

LEGAL NAME OF OWNER OF CABLE SYSTEM: GALAXY CABLE INC.	025107	Name
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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: "\$8/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 which 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.

E

Secondary
transmission
Service:
Subscribers
and Rates

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to First Set	191	40.45			
• Service to Additional Set(s)					
• FM Radio (if separate rate)					
Motel, Hotel					
Commercial	2	1.00			
Converter	1	2.00			
• Residential					
• Non-Residential					

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; and (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.

F

Services
Other Than
Secondary
Transmissions:
Rates

BLOCK 1		BLOCK 2		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-Residential			
• Pay Cable	14.95	• Motel, Hotel			
• Pay Cable—Add'l Channel		• Commercial			
• Fire Protection		• Pay Cable			
• Burglar Protection		• Pay Cable—Add'l Channel			
Installation: Residential		• Fire Protection			
• First Set	35.00	• Burglar Protection			
• Additional Set(s)		Other Services:			
• FM Radio (if separate rate)		• Reconnect	19.95		
• Converter		• Disconnect			
		• Outlet Relocation	25.00		
		• Move to New Address	29.95		

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<p>GROSS RECEIPTS</p> <p>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 (v) of the General Instructions.</p> <ul style="list-style-type: none"> • Gross receipts from subscribers for secondary transmission service(s) during the accounting period..... <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>	<p style="font-size: 2em; font-weight: bold;">K</p> <p>Gross Receipts</p>
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\$ 44,340.76
(Amount of "gross receipts")

<p>INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE</p> <p>To compute the royalty fee you owe:</p> <ul style="list-style-type: none"> • Complete either block 1, block 2 or block 3 • Use block 1 if the amount of "gross receipts" in space K is \$98,600 or less • Use block 2 if the amount of "gross receipts" in space K is more than \$98,600 but less than or equal to \$189,800 • Use block 3 if the amount of "gross receipts" in space K is more than \$189,800 but less than \$379,600 <p>See page (vi) of the General Instructions for more information.</p>	<p style="font-size: 2em; font-weight: bold;">L</p> <p>Copyright Royalty Fee</p>
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BLOCK 1: "GROSS RECEIPTS" OF \$98,600 OR LESS

INSTRUCTIONS: As a cable system with "gross receipts" of \$98,600 or less, the royalty fee that you must pay for this six-month accounting period is \$37.00

Line 1. Royalty Fee for Accounting Period	\$ 37.00
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	\$ 37.00

BLOCK 2: "GROSS RECEIPTS" OF \$189,800 OR LESS (but more than \$98,600)

1. Base amount under statutory formula	\$ 189,800
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 \$189,800 (but less than \$379,600)


1. Enter the amount of "gross receipts" from space K	\$ _____
2. Base amount under statutory formula	\$ 189,800
3. Subtract line 2 from line 1	_____
4. Multiply line 3 by .01	_____
5. Royalty due on the first \$189,800 of gross receipts (under statutory formula)	\$ 949
6. Interest Charge. Enter the amount from line 4, space Q, page 8	\$ _____
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ _____

IMPORTANT: When you file your Statement of Account on this form, SA1-2, you must also enclose with it the royalty fee you have computed in block 1, block 2, or block 3, above. Your remittance must be in the form of an electronic payment, certified check, cashier's check, or money order, payable to: *Register of Copyrights*. Other forms of remittance, including personal or company checks will be returned. Do not send cash. We recommend electronic payments.

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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.	10
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	95

N Contact	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this Statement of Account.)	
	Name: Joan Long	Telephone: 573-472-8200 <small>(Area Code)</small>
	Address: 1 Montgomery Bank Plaza, 4th Fl <small>(Number, Street, Rural Route, Apartment or Suite Number)</small>	
	Sikeston, MO 63801 <small>(City, Town, State, ZIP Code)</small>	

O Certification	CERTIFICATION: (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)
	• I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)
	<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
	<input 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
	<input checked="" 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.
	• 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)]
	 Handwritten signature: (X) Typed or printed name: Larry Eby Title: VP <small>(Title of official position held in corporation or partnership)</small> Date: 2/4/2005

PRIVACY ACT ADVISORY STATEMENT—Required by Privacy Act of 1974 (Public Law 93-579)

Authority for Requesting This Information: • Title 17, U.S.C. §111	• You may be liable for civil or criminal penalties for copyright infringement with respect to retransmission of television and radio stations (17 U.S.C. §§502-506, 509-510)	• Examination of the Statement of Account for compliance with legal requirement
Furnishing This Information is: • Voluntary	Principal Uses of Requested Information: • Establishment and maintenance of a public record.	Other Routine Uses: • Public inspection and copying • Preparation of public indexes • Preparation of search reports upon request
But if the information is Not Furnished: • It may be necessary to delay placement of this Statement of Account in the completed record of Statements of Account.		Note: • No other advisory statement will be given you in connection with this Statement of Account • Please retain a copy of this statement and refer to it if we communicate with you regarding this Statement of Account

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<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION 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 for private home viewing pursuant to section 119." For more information on when to exclude these amounts, see the note on page (v) 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 home "dish" owners? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here \$ and list the satellite carrier(s) below.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Name</td> <td style="width:50%; padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Mailing Address</td> <td style="padding: 2px;">Mailing Address</td> </tr> <tr> <td style="padding: 2px;">.....</td> <td style="padding: 2px;">.....</td> </tr> <tr> <td style="padding: 2px;">.....</td> <td style="padding: 2px;">.....</td> </tr> <tr> <td style="padding: 2px;">Name</td> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Mailing Address</td> <td style="padding: 2px;">Mailing Address</td> </tr> <tr> <td style="padding: 2px;">.....</td> <td style="padding: 2px;">.....</td> </tr> <tr> <td style="padding: 2px;">.....</td> <td style="padding: 2px;">.....</td> </tr> </table>	Name	Name	Mailing Address	Mailing Address	Name	Name	Mailing Address	Mailing Address	<p style="font-size: 24pt; font-weight: bold;">P</p> <p style="text-align: center;">Statement of Gross Receipts</p>
Name	Name																
Mailing Address	Mailing Address																
.....																
.....																
Name	Name																
Mailing Address	Mailing Address																
.....																
.....																

<p>WORKSHEET FOR COMPUTING INTEREST 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 (vi) General Instructions.</p> <p>Line 1. Enter the amount of late payment or underpayment \$ x %</p> <p>Line 2. Multiply line 1 by the interest rate* and enter the sum here x days</p> <p>Line 3. Multiply line 2 by the number of days late and enter the sum here x .00274</p> <p>Line 4. Multiply line 3 by .00274** and enter here and in space L (page 6) Block 1, line 2, or Block 2, line 8, or Block 3, line 6 \$ (interest charge)</p> <p>*Contact the Licensing Division at 202-707-8150 for the interest rate for the accounting period in which the late payment or underpayment occurred. **This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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, and Accounting Period as given in the original filing.</p> <p>Owner</p> <p>Address</p> <p>.....</p> <p>First Community Served</p> <p>Accounting Period</p>	<p style="font-size: 24pt; font-weight: bold;">Q</p> <p style="text-align: center;">Interest Assessment</p>
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