

**U.S. COPYRIGHT OFFICE  
INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT**

**The SA1-2E is a U.S. Copyright Office form.**

**Email completed workbook to**  
[coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)

**Submitting the Form**

- This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1).
- When complete, this workbook should be signed electronically using an "s-signature" (for example, /s/ John Smith) in space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in its native Excel format to the U.S. Copyright Office Licensing Division at [coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov). Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

**General Instructions**

- *Alphabetization:* Alphabetization is NOT required for any spaces.
- *Protection:* Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.
- *Navigation:* To navigate between the tabs, use the mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctrl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.
- *Data Input:* Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formulas.

**Detailed instructions are located at the end of the paper SA1-2 form, located at**

<https://www.copyright.gov/forms/sa1-2.pdf>

**Page 1 – Spaces A-C**

- Space A – Fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (for example, "2017/1").
- Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

**Page 2 – Space D**

- Information can be manually entered into the highlighted areas.

**Page 2 – Spaces E-F**

- Information can be manually entered into the highlighted areas.

**Page 3 – Space G**

- Enter the call signs, broadcast channel numbers, type of station, and location of station. Add rows as necessary.

**Page 4 – Space H**

- Information can be manually entered into the highlighted areas.

**Page 5 – Space I**

- Section 2 – Information can be manually entered into the highlighted areas where applicable.

**Page 6 – Spaces K-L**

- Space K – Input the total gross receipts for the cable system in the highlighted box.
- Space L – The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into space Q.
- Space L - Enter the EFT transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654"). The length of the EFT ID number varies depending on the type of EFT payment used.

**Page 7 – Spaces M-O**

- Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "s-signature" (for example, /s/ John Smith). An EFT tracking ID must first be entered on page 6, space L, before the worksheet will allow a signature to be entered.

**Page 8 – Spaces P-Q**

- Manually enter information into highlighted spaces as applicable.

**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            |
| 08/25/2025                    | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

Return completed workbook by email to

[coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)

For additional information,  
contact the U.S. Copyright  
Office Licensing Division at  
(202) 707-8150.

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                             |                                                                         |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| A                 | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                             |                                                                         |
|                   | 2025/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Period 1 = January 1 - June 30<br>Period 2 = July 1 - December 31                                                                                                                                                                                                           |                                                                         |
| Accounting Period |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                             |                                                                         |
| B<br><br>Owner    | <b>Instructions:</b><br>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.<br><br>List any other name or names under which the owner conducts the business of the cable system.<br><br>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. |                                                                                                                                                                                                                                                                             |                                                                         |
|                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <div>030469</div>                                                                                                                                 |                                                                         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br><b>FALCON TELECABLE, A CALIFORNIA LIMITED PARTNERSHIP</b>                                                                                                                                                     |                                                                         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</b><br>                                                                                                                                                                                                         |                                                                         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</b><br><b>12405 POWERSCOURT DRIVE</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>ST. LOUIS, MO 63131-3674</b><br><small>(City, town, state, zip)</small>                                 |                                                                         |
|                   | C<br><br>System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <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. |                                                                         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                                                                                                                                                                                                                                                           | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><b>CHARTER COMMUNICATIONS</b> |
| 2                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><b>152 SW NIGH STREET</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>PENDLETON, OR 97801</b><br><small>(City, town, state, Zip code)</small>                                              |                                                                         |

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

[illegible]

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Accounting Period: 2025/1 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FORM SA1-2E, PAGE 1b. |
| Name                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>FALCON TELECABLE, A CALIFORNIA LIMITED PARTNERSHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |
|                           | SYSTEM ID#<br><b>030469</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| D<br><br>Area Served      | 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 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.<br><br>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. |                       |
|                           | CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATE                 |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |
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|      |                                                                                                   |                             |
|------|---------------------------------------------------------------------------------------------------|-----------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>FALCON TELECABLE, A CALIFORNIA LIMITED PARTNERSHIP</b> | SYSTEM ID#<br><b>030469</b> |
|------|---------------------------------------------------------------------------------------------------|-----------------------------|

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| <b>E</b><br><br><b>Secondary Transmission Service: Subscribers and Rates</b> | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br><b>In General:</b> 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).<br><b>Number of Subscribers:</b> 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).<br><b>Rate:</b> 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.<br><b>Block 1:</b> 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. <b>Note:</b> 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)."<br><b>Block 2:</b> 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. |                    |            |                     |                    |      |
|                                                                              | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |            | BLOCK 2             |                    |      |
|                                                                              | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO. OF SUBSCRIBERS | RATE       | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
|                                                                              | <b>Residential:</b><br>• Service to first set<br>• Service to additional set(s)<br>• FM radio (if separate rate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 255                | 9.99-36.00 |                     |                    |      |
|                                                                              | <b>Motel, hotel</b><br><b>Commercial</b><br><b>Converter</b><br>• Residential<br>• Non-residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11                 | 9.99-23.89 |                     |                    |      |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |            |                     |                    |      |

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|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|------|
| <b>F</b><br><br><b>Services Other Than Secondary Transmissions: Rates</b> | <b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br><b>In General:</b> 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.<br><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><b>Block 2:</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                 | BLOCK 2        |                     |      |
|                                                                           | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RATE                     | CATEGORY OF SERVICE                                                                                                                                             | RATE           | CATEGORY OF SERVICE | RATE |
|                                                                           | <b>Continuing Services:</b><br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5.99-15.00<br>5.99-15.00 | <b>Installation: Non-residential</b><br>• Motel, hotel<br>• Commercial<br>• Pay cable<br>• Pay cable-add'l channel<br>• Fire protection<br>• Burglar protection |                |                     |      |
|                                                                           | <b>Installation: Residential</b><br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)<br>• Converter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 49.99                    | <b>Other services:</b><br>• Reconnect<br>• Disconnect<br>• Outlet relocation<br>• Move to new address                                                           | 49.99<br>49.99 |                     |      |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                 |                |                     |      |

| Name                                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                    | SYSTEM ID#             |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|------------------------|
|                                                         | FALCON TELECABLE, A CALIFORNIA LIMITED PARTNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    | 030469                 |
| <b>G</b><br><br><b>Primary Transmitters: Television</b> | <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><br><b>In General:</b> 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 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.<br><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:<br>• Do <i>not</i> 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 <i>only</i> on a substitute basis.<br>• 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.<br><b>Column 1:</b> 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.<br><b>Column 2:</b> 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.<br><b>Column 3:</b> 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.<br><b>Column 4:</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|                                                         | KATU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                        | N                  | PORTLAND, OR           |
|                                                         | KATU 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2.2                      | I-M                | PORTLAND, OR           |
|                                                         | KATU 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2.3                      | I-M                | PORTLAND, OR           |
|                                                         | KGW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8                        | N                  | PORTLAND, OR           |
|                                                         | KGW 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8.2                      | I-M                | PORTLAND, OR           |
|                                                         | KGW 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8.3                      | I-M                | PORTLAND, OR           |
|                                                         | KJWY LD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 21                       | I                  | PORTLAND, OR           |
|                                                         | KNMT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 32                       | I                  | PORTLAND, OR           |
|                                                         | KOIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6                        | N                  | PORTLAND, OR           |
|                                                         | KOIN 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6.2                      | I-M                | PORTLAND, OR           |
|                                                         | KOIN 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6.3                      | I-M                | PORTLAND, OR           |
|                                                         | KOPB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10                       | E                  | PORTLAND, OR           |
|                                                         | KOPB 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10.2                     | E-M                | PORTLAND, OR           |
|                                                         | KOPB 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10.3                     | E-M                | PORTLAND, OR           |
|                                                         | KOPB 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10.4                     | E-M                | PORTLAND, OR           |
|                                                         | KPDX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 49                       | I                  | PORTLAND, OR           |
|                                                         | KPDX 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 49.2                     | I-M                | PORTLAND, OR           |
|                                                         | KPDX 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 49.4                     | I-M                | PORTLAND, OR           |
|                                                         | KPTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12                       | I                  | PORTLAND, OR           |
|                                                         | KPTV 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12.2                     | I-M                | PORTLAND, OR           |
|                                                         | KPTV 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12.3                     | I-M                | PORTLAND, OR           |
|                                                         | KPWC LD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14                       | I                  | PORTLAND, OR           |
|                                                         | KPXG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 22                       | I                  | PORTLAND, OR           |
|                                                         | KRCW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 32                       | I                  | PORTLAND, OR           |
|                                                         | KRCW 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 32.2                     | I-M                | PORTLAND, OR           |
| KRCW 3                                                  | 32.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                      | PORTLAND, OR       |                        |

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                    |                                    |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|------------------------------------|
| <b>Name</b>                                             | <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b><br><b>FALCON TELECABLE, A CALIFORNIA LIMITED PARTNERSHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                    | <b>SYSTEM ID#</b><br><b>030469</b> |
| <b>G</b><br><br><b>Primary Transmitters: Television</b> | <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><br><b>In General:</b> 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 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.<br><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:<br>• Do <i>not</i> 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 <i>only</i> on a substitute basis.<br>• 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.<br><b>Column 1:</b> 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.<br><b>Column 2:</b> 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.<br><b>Column 3:</b> 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.<br><b>Column 4:</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION             |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                    |                                    |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                    |                                    |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                    |                                    |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                    |                                    |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                    |                                    |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                    |                                    |





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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>FALCON TELECABLE, A CALIFORNIA LIMITED PARTNERSHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | <b>SYSTEM ID#</b><br><b>030469</b>                               |
| <b>K</b><br><b>Gross Receipts</b>                                                                                                                                                                                                                                     | <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of 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, see page (vii) of the general instructions located in the paper SA1-2 form.<br>Gross receipts from subscribers for secondary transmission service(s) during the accounting period. |               |                                                                  |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | <b>\$ 81,913.14</b><br><small>(Amount of gross receipts)</small> |
| <b>L</b><br><b>Copyright Royalty Fee</b>                                                                                                                                                                                                                              | <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> To compute the royalty fee you owe:<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less.<br>• 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.<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.<br>See page (vi) of the general instructions located in the paper SA1-2 form for more information.                      |               |                                                                  |
|                                                                                                                                                                                                                                                                       | <b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                                  |
|                                                                                                                                                                                                                                                                       | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | \$ 52.00                                                         |
|                                                                                                                                                                                                                                                                       | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | 0.00                                                             |
|                                                                                                                                                                                                                                                                       | Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | \$ 52.00                                                         |
|                                                                                                                                                                                                                                                                       | <b>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                                                  |
|                                                                                                                                                                                                                                                                       | 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. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                  |
| <b>BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</b>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                  |
| 1. Enter the amount of gross receipts from space K                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                  |
| 2. Base amount under statutory formula                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ 263,800.00 |                                                                  |
| 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. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                  |
| <b>FILING FEE AND TOTAL REMITTANCE DUE</b>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                  |
| <b>Filing Fee and Total Remittance Due</b>                                                                                                                                                                                                                            | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | \$ 52.00                                                         |
|                                                                                                                                                                                                                                                                       | 2. Filing Fee (See the instructions for more information on filing fee calculations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | \$ 15.00                                                         |
|                                                                                                                                                                                                                                                                       | 3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | \$ 67.00                                                         |
| <b>EFT Trace # or TRANSACTION ID #</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                  |
| <a href="#">Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.</a><br><a href="#">See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.</a> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                  |

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>Name</b>                                                        | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>FALCON TELECABLE, A CALIFORNIA LIMITED PARTNERSHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SYSTEM ID#<br><b>030469</b> |
| <b>M</b><br><br>Channels                                           | <b>CHANNELS</b><br><b>Instructions:</b> 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.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">26</div><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">420</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |
| <b>N</b><br><br>Individual to Be Contacted for Further Information | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <u>Jacob C. Schlechte</u> Telephone <u>314-543-2294</u><br><br>Address <u>12405 Powerscourt Drive</u><br>(Number, street, rural route, apartment, or suite number)<br><u>St. Louis, MO. 63131-3674</u><br>(City, town, state, zip)<br><br>Email _____ Fax (optional) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| <b>O</b><br><br>Certification                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or<br><br><input checked="" type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or<br><br><input type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.<br><br>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br>[18 U.S.C., Section 1001(1986)]<br><br><div style="text-align: center;"><div style="display: inline-block; vertical-align: middle; text-align: left;"><div style="font-size: 2em; margin-bottom: 5px;">X</div><div style="border-bottom: 1px solid black; width: 250px; margin-bottom: 5px;"></div><div style="font-size: 0.9em;">Enter an electronic signature on the line above to certify this statement.<br/>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</div></div></div><br><div style="display: flex; justify-content: space-between;"><div>Typed or printed name: <u>Jacob C. Schlechte</u></div><div style="border: 1px solid black; width: 450px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-between;"><div>Title: <u>Dir, Cable Ops Accounting</u></div><div style="border: 1px solid black; width: 450px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-between;"><div>Date: _____</div><div style="border: 1px solid black; width: 450px; height: 20px;"></div></div> |                             |

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FALCON TELECABLE, A CALIFORNIA LIMITED PARTNERSHIP

030469

**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?

☒ NO

☐ YES. Enter the total here and list the satellite carrier(s) below. . . . . \$
**P**
**Special Statement  
Concerning Gross  
Receipts Exclusion**

Name

Mailing Address

Name

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.

Line 1 Enter the amount of late payment or underpayment . . . . .

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 . . . . .

x 0.00274

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 . . . . .

\$

(interest charge)

\* To view the interest rate chart click on [www.copyright.gov/licensing/interest-rate.pdf](http://www.copyright.gov/licensing/interest-rate.pdf). For further assistance please contact the Licensing Division at (202) 707-8150 or [licensing@copyright.gov](mailto: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

Accounting period

**Q**
**Interest Assessment**

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

CONTROL #:

REMITTANCE #:



# Cable Worksheet

Total amount of  
remittance

Number of SAs rec'd

Initials

Date of remittance

☐ Check☐ EFT☐ FILING FEES

Cable ID #

Amount

Initials

Examined by

Reviewed by

Date examination  
completed

Allocation number

**Space A  
Accounting  
Period**

(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

☐ 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  
Transmission  
Service  
Subscribers:  
and Rates**
☐ Letter sent☐ Information received☐ 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**

|                                                |                                                   |                                                              |
|------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                                                              |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                                                              |
|                                                |                                                   | <b>Space J<br/>Part-time<br/>Carriage Log<br/>(SA3 only)</b> |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                                                              |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                                                              |
|                                                |                                                   | <b>Space K<br/>Gross Receipts</b>                            |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                                                              |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                                                              |
|                                                |                                                   | <b>Space L<br/>Copyright Filing<br/>and Royalty Fees</b>     |
| <input type="checkbox"/> Royalty Fee should be | <input type="checkbox"/> Refund request to fiscal |                                                              |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                                                              |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phoe call/Date/Contact   |                                                              |
|                                                |                                                   | <b>Space M<br/>Channels</b>                                  |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                                                              |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                                                              |
|                                                |                                                   | <b>Space O<br/>Certification</b>                             |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                                                              |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                                                              |
|                                                |                                                   | <b>Space P<br/>Statement of<br/>Gross Receipts</b>           |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                                                              |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                                                              |
|                                                |                                                   | <b>Space Q<br/>Interest<br/>Assessment</b>                   |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Info/add'l fee received  |                                                              |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                                                              |