

\$28,236,585.10	314	
Total amount of	Number of SAs rec'd	Initials
remittance		

08/27/21

Examined by Reviewed by Date examination completed   1-27-22   1042277   \$1,565.37   AM			Date of remittance	□ Check □ EFT	☑ FILING FEES
Reviewed by completed Allocation number    Completed   1-27-22   1042277   \$1,565.37   AM	Cable ID #	11393			Amount Initials
Space A Accounting Period    Letter sent	Examined by	Reviewed by		Allocation number	
Space A Accounting Period    Letter sent	JRM		1-27-22	1042277	\$1,565.37 AM
Caccepted   Cacc	Accounting		N. S. C.	'1 (for Jan-Jun period) or /2 (for Ju	I-Dec period) No spaces)
Space B Owner    Letter sent	Period	☐ Letter sent		Information received	
Owner    Letter sent		□ Accepted		Phone call/Date/Contact	
Space D Area Served    Letter sent					
Space D Area Served    Letter sent		□ Letter sent		Information received	
Area Served    Letter sent		□ Accepted		Phone call/Date/Contact	
Space E Secondary Transission Service Subscribers: and Rates Space G Primary Transmitters: Television  Letter sent  Accepted  Information received  Phone call/Date/Contact  Information received  Phone call/Date/Contact  Information received  Phone call/Date/Contact					
Space E Secondary Transission Service Subscribers: and Rates  Space G Primary Transmitters: Television  Letter sent  Accepted  Information received		☐ Letter sent		Information received	
Secondary Transission Service Subscribers: and Rates  Accepted  Phone call/Date/Contact  Space G Primary Transmitters: Television  Letter sent  Accepted  Information received  Phone call/Date/Contact  Information received  Phone call/Date/Contact		□ Accepted		Phone call/Date/Contact	
Subscribers: and Rates  Accepted  Phone call/Date/Contact  Space G Primary Transmitters: Television  Letter sent  Accepted  Information received  Information received  Phone call/Date/Contact  Space H Primary Transmitters: Radio	Secondary Transission				
Space G Primary Transmitters: Television  □ Letter sent □ Accepted □ Accepted □ Phone call/Date/Contact  Space H Primary Transmitters: Radio		☐ Letter sent		Information received	
Primary Transmitters: Television  Letter sent  Accepted  Phone call/Date/Contact  Space H Primary Transmitters: Radio	and Rates	☐ Accepted		Phone call/Date/Contact	
□ Letter sent □ Information received □ Accepted □ Phone call/Date/Contact  Space H Primary Transmitters: Radio	Primary Transmitters:				
Space H Primary Transmitters: Radio	Television	☐ Letter sent		Information received	
Primary Transmitters: Radio		☐ Accepted		Phone call/Date/Contact	
Radio December Department of the Control of the Con	Primary Transmitters:				
D Accepted D Photie Calif Date/Contact	Kadio	□ Accepted		Phone call/Date/Contact	

Space I Substitute

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

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

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

SA1-2 Short Form 1603CO

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
ICENSING DIVISION SEP - 9 2021	\$1,565.37 SRM
RECEIVED	ALLOCATION NUMBER

Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries. see page ii of the general instructions

Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  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 litle of the subsidiary, not that of the parent corporation.  It there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  TIME WARNER CABLE  O1139320211  12405 POWERSCOURT DRIVE  ST. LOUIS, MO 63131  CC  System  Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless the 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.  IDENTIFICATION OF CABLE SYSTEM:  Charter Communications  MAILING ADDRESS OF CABLE SYSTEM:  Charter Communications  MAILING ADDRESS OF CABLE SYSTEM:  1 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as dein 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 list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as t	Accounting Period	JANUARY 1 - JUNE 30, 202		т:				
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  TIME WARNER CABLE  O1139320211  12405 POWERSCOURT DRIVE  ST. LOUIS, MO 63131   INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the 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.  IDENTIFICATION OF CABLE SYSTEM: Charter Communications  MAILING ADDRESS OF CABLE SYSTEM: 12405 POWERSCOURT Drive Remarks and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses be the identified city.  CITY OR TOWN STATE CITY OR TOWN STATE COMMUNITY OF GUNNISON CO TOWN OF MT. CRESTED BUTTE CO COUNTY OF GUNNISON CO TOWN OF MT. CRESTED BUTTE CO	В	incorrect information and print or type the correct if Give the full legal name of the owner of the carate title of the subsidiary, not that of the parent compared in the com	information beside it.  suble system. If the owner  surporation.  e owner conducts the bus  builting period, only the o  ment covering the entire;	is a subsidiary of another corporation, give the full corpo- siness of the cable system.  winer on the last day of the accounting period should submi- accounting period.	7 01139			
TIME WARNER CABLE  O1139320211  12405 POWERSCOURT DRIVE ST. LOUIS, MO 63131  C System  INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the 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.  IDENTIFICATION OF CABLE SYSTEM: Charter Communications  MAILING ADDRESS OF CABLE SYSTEM: 12405 Powerscourt Drive St. Louis, MO 63131-3674 [City town state. zprode]  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as del in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses be the identified city.  CITY OR TOWN  STATE CRESTED BUTTE CO TOWN OF RESTED BUTTE CO TOWN OF MT. CRESTED BUTTE CO COUNTY OF GUNNISON CO COUNTY OF GUNNISON CO COUNTY OF GUNNISON CO COUNTY OF GUNNISON CO TOWN OF MT. CRESTED BUTTE CO TOWN OF MT. CRESTED BUTTE								
*01139320211  12405 POWERSCOURT DRIVE ST. LOUIS, MO 63131  INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the 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.    Dentification of Cable System:		TIME WARNER CABLE PACIFIC	WEST LLC					
INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the 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   IDENTIFICATION OF CABLE SYSTEM:   Charter Communications		01139320 12405 POWERSCOURT DRIVE	211		139320211 011393 2021/1			
System    Towns		INSTRUCTIONS: In line 1, give any business	s or trade names used	to identify the business and operation of the system	unless these			
Charter Communications  MAILING ADDRESS OF CABLE SYSTEM:  12405 Powerscourt Drive [Number: street. rural route. apartment, or suite number)  St. Louis, MO 63131-3674 [Cay, town, state, zip code)  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as det in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communitys within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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 fillings.  Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses by the identified city.  CITY OR TOWN STATE CITY OR TOWN STATE  CRESTED BUTTE  CO TOWN OF CRESTED BUTTE  CO TOWN OF CRESTED BUTTE  COUNTY OF GUNNISON  COUNTY OF GUNNISON  CO TOWN OF MT. CRESTED BUTTE	C	names already appear in space B. In line 2,	give the mailing addres	ss of the system, if different from the address given in	n space B.			
MAILING ADDRESS OF CABLE SYSTEM:  12405 Powerscourt Drive  (Number street, rural route, apartment, or suite number)  St. Louis, MO 63131-3674  (Cdy, town, state, zip code)  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as del 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 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: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses be the identified city.  CITY OR TOWN STATE CITY OR TOWN STATE  CRESTED BUTTE  CO TOWN OF CRESTED BUTTE  CO TOWN OF MT. CRESTED BUTTE  COUNTY OF GUNNISON  CO TOWN OF MT. CRESTED BUTTE	System	111						
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The identified city.		of system identification hereafter known as the	ne "first community." F	Please use it as the first community on all future filings	S.			
First CRESTED BUTTE CO TOWN OF CRESTED BUTTE CO COUNTY OF GUNNISON CO TOWN OF MT. CRESTED BUTTE CO	Served	Note: Entities and properties such as hotels, the identified city.	apartments, condimini	iums, or mobile home parks should be reported in pa	ratheses below			
First Community CITY OF GUNNISON CO TOWN OF CRESTED BUTTE CO TOWN OF MT. CRESTED BUTTE CO COUNTY OF GUNNISON CO		CITY OR TOWN	STATE	CITY OR TOWN	STATE			
COUNTY OF GUNNISON CO.		CRESTED BUTTE	CO	TOWN OF CRESTED BUTTE	CO			
	Community		СО	TOWN OF MT. CRESTED BUTTE	CO			
GUNNISON (WESTERN STATE CO								
		GUNNISON (WESTERN STATE	СО					

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 effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

**ACCOUNTING PERIOD: 2021/1** FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 011393 TIME WARNER CABLE PACIFIC WEST LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES F 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 Secondary Transmission 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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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 SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 1,139 9.99-32.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 69 9.99-44.99 Converter 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Transmissions: 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 Rates 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 CATEGORY OF SERVICE RATE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential · Pay cable 15.00 · 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 49.99 · Burglar protection Additional set(s) Other services:

Reconnect

 Disconnect Outlet relocation · Move to new address 49.99

• FM radio (if separate rate)

Converter

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

## TIME WARNER CABLE PACIFIC WEST LLC

SYSTEM ID# 011393

## G

Primary
Transmitters:
Television

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.
   Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community.

This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.

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 (iv) of the general instructions.

**Column 4:** 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 2	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
K22JM-D	22		GUNNISON, CO	
KCNC	35	N	DENVER, CO	
KCNC START TV	35.2	I-M	DENVER, CO	
KDVR	32	l	DENVER, CO	
KDVR TBD	32.3	I-M	DENVER, CO	**********************
KMGH	7	N	DENVER, CO	
KMGH-2	7.2	I-M	DENVER, CO	
KRMA	18	Е	DENVER, CO	
KTVD	20		DENVER, CO	
KTVD ME TV	20.2	I-M	DENVER, CO	
KUSA	9	N	DENVER, CO	
KUSA WEATHERNA	9.2	I-M	DENVER, CO	
KUSA JUSTICE NET	9.3	I-M	DENVER, CO	
KWGN	34	l	DENVER, CO	
KWGN CHARGE!	19.4	I-M	DENVER, CO	
	annon and the second se			

	ER CABLE		IC WEST LLC				SYSTEM ID# 011393	Name
RIMARY TRA	NSMITTERS:	RADIO						
General: List II-band basis v	t every radio s vhose signals	tation ca were "ge	rried on a separate and discre enerally receivable" by your ca	ete basis and list ble system durin	those FM stati g the accounti	ions car	ried on an od.	Н
ceivable if (1) In the basis of it or detailed info Column 1: Ic Column 2: S	it is carried by monitoring, to ormation abou dentify the call tate whether t	the syst be received the the sign of each he statio	-Band FM Carriage: Under Cotem whenever it is received at wed at the headend, with the scopyright Office regulations cotech station carried.  In is AM or FM.  In all was electronically processed.	the system's he system's FM ante on this point, see	adend, and (2 enna, during co page (v) of the	) it can lertain st e gener	be expected, ated intervals. al instructions.	Primary Transmitters Radio
nal, indicate Column 4: G	this by placing live the station	a check n's locatio	mark in the "S/D" column. on (the community to which the community with which the	e station is licens	sed by the FC(			
	AM or FM					0/0		
CALL SIGN	AIVI OF FIVE	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
*************								
			******					
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Name	TIME WARNER CABL			0			SYSTEM ID# 011393
	SUBSTITUTE CARRIAG	E. SDECI	IAI STATEMI	ENT AND DOCCDAM	100		011000
1	In General: In space I, iden	tify every no	onnetwork telev period, under sp	rision program broadcas	t by a distant start er FCC rules, red	gulations, or authorizations	m carried on a
Substitute Carriage:	explanation of the programm	ning that mu	ust be included	in this log, see page (v)	of the general in	nstructions.	
Special					basis serves	manaharan da kalan Kata	
Statement and Program Log	broadcast by a distant sta	ation?	our cable syste	in carry, on a substitute	e basis, any no		
3 3	log in block 2.			age blank. If your answ	er is "Yes," you		
	clear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	stitute prograce, please of every na distant state gulations, pries like "m. Bulls." Im was broad state and and darive "5/7." In es when the Example: ter "R" if the and regulation of the state "R" if the and regulation of the state "R" if the and regulation of the state "rogrammin".	ram on a sepa e attach additic onnetwork tele ation and that y or authorizatic ovies" or "basl adcast live, en: e station broad- tion's location of ions, if any, the y when your sy the substitute p a program car e listed progra- tions in effect of	anal pages. evision program (substi- your cable system subs- sins. See page (v) of the ketball." List specific pro- ter "Yes." Otherwise en casting the substitute p (the community to whice e community with which yotem carried the subst- rogram was carried by rried by a system from the m was substituted for p during the accounting p	tute program) to tituted for the program titles, for ter "No." rogram. In the station is in the station is itute program.  Tyour cable systems of the system	hat, during the accounting programming of another socions for further informat rexample, "I Love Lucy" licensed by the FCC or, identified).  Use numerals, with the materials accurates the times accurate 6:28:30 p.m. should be at your system was required the letter "P" if the listed programming programming the letter "P" if the listed programming programming the letter "P" if the listed programming program	g station ion. or in nonth ately
	S	UBSTITUT	E PROGRAM	1			7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH	6. TIMES	FOR DELETION
	***************************************						
	******************************						
				*******************************			
				************			
				television program broadcast by a distant station that your cable system carried der specific present and former FCC rules, regulations, or authorizations. For a funded in this log, see page (v) of the general instructions.  BUBSTITUTE CARRIAGE  system carry, on a substitute basis, any nonnetwork television program    Yes   X No			
	***************************************						
						-	
						V	
	****					NAME	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
TIME WARNER CABLE PACIFIC WEST LLC	011393	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	smission service is amount, see \$ 286,437.07	<b>K</b> Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
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 for more information	o \$263,800	Copyright Royalty Fee
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		
Line 1. Royalty fee for accounting period		
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		
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)	
1. Base amount under statutory formula		
2. Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1	_	
4. Enter the amount of gross receipts from space K		
5. Enter the amount from line 3		
6. Subtract line 5 from line 4		
7. Multiply line 6 by .005 (enter figure here)		
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
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	226.37	
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
7 TOTAL POVALTY FEE DAVADLE FOR ACCOUNTS A STATE OF THE S		
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 1,545.37	
IMPORTANT. Vocas and the second secon		
IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights.</i> See general instructions for more information.	page I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TIME WARNER CABLE PACIFIC WEST LLC	SYSTEM ID#
		011393
5.4	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	Enter the total number of channels on which the cable	45
10	system carried television broadcast stations	15
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	
	and nonbroadcast services	354
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Be Contacted		
for Further	Name DAVID W. SOVANSKI Telephone 314-54	13-2236
Information		
	Address 12405 POWERSCOURT DR (Number, street, rural route, apartment, or suite number)	
	ST LOUIS, MO 63131 (City, town, state, zip)	
	Email (optional) Fax (optional)	
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)  • 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 identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or	n as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of in line 1 of space B.	the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)]	iin
	Handwritten signature: Wand W Novembu	
	Typed or printed name: DAVID W. SOVANSKI	
	Title: DIRECTOR-ACCOUNTING-CHARTER COMMUNICATIONS (Title of official position held in corporation or partnership)	
	Date: 8/20/2621	***************************************

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 effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM	
TIME WARNER CABLE PACIFIC WEST LLC	0113	Name
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:  "In determining the total number of subscribers and the generation of providing secondary transmissions of primary be scribers and amounts collected from subscribers receiving.  For more information on when to exclude these amounts, see the During the accounting period did the cable system exclude any amade by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	on 111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic proadcast transmitters, the system shall not include sub- ing secondary transmissions pursuant to section 119." e note on page (vii) of the general instructions.	Special Statement Concerning Gross Receipts Exclusion
Name	Name	
Mailing Address	Mailing Address	
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments su For an explanation of interest assessment, see page (viii) of the	ubmitted as a result of a late payment or underpayment. general instructions.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
	×	Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum her		
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the s	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block		
space L, (page 7)		
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licontact the Licensing Division at (202) 707-8150 or licensing		
** This is the decimal equivalent of 1/365, which is the interes	st assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of acclist below the owner, address, first community served, ID number		
Owner		
Address		
ID number		
First community served		
Accounting period		

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AL NAME OF OWNER OF CABLE SYSTEM:			
ME WARNER CABLE PACIFIC WEST LLC		SYSTEM ID# 011393	Name
CITY OR TOWN	STATE		First
CRESTED BUTTE	СО		Community
Line 1. ROYALTY FEE FROM SPACE L			
		\$ 1,545.37	Total
Line 2. FILING FEE		20.00	Fee
If Line 1 is from Space L, Block 1, enter \$15.00 If Line 1 is from Space L, Block 2 or Block 3, enter \$2	0.00		
Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FO	DR ACCOUNTING REDIOD		
Add lines 1 and 2 and enter here	OR ACCOUNTING PERIOD	\$ 1,565.37	

Effective January 1, 2014, pursuant to the Satellite Television Extension and Localism Act of 2010 (STELA), which granted authority to the Copyright Office to establish fees for the filing of statements of account (SOAs) under the section 111, 119, and 122 statutory licenses, the Office now assesses filing fees for ALL SOAs for current, past and future accounting periods. For details, see the Federal Register, November 29, 2013 (78 FR 71498). Please be advised that the filing fee is deducted before the royalty payment is credited; thus the omission of the appropriate filing fee will result in an underpayment of royalty fees. Please remit the royalty fee and filing fee in one EFT payment. (SOA1 filing fee: \$15; SOA2 filing fee: \$20).