not need to p nonsubscribe billed. If any ra system for ea nished or offere ade or establis	spect to all combinatio give rate in rs. Rate in tes are cha ch of the a ed during th	n with any seco nformation conc formation should arged on a varia pplicable servic he accounting p	ndary trans erning (1) d include b ble per-pro es listed. eriod that y	smission services oth the ogram basis, were not form of a	
	CATEGORY OF SERVICE	BLO0 RATE		ORY OF SER	VICE	RATE	CATEO	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res			UAILO		
	• Pay cable	\$57.50		el, hotel			Movie I	Package Option	\$19.00
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Cor	nmercial				Package Option	\$18.00
	Fire protection			cable			HD Pac	·········	\$17.50
	•Burglar protection			cable-add'l ch	nannel		·····	Package	\$70.00
	Installation: Residential			protection			HD/DV	R Package	\$25.45
	• First set			glar protection					
	Additional set(s)			services:					
	FM radio (if separate rate)			connect					
	Converter			connect let relocation					
				let relocation	955				

19 18 17.5 12.5 25.45

2024/1			FORM SA1-2E. PAG						
			SYSTEM I 663						
			885						
In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC m • Do <i>not</i> list the station her	entify every television station (including tr m during the accounting period, <i>except</i> ( in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. With respect to any distant stations can ules, regulations, or authorizations: e in space G—but do list it in space I (the	<ol> <li>stations carried only on a part-til carriage of certain network progra (e)(2) and (4))]; and (2) certain statistication ried by your cable system on a su</li> </ol>	ime basis under ams [sections tions carried on a bstitute program						
List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	<ul> <li>station was carried <i>only</i> on a substitute basis.</li> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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.</li> <li>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.</li> <li>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).</li> </ul>								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
WCAX	22	Ν	Burlington, Vermont						
WVNY	13	N	Burlington, Vermont						
WPTZ	14	N	Burlington, Vermont						
WETK	32	Е	Burlington, Vermont						
WFFF	16	N	Burlington, Vermont						
СВМТ	21	I	Montreal, Quebec						
CFCF	12	I	Montreal, Quebec						
WPTZ5.2	14	N-M	Burlington, Vermont						
WPTZ5.3	14	N-M	Burlington, Vermont						
	32	E-M	Burlington, Vermont						
WETK33.4	32	E-M	Burlington, Vermont						
	32	E-M	Burlington, Vermont						
	22	N-M	Burlington, Vermont						
	LEGAL NAME OF OWNER C Stowe Cable System PRIMARY TRANSMITTERS: In General: In space G, idd carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN WCAX WVNY WPTZ WETK WFFF CBMT CFCF	LEGAL NAME OF OWNER OF CABLE SYSTEM:         Stowe Cable Systems LLC         PRIMARY TRANSMITTERS:         PRIMARY TRANSMITTERS:         TELEVISION         In General:         nspace G, identify every television station (including tr carried by your cable system during the accounting period, except ( FCC rules and regulations in effect on June 24, 1981, permitting the 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61 substitute Basis Stations: With respect to any distant stations can basis under specific FCC rules, regulations, or authorizations:         • Do not list the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis stations, station was carried only on a substitute basis.         • Dift the station here, and also in space I, if the station is over-the- "WETA-2" as the same on the form.         Column 1: List each station's call sign. Do not report origination pro multicast stream associated with a station according to its over-the- "WETA-2" as the same on the form.         Column 2: Give the channel number the FCC assigned to the telev of license. For example, WRC is channel 4 in Washington, D.C.         Column 3: Indicate in each case whether the station is a network si educational station, by entering the letter "N" (for network), "N-M" (for (for independent multicast), "E" (for noncommercial educational), or For the meaning of these terms, see page (iv) of the general instruc Column 4: Give the location of each station. For U.S. stations, list the FCC. For Mexican or Canadian stations, if any, give the name of the mexican statican station are station are station are station.	LEGAL NAME OF OWNER OF CABLE SYSTEM:         Stowe Cable Systems LLC         PRIMARY TRANSMITTERS:         TELEVISION         In General:       In space G, identify every television station (including translator stations and low power television and regulations in effect on June 24, 1981, permitting the carriage of cartain network progr.         76.59(d)(2) and (4), 76.61(e)(2) and (4), 07.66.33 (referring to 76.61(e)(2) and (4))]; and (2) certain statubatilitie program basis, as explained in the next paragraph.         Substitute Basis Stations:       With respect to any distant stations carried by your cable system on a subasis under specific FCC rules, regulations, or authorizations:         • Do not list the station here in space 0—but do list in space I (the Special Statement and Program station was carried only on a substitute basis.         • List the station here in space 0—but do list in space I (the Special Statement and Program station was carried only on a substitute basis stations, see page (v) of the general instruct Column 1: List each station's call sign. Do not report origination program services such as HBO, ESF multicast terma associated with a station according to its over-the-air designation. For example, WRC is channel 4 in Washington, D, C.         Column 2: Give the channel number the FCC assigned to the television station for broadcasting over 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 educational, station, For US: stations, list the community with which the station FCC. For Mexican or Canadian station. For US: stations, list the community with which the						

Accounting P			/STEM-				FORM	I SA1-2E. PAGE 4.
Stowe Cable			STEM.					SYSTEM ID# 66396
<ul> <li>PRIMARY TRANSMITTERS: RADIO</li> <li>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.</li> <li>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.</li> </ul>							H Primary Transmitters: Radio	
For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	ormation abou rm. dentify the call State whether t the radio stat this by placing Sive the statior	t the Co sign of e he statio ion's sign g a check n's locatio	pyright Office regulations on t each station carried. In 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	this point, see pay ed by the cable s ne station is licens	ge (v) of the g system as a se sed by the FC	eneral ii eparate :	nstructions in the. and discrete	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0				3/0		
	·							
			·					
			·					

Accounting Perio	d: 2024/1					FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		ΓEM:				SYSTEM ID#
Name	Stowe Cable Systems	LLC					66396
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor ccounting pe	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by ecific present and former F	a <i>distant</i> stati CC rules, regul	ations, or authorizations.	For a further
Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting per broadcast by a distant stat</li> <li>Note: If your answer is "Note"</li> </ol>	riod, did you ion?	ır cable systen	n carry, on a substitute ba		YES	× NO
	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. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, 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. Do 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 to the nearest 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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program						ng ation on. or onth ely red
	effect on October 19, 1976 S	UBSTITUT 2. LIVE?	E PROGRAM		5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
					-		
					-		
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Accounting Period:	2024/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Stowe Cable Systems LLC	SI	STEM ID# 66396
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	,235.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	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 accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing For and			
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
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		s!

Accounting Period:	2024/1	FORM SA1-2E. PAGE 7				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Stowe Cable Systems LLC	SYSTEM ID# 66396				
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 system carried television broadcast stations .         2. Enter the total number of activated channels on which the cable system carried television broadcast stations .         on which the cable system carried television broadcast stations and nonbroadcast services .	13 136				
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)					
for Further Information	Name       Virginia Hiner       Telephone (202)         Address       Akin Gump Strauss Hauer & Feld LLP; 2001 K Street NW         (Number, street, rural route, apartment, or suite number)         Washington, DC 20006	887-4424				
	(City, town, state, zip) Email vhiner@akingump.com Fax (optional					
O Certification	-					
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)					
	Typed or printed name:       Frederick R. Rothammer         Title:       President         (Title of official position held in corporation or partnership)					
	Date: 8/21/24					

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 it 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.

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ve Cable Systems LLC	66396
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	Cal	ble rksheet	Total amount of remittance	Number of SAs re	c'd Initials			
	Woi	rksheet						
			Date of remittance	Check EFT	FILING FEES			
Cable ID #					Amount Initials			
Examined by		Reviewed by	Date examination completed	Allocation number				
Space A Accounting Period								
	🗌 Janu	ary 1 - June 30, 2017		July 1 - December 31, 2017				
	Lette	er sent		Information received				
	Acce	pted		Phone call/Date/Contact				
Space B Owner								
	Lette	er sent	Information received					
	Acce	pted	Phone call/Date/Contact					
Space D Area Served								
	Lette	er sent		Information received				
	Acce	pted		Phone call/Date/Contact				
Space E Secondary Transission								
Service Subscribers:	Lette	er sent		Information received				
and Rates	Acce	pted		Phone call/Date/Contact				
Space G Primary Transmitters:								
Television	Lette	er sent		Information received				
		pted		Phone call/Date/Contact				
Space H Primary Transmitters:								
Radio	Acce	pted		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	