This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	03/01/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit asingle statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	33244
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		AVENUE BROADBAND COMMUNICATIONS, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MONTGOMERY PLAZA, 4TH FLOOR (Number, street, rural route, apartment, or suite number)	
		SIKESTON, MO 63801 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		AVENUE BROADBAND COMMUNICATIONS, LLC D/B/A NEWWAVE COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM:	
		210 E. EARLL DRIVE	
	2	(Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012 (City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: AVENUE BROADBAND COMMUNICATIONS, LLC	SYSTEM ID# 33244
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
_	CITY OR TOWN	STATE
First Community	MORGAN COUNTY CUMBY	IN IN
-	CENTERTON	IN
dd Rows as Necessary	MORGAN NORTHERN	IN

Name	AVENUE BROADBAND General: The information in sy istem, that is, the retransmission oout other services (including p ist day of the accounting period Number of Subscribers: Both worn by categories of secondary ist category by counting the nu- parately for the particular servic Rate: Give the standard rate of hit in which it is generally billed. It egory, but do not include disca Block 1: In the left-hand block ist applies to your system. Note it applies to your system. Note it sets: and would be counted o Block 2: If your cable system h inted in block 1 (for example, ti th the number of subscribers a afficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel commercial	COMMUNIC SERVICE: SU pace E should on of television way cable) in spa (June 30 or D h blocks in space y transmission umber of billing ice at the rate i harged for eacc . (Example: "\$2 counts allowed in space E, the to their subsc : Where an ind should be cour able service to a once again und has rate catego iers of services	BSCRI cover a and rad ace F, r ecembe ce E cal service. Is in tha ndicated h catego 20/mth") for adva e form li ribers. C dividual nted as a additiona er "Serv pries for that ince e right-h	BERS AND RA Il categories of lio broadcasts not here. All the or 31, as the ca I for the number In general, yo t category (the d—not the num ory of service. . Summarize a nice payment. sts the categoo Give the number or organization a subscriber in al sets would b rice to addition secondary tra clude one or m	f secondar by your sy e facts you ase may be er of subso u can com a number of number of ner of set Include bo nny standa ries of sec er of subso n is receivit e each app be included al set(s)."	ystem to subscr u state must be e). cribers to the ca npute the numb of persons or or ts receiving ser oth the amount of and rate variation condary transmi cribers and rate ing service that blicable category d in the count un service that are idary transmissi	ibers. Give i those existin ble system, er of subscri ganizations vice). of the charg ns within a p ssion service for each list falls under of v. Example: nder "Servic e different fm ons), list the tion of the so <u>BLOCK</u>	ne cable nformation ng on the broken ibers in charged e and the articular rate e that cable ted category different a residential e to the om those em, together ervice is	TEM ID 3324 RATE
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F Transformed by the second s	at applies to your system. Note the system or entity subscriber who pays extra for car subscriber who pays extra for car st set" and would be counted o Block 2: If your cable system h inted in block 1 (for example, ti th the number of subscribers a fficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel	e: Where an ind should be cour able service to a proce again und has rate catego iers of services and rates, in the OCK 1 NO. OF	dividual ated as a additiona er "Serv pries for that inc e right-h	or organization a subscriber in al sets would b rice to addition secondary tra clude one or m and block. A tw RATE	n is receivi e each app be included al set(s)." nsmission ore secon wo- or thre	ing service that blicable category d in the count un service that are idary transmissi se-word descrip	falls under of . Example: nder "Servic e different front ons), list the tion of the so BLOCK	different a residential e to the om those em, together ervice is 2 NO. OF	RATE
F Cal sub firs Prin wit suf Co Co Co SE In not	tegories, that person or entity subscriber who pays extra for call st set" and would be counted of Block 2: If your cable system h inted in block 1 (for example, ti th the number of subscribers a ifficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel	should be cour ble service to a once again und has rate catego iers of services and rates, in the OCK 1 NO. OF	additiona additiona er "Serv ories for that ince right-h ERS	a subscriber in al sets would b rice to addition secondary tra clude one or m and block. A tw RATE	each app be included al set(s)." nsmission ore secon wo- or thre	d in the count un service that are dary transmissi ee-word descrip	 Example: nder "Servic e different fre- ons), list the tion of the set BLOCK 	a residential e to the om those em, together ervice is	RATI
F Sult firs F F Sult F Sult F Sult F Sult F Sult F Sult F Sult Sult F Sult	abscriber who pays extra for ca st set" and would be counted o Block 2: If your cable system h inted in block 1 (for example, ti th the number of subscribers a ifficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel	ble service to a once again und has rate catego iers of services and rates, in the OCK 1 NO. OF	additiona er "Serv pries for that inc right-h ERS	al sets would b rice to addition secondary tra clude one or m and block. A tw RATE	be included al set(s)." nsmission ore second wo- or thre	d in the count un service that are idary transmissi ee-word descrip	nder "Servic e different fr ons), list the tion of the se BLOCK	e to the om those em, together ervice is	RATI
F firs prin wit suf Prin	st set" and would be counted o Block 2: If your cable system h inted in block 1 (for example, ti th the number of subscribers a ifficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel	once again und has rate catego iers of services and rates, in the OCK 1 NO. OF	er "Serv pries for that inc right-h ERS	rice to addition secondary tra clude one or m and block. A tw RATE	al set(s)." nsmission ore secono wo- or thre	service that are dary transmissi ee-word descrip	e different fro ons), list the tion of the so BLOCK	om those em, together ervice is 2 NO. OF	RATE
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Re Re · · · · · · · · · · · · · · · · ·	th the number of subscribers a fficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel	OCK 1	e right-h ERS	and block. A tw	wo- or thre	ee-word descrip	tion of the set	ervice is	RATI
F Suf Re ·	fficient. BLC CATEGORY OF SERVICE Bidential: • Service to first set Service to additional set(s) • FM radio (if separate rate) otel, hotel	OCK 1 NO. OF	ERS	RATE			BLOCK	X 2 NO. OF	RATI
Re · · · · · · · · · · · · ·	BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel	NO. OF	ERS		САТ	EGORY OF SE		NO. OF	RATE
F Re ·	CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel	NO. OF	ERS		САТ	EGORY OF SE		NO. OF	RATE
F Re ·	esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel	SUBSCRIB	-		CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
F	 Service to first set Service to additional set(s) FM radio (if separate rate) otel, hotel 		52	\$24.99					
F	 Service to additional set(s) FM radio (if separate rate) otel, hotel 		J2	\$24.33					
F • • • • • • • • • • • • •	• FM radio (if separate rate) otel, hotel								
F In not	otel, hotel								
F In not	•								
F not	Jinnercial		2	\$33.30					
F not	onverter			\$33.30					
F not	Residential								
F SE	Non-residential								
F In of									
► not	ERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
- 10	General: Space F calls for rate	te (not subscrib	er) infoi	rmation with re	spect to a	Ill your cable sy	stem's servi	ces that were	
sei	ot covered in space E, that is, th								
	rvice for a single fee. There are rnished at cost or (2) services of								
	nount of the charge and the un								
Secondary ent	ter only the letters "PP" in the	rate column.	-	-		-		3 • • • • • • • • •	
	Block 1: Give the standard rate								
	Block 2: List any services that ted in block 1 and for which a s	• •			-	-	•		
	ief (two- or three-word) descrip				SHEU. LISU		vices in the	Ionn or a	
	· / · ·	BLO						BLOCK 2	
CA	TEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	ontinuing Services:		Installa	ation: Non-res	sidential				
•	• Pay cable	\$9-\$18.00	• Mo	tel, hotel					
•	 Pay cable—add'l channel 		• Cor	mmercial					
	Fire protection		• Pay	/ cable					
•	Burglar protection		• Pay	/ cable-add'l cł	nannel				
	stallation: Residential		-	e protection					
•	• First set	40.00		glar protection	1				
•	 Additional set(s) 			services:					
	• FM radio (if separate rate)		• Red	connect		\$25.00			
	• Converter			connect					
				let relocation					
				ve to new addr		L			

nting Period:	201772			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM II
		ID COMMUNICATIONS, LLC		3324
G Primary nsmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- to not list the station here station was carried only on List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra a(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul- he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- pr "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFYI	21	E	INDIANAPOLIS, IN
	WHMB	20		INDIANAPOLIS, IN
as Necessary	WIPX	27		BLOOMINGTON, IN
as necessary	WISH	9	N	INDIANAPOLIS, IN
	WNDY	32	I	MARION, IL
	WRTV	25	N	INDIANAPOLIS, IN
		13		
	IWIHR	1.3	N	INDIANAPOLIS, IN
	WTHR WTTV		<u>N</u>	INDIANAPOLIS, IN BLOOMINGTON IN
	WTTV	48	<u>N</u> I	BLOOMINGTON, IN
			N I I	
	WTTV	48	N 	BLOOMINGTON, IN
	WTTV	48	N I I	BLOOMINGTON, IN
	WTTV	48	N 	BLOOMINGTON, IN
	WTTV	48	N I I	BLOOMINGTON, IN
	WTTV	48	N 	BLOOMINGTON, IN
	WTTV	48	N 1	BLOOMINGTON, IN
	WTTV	48	N 1 1	BLOOMINGTON, IN
	WTTV	48	N 1 1	BLOOMINGTON, IN
	WTTV	48	N 1 1	BLOOMINGTON, IN
	WTTV	48	N 1 1 1	BLOOMINGTON, IN
	WTTV	48	N I I	BLOOMINGTON, IN
	WTTV	48		BLOOMINGTON, IN

Accounting F	Period: 2017	/2					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
AVENUE BR	ROADBAND		MUNICATIONS, LLC					33244
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio state this by placing Give the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2017/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	AVENUE BROADBANI	СОММИ	INICATIONS	, LLC				33244
	SUBSTITUTE CARRIAGE				G			
	In General: In space I, identi					ion that your o	able cyctor	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT			TITUTE CARRIAGE				
Special	 During the accounting period 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev <u>isio</u>	n program	<u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	NO
Frogram Log	Note: If your answer is "No'		root of this pag	a blank. If your answer is	"Voo " vou mi			-
	-	, leave the	rest of this pag	je Dialik. Il your allswel is	res, you mu	ist complete tr	ie program	1
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more spa	ce, please a	add additional r	rows to the tables.			-	
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "N Isting the substitute progra				
				ne community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can	adian statio	ns, if any, the	community with which the	station is ider	tified).		
		,	when your sys	tem carried the substitute	program. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	List the times	accuratel	V
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m."					·		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							
	effect on October 19, 1976.	5,	· · · , · · · ·	· · · · · · · · · · · · · · · · · · ·				
			E PROGRAM	1		EN SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
					-			
					-			
						_		
						_		
					-			
					-			
						_		
1								

Accounting Period:	2017/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: AVENUE BROADBAND COMMUNICATIONS, LLC	S	¥STEM ID# 33244
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 3,249.83
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	-	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,		
	1. 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.		
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: AVENUE BROADBAND COMMUNICATIONS, LLC	SYSTEM ID# 33244
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	9 96
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name EMERSON YEARWOOD Telephone	602-364-6195
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012 (City, town, state, zip)	
	Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-601	3
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. 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. [18 U.S.C., Section 1001(1986)]	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: RAYMOND STORCK	
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
	Date: FEBRUARY 28, 2018	

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 the 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 telephol 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

Inting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
NUE BROADBAND COMMUNICATIONS, LLC	332
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros Receipts Exclusio
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Name	
Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
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	Q Interest Assessm
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	Q Interest Assessm
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	Q Interest Assessm
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	Q Interest Assessm
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	Q Interest Assessm
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