THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

FOR COPYRIGH	IT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/25/21	\$ ALLOCATION NUMBER

SA3 Long Form

Return to: Library of Congress Copyright Office-LD 101 Independence Avenue SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

A Accounting	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.) January 1–June 30									
Period	(Year)	(Year)								
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	AMERICAN SAMOA ENTERTAINMENT INC.									
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	:								
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM:									
	P.O. BOX 478 (Number, street, rural route, apartment, or suite number) PAGO PAGO, AMERICAN SAMOA 96799 (City, town, state, zip)									
C	INSTRUCTIONS: In line 1, give any business or trade names used to identify the names already appear in space B. In line 2, give the mailing address of the system.									
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D Area	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.									
Served	CITY OR TOWN STATE									
First ▶	PAGO PAGO	AMERICAN SAMOA								
Community	Below is a sample for reporting communities if you report multiple channel line-up	s in Space G.								
	CITY OR TOWN (SAMPLE)	STATE CH LINE UP SUB GRP#								
Sample ▶	Alda MD A 1 Alliance MD B 2 Gering MD B 3									

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:				Name					
AMERICAN SAMOA ENTERTAINMENT INC.									
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.									
Note: Entitles and properties such as hotels, apartments, condominiums, or mobile the identified city or town.	nome parks sh	ould be reported ir	parentheses below	Served					
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-channel line-up designated by an alpha-letter(s) (based on your Space G reportin (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	 and a subs 	sis, associate eac criber group desig	h community with a nated by a number						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
	Í			⋖ First					
	1			Community					
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Name

AMERICAN SAMOA ENTERTAINMENT INC.

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK	1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	2,020 361	\$55.99 \$28.00				
Motel, hotel	50	\$10.00				
Commercial Converter						
ResidentialNon-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'I channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$9.99 \$0.00 \$50.00 \$50.00	Installation: Non-residential · Motel, hotel · Commercial · Pay cable · Pay cable—add'l channel · Fire protection · Burglar protection Other services: · Reconnect · Disconnect · Outlet relocation · Move to new address	\$10.00 \$50.00 \$50.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

AMERICAN SAMOA ENTERTAINMENT INC.

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions.

Column 6: 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.

Note: If you are utilizing multiple channel line-ups, identify the line-up in the far right column here in Space G based on your channel line-up reported in Space D. Use a separate space G for each channel line-up.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KVZK	2	Е	NO		AMERICAN SAMOA
KVZK	5	E	NO		AMERICAN SAMOA
KVZK	7	Е	NO		AMERICAN SAMOA
KVZK	8	E	NO		AMERICAN SAMOA
K11UU	11	I	NO		AMERICAN SAMOA
KKHJ	13	1	NO		AMERICAN SAMOA
		:			

G

Primary
Transmitters:
Television

Channel Line-Up

	LEGAL NAME OF	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	AMERICAN SAMOA ENTERTAINMENT INC.									
	PRIMARY 1	PRIMARY TRANSMITTERS: RADIO n General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an								
Н	all-band basis	all-band basis whose signals were "generally receivable" by your cable system during the accounting period.								
Primary Transmitters: Radio	receivable if (on the basis of For detailed in Column 1: Column 2: Column 3: signal, indica Column 4:	ecial Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. It detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete nal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of xican or Canadian stations, if any, the community with which the station is identified).								
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
	KSBS	FM		PAGO PAGO						
	KKHJ	FM	-	PAGO PAGO						
	KKHJ	FIVI		PAGUPAGU						
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LEGAL NAME OF OWNER OF CABLE SYSTEM:								Mana	
AMERICAN SAMOA ENTERTA	AINMENT	INC.						Name	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (vi) of the general instructions.									
 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 									
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
SUB	STITUTE	PROGRAM			SUBSTI GE OCC		7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH 6. TIMES DELETION AND DAY FROM — TO					
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							FORM SAS	. PAGE 6.	
	LEGAL NAME OF OWNE	R OF CABLE SYSTEM	l:		-				
Name	AMERICAN SAM	MOA ENTERTA	INMENT INC.		=				
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m12:00 p.m."								
			DATES AND HOL	JRS OF	PART-TIME CAI	RRIAGE			
		WHEN CA	ARRIAGE OCCURRE	D		WHEN CA	RRIAGE OCCUR	RED	
	CALL SIGN	DATE	HOURS FROM	то	CALL SIGN	DATE		HOURS	
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FURIVI	SA3. PAGE 7.						
LEGAL	NAME OF OWNER OF CABLE SYSTEM:	Name					
AME	ERICAN SAMOA ENTERTAINMENT INC.						
GROSS RECEIPTS Instructions: 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. 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.							
Instr • Co	PYRIGHT ROYALTY AND FILING FEES ructions: Use the blocks in this space L to determine the royalty fee you owe: omplete block 1, showing your minimum fee. omplete block 2, showing whether your system carried any distant television stations.	L Copyright					
fed • If y	your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum e from block 1 on line 1 of block 4, and calculate the total royalty fee. your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule ecompanying this form and attach the schedule to your statement of account.	Royalty Fee					
	part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of lock 3 below.						
	part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block below.						
	part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line in block 4 below.						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K \$654,753.93						
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. \$ 6,966.58						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule.						
Błock 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero						
	Line 3. Add lines 1 and 2 and enter here.						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero	Cable systems submitting additional deposits under					
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE: \$725.00	Division for the					
	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to <i>Register of Copyrights</i> . (See page (i) of the general instructions for more information.)	audiuoliai lees.					

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	Name
Name	AMERICAN SAMOA ENTERTAINMENT INC.	Namo
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televito its subscribers and (2) the cable system's total number of activated channels, during the activated 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 and nonbroadcast services	6
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	684-699-2759
for Further Information	Name leiepnone	rea code)
	Address P.O. Box 478 (Number, street, rural route, apartment, or suite number)	
	PAGO PAGO, AMERICAN SAMOA 96799 (City, town, state, zip)	
	Email (optional) Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance wit lations, as explained in the general instructions.)	h Copyright Office regu-
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as id of space B; or	lentified in line 1
	(Agent of owner other than corporation or partnership) I am the duly authorized agent the cable system as identified in line 1 of space B and that the owner is not a corporation	of the owner of or partnership; or
į	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legowner of the cable system in line 1 of space B.	•
	 I have examined the statement of account and hereby declare under penalty of law that al contained herein are true, complete, and correct to the best of my knowledge, information made in good faith. [18 U.S.C. sec. 1001] 	
	Typed or printed name:	
	Title: CEO (Title of official position held in corporation or part	mership)
:	Date: February 24, 2021	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:		Name			
AMERICAN SAMOA ENTERTAINMENT INC.					
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.					
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.					
Name	Name				
	II.				
INTEREST ASSESSMENT You must complete this worksheet for those royalty payment for an explanation of interest assessment, see page (viii) of	f the general instructions.	Q Interest Assessment			
Line 1 Enter the amount of late payment or underpayment	nt				
Line 2 Multiply line 1 by the interest rate* and enter the set. Line 3 Multiply line 2 by the number of days late and enter	x % um here x days er the sum here x 0.00274				
Line 4 Multiply line 3 by 0.00274** enter here and on line space L, (page 7)	<u>\$</u>				
contact the Licensing Division at (202) 707-8150 or <i>licen</i> ** This is the decimal equivalent of 1/365, which is the inte NOTE: If you are filing this worksheet covering a stateme please list below the owner, address, first community served filing. Owner Address First community served Accounting period	erest assessment for one day late. ent of account already submitted to the Copyright Office, d, accounting period, and ID number as given in the original				
ID number					

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

Monthly Subcount

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NIII DELLOND	Sports	Cinemax	TRC	HBO	Premium Starz	New TTL	Reduce	Ħ	Hotel/Motel	Basic Service	GLDS COUNT		Dec'20	Nov'20	Oct'20	Sep'20	Aug'20	Jul'20	Jun'20	May'20	Apr'20	Mar'20	Feb'20	Jan'20	Month		Basic
1	216	49	185	154	687	2365		2365	8	2305	Jan'20		1958	2004	2110	2043	2098	2192	2191	2198	2185	2314	2305	2329	Begin Count		
;	219	52	183	152	698	2374		2374	8	2314	Feb'20		2020	1958	2004	2110	2043	2098	2192	2191	2198	2185	2314	2305	End Count		
:	205	21	166	146	648	2245		2245	8	2185	Mar'20		1989	1981	2057	2077	2071	2145	2192	2195	2192	2250	2310	2317	AVG		
ń	204	47	152	139	640	2252		2252	2	2198	Apr'20		521	533	576	574	599	624	639	640	648	698	687	687	Begin Count End Count		Starz
•	196	2	134	191	639	2217		2217	26	2191	May'20		519	521	533	576	574	599	624	639	640	648	698	687	End Count		
:	192	ដ	129	136	624	2242		2242	8	2192	Jun'20		520	527	555	575	587	612	632	640	644	673	693	687	AVG		_
,	184	47	125	129	599	2146		2146	8	2098	Jul'20		116	119	126	127	129	136	131	139	146	152	154	157	Count	Begin	H80
;	184	47	811	127	574	2068		2068	25	2043	Aug'20		120	116	119	126	127	129	136	131	139	146	152	154	End Count		
•	187	47	115	126	576	2135		2135	25	2110	Sep'20		118	118	123	127	128	133	134	135	143	149	153	156	AVG		
`	187	47	109	119	533	2029		2029	25	2004	Oct'20		102	109	115	118	125	129	134	152	166	183	185	192	Count	Begin	큠
`	180	43	102	116	521	1983		1983	25	-	Nov'20		103	102	109	115	118	125	129	134	152	166	183	185	End Count		
	7			ष्ठ र	S19 ♥	2045		2045	25	2020	Dec'20		103	106	112	117	122	127	132	143	159	-	Н		AVG		Ω.
`	` \	`	` `	` `	` `	•				•	•		43	47	47	47	47	51	#	47	51	52	49	51		Begin	Inemax
													43	43	47	47	47	47	51	44	47	51	52	49	End Count		
													43 180	45 187	47 187	47 184	47 184	49 19	Н	46 204		52 219	Н	50 218	AVG Count	Begin	Sports
																4 187			6 192						Count	in End	ਯ
													183	184	187	186	184	188	194	200	205	21,2	218		Average		
												;	6	6		13									_	Begin E	NFL Redzone
													6	6	6		13 13	13 14	14 14	13				- 1	Count Sub	End New	E)
													. 1						- 1		- 1	- 1			-	•	

Prepared by : Ala Poasa
Date: 12/30/2020

1st Approval Mohan Rajathural
Final Approval Paul Michael Young

CHANNEL LIST



EXTENDED BASIC PACKAGE - \$55.99

СН	LINEUP NAME	СН	LINEUP NAME
02	KVZK	32	SYFY
03	MOANA TV	33	DISCOVERY
04	WEATHER STATION	34	HISTORY
05	KVZK	35	DISNEY
06	MOANA TV	36	DISNEY XD
07	KVZK PBS	37	NICKELODEON
08	KVZK-TV CBS	38	NATIONAL GEOGRAPHIC
09	PCS	39	FREEFORM
11	SDA	40	ENTERTAINMENT
12	KHON FOX	41	TCM
13	ISLAND INFO	42	CARTOON NETWORK
14	HOPE	43	TRU TV
16	NFL	44	FOOD NETWORK
17	ESPN	45	HGTV
18	ESPN 2	46	CMT
19	PARAMOUNT NETWORK	47	KBS WORLD
20	VH1	48	YTN
21	MTV	49	JCTV
22	BRAVO	50	EWTN
23	AMC	51	NHK WORLD TV
24	TV LAND	52	SMILE CHILD
25	COMEDY CENTRAL	53	CHURCH CHANNEL
26	USA	54	TBN
27	A&E	56	OXYGEN
28	LIFETIME	57	GREAT AMERICAN COUNTRY
29	CNN	58	COOKING CHANNEL
30	BBC WORLD	60	TRAVEL CHANNEL
31	AUSTRALIA		

PREMIUM PACKAGES

STARZ AND ENCORE - \$9.99

CH	LINEUP NAME	
200	STARZ	
201	STARZ EDGE	
202	STARZ KIDS	
203	STARZ CINEMA	
204	STARZ COMEDY	
205	ENCORE	
206	ENCORE ACTION	
207	ENCORE BLACK	
208	ENCORE FAMILY	
209	ENCORE CLASSIC	
210	ENCORE SUSPENSE	
211	ENCORE WESTERN	

TFC \$7.99

СН	LINEUP NAME	
300	TFC	
301	KNOWLEDGE	
302	CINEMA ONE	

HBO \$18.99

CH	LINEUP NAME
400	НВО
401	HBO2
402	HBO COMEDY
403	HBO FAMILY
404	HBO SIGNATURE
405	HBO ZONE

CINEMAX \$11.99

CH	LINEUP NAME
500	CINEMAX
501	MOREMAX
502	THRILLERMAX
503	ACTIONMAX

SPORTS \$4.00

CH	LINEUP NAME
71	GOLF
72	NBC SPORTS

PAY-PER-VIEW

CH	LINEUP NAME
600	PAY-PER-VIEW