

CONTROL #: 20679

REMITTANCE #: 122468



Cable Worksheet

\$34,859,391.63	103	
Total amount of remittance	Number of SAs rec'd	Initials

08/31/21	<input type="checkbox"/> Check	<input checked="" type="checkbox"/> EFT	<input checked="" type="checkbox"/> FILING FEES
Date of remittance			

Cable ID #	8144	Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number
DL		10/28/21	1042033
		\$3,928.67	AM

Space A Accounting Period	2021/1 <small>(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)</small>
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space B Owner	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space D Area Served	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space E Secondary Transission Service Subscribers: and Rates	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space G Primary Transmitters: Television	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space H Primary Transmitters: Radio	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact
--	---

	Space I Substitute Carriage
--	--

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


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
LICENSING DIVISION	\$ 3,928.67 DL
SEP 03 2021	ALLOCATION NUMBER
FILED	1042033

Return to:
 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

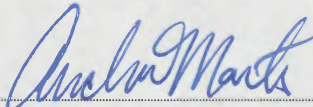
A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: JANUARY 1 - JUNE 30, 2021																																
B Owner	<p>Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.</p> <p>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.</p> <p><input type="checkbox"/> List any other name or names under which the owner conducts the business of the cable system.</p> <p><i>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.</i></p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 008144</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Eastern Shore, Inc. (Gallup, NM)</p> <div style="text-align: right;">  008144 2021/1 </div> <p>One Comcast Center Philadelphia, PA 19103</p>																																
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="2">IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="2">MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td colspan="2"><small>(City, town, state, zip code)</small></td> </tr> </table>			1	IDENTIFICATION OF CABLE SYSTEM:		2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small>			<small>(City, town, state, zip code)</small>																						
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2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small>																																
	<small>(City, town, state, zip code)</small>																																
D Area Served	<p>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 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.</p> <p>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.</p> <table border="1"> <thead> <tr> <th></th> <th>CITY OR TOWN</th> <th>STATE</th> <th>CITY OR TOWN</th> <th>STATE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">First Community</td> <td>Gallup</td> <td>NM</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gamercio</td> <td>NM</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				CITY OR TOWN	STATE	CITY OR TOWN	STATE	First Community	Gallup	NM				Gamercio	NM																	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Eastern Shore, Inc. (Gallup, NM)				SYSTEM ID# 008144	
E Secondary Transmission Service: Subscribers and Rates	<p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: <ul style="list-style-type: none"> • Service to first set • Service to additional set(s) • FM radio (if separate rate) 	1,916	47.15	HD CONVERTER DIGITAL CONVERTER DTA CONVERTER	2,266 2,772 1,610	\$0.50-9.95 \$0.50-9.95 \$0.50-9.95	
Motel, hotel Commercial Converter <ul style="list-style-type: none"> • Residential • Non-residential 	311	43.35 - 48.35				
F Services Other Than Secondary Transmissions: Rates	<p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: <ul style="list-style-type: none"> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection 	1.99 - 19.99	Installation: Non-residential <ul style="list-style-type: none"> • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection 	70/hr 70/hr			
Installation: Residential <ul style="list-style-type: none"> • First set • Additional set(s) • FM radio (if separate rate) • Converter 	99.99 35-70	Other services: <ul style="list-style-type: none"> • Reconnect • Disconnect • Outlet relocation • Move to new address 	99.99			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Eastern Shore, Inc. (Gallup, NM)			SYSTEM ID# 008144
<p>G</p> <p>Primary Transmitters: Television</p>	PRIMARY TRANSMITTERS: TELEVISION			
	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.</p> <p>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 cable system carried the station. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form.</p> <p>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.</p> <p>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.</p>			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
KASY-DT	45	I	Albuquerque, NM	
KASY-DT-HD	45	I-M	Albuquerque, NM	
KASY-DT2	45	I-M	Albuquerque, NM	
KASY-DT3	45	I-M	Albuquerque, NM	
KCHF-DT	10	I	Santa Fe, NM	
KCHF-DT-HD	10	I-M	Santa Fe, NM	
KNMD-DT2	9	E	Santa Fe, NM	
KNME-DT	35	E	Albuquerque, NM	
KNME-DT-HD	35	E-M	Albuquerque, NM	
KNME-DT2	35	E-M	Albuquerque, NM	
KNME-DT3	35	E-M	Albuquerque, NM	
KOAT-DT	7	N	Albuquerque, NM	
KOAT-DT-HD	7	N-M	Albuquerque, NM	
KOAT-DT2	7	I-M	Albuquerque, NM	
KOAT-DT3	7	I-M	Albuquerque, NM	
KOBF-DT	12	N	Farmington, NM	
KOBF-DT-HD	12	N-M	Farmington, NM	
KOBF-DT2	12	I-M	Farmington, NM	
KOBF-DT3	12	I-M	Farmington, NM	
KRQE-DT	13	N	Albuquerque, NM	
KRQE-DT-HD	13	N-M	Albuquerque, NM	
KRQE-DT2	13	I-M	Albuquerque, NM	
KRQE-DT2-HD	13	I-M	Albuquerque, NM	
KTEL-DT	25	I	Carlsbad, NM	
KTEL-DT-HD	25	I-M	Carlsbad, NM	
KTEL-DT2	25	I-M	Carlsbad, NM	
KTEL-DT3	25	I-M	Carlsbad, NM	
KWBQ-DT	29	I	Santa Fe, NM	
KWBQ-DT-HD	29	I-M	Santa Fe, NM	
KWBQ-DT2	29	I-M	Santa Fe, NM	
KWBQ-DT3	29	I-M	Santa Fe, NM	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Eastern Shore, Inc. (Gallup, NM)	SYSTEM ID# 008144	Name				
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.		K Gross Receipts				
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px 10px;">\$</td> <td style="padding: 2px 10px; text-align: right;">522,767.29</td> </tr> <tr> <td colspan="2" style="padding: 2px 10px; text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	522,767.29	(Amount of gross receipts)	
\$	522,767.29					
(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 \$263,800 • 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.						
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 this six-month 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		<table border="1" style="width: 100px; height: 20px; margin-left: auto;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)						
1. Base amount under statutory formula	\$ 263,800.00					
2. Enter amount of gross receipts from space K	_____					
3. Subtract line 2 from line 1	_____					
4. Enter the amount of gross receipts from space K	_____					
5. Enter the amount from line 3	_____					
6. Subtract line 5 from line 4	_____					
7. Multiply line 6 by .005 (enter figure here)	_____					
8. Interest charge. Enter the amount from line 4, space Q, page 8	_____ 0.00					
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		<table border="1" style="width: 100px; height: 20px; margin-left: auto;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)						
1. Enter the amount of gross receipts from space K	\$ 522,767.29					
2. Base amount under statutory formula	\$ 263,800.00					
3. Subtract line 2 from line 1	\$ 258,967.29					
4. Multiply line 3 by .01	\$ 2,589.67					
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		<table border="1" style="width: 100px; height: 20px; margin-left: auto;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;">\$ 3,908.67</td> </tr> </table>		\$ 3,908.67		
	\$ 3,908.67					
IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information.						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Eastern Shore, Inc. (Gallup, NM)	SYSTEM ID# 008144
M Channels	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 31</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 534</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)</p> <p>Name Mary Kane - Comcast Cable Communications, LLC Telephone 215-286-3345</p> <p>Address One Comcast Center <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>Philadelphia, PA 19103 <small>(City, town, state, zip)</small></p> <p>Email (optional) <u>Licensing_Office_Inquiries@Comcast.com</u> Fax (optional): _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) <p><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</p> <p><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</p> <p><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.</p> <ul style="list-style-type: none"> • 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)] <p> Handwritten signature: _____</p> <p>Typed or printed name: ANDREW MARTE</p> <p>Title: VICE PRESIDENT - FINANCE <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: 08/09/2021</p>	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Eastern Shore, Inc. (Gallup, NM)	SYSTEM ID# 008144	Name
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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. \$

P
Special Statement Concerning Gross Receipts Exclusion

Name

Mailing Address

.....

.....

Name

Mailing Address

.....

.....

INTEREST ASSESSMENTS

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.

Line 1 Enter the amount of late payment or underpayment _____

x _____

Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ -

x _____ days

Line 3 Multiply line 2 by the number of days late and enter the sum here _____ -

x 0.00274

Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ _____ -

(interest charge)

Q
Interest Assessment

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

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.

Owner

Address

.....

ID number

First community served

Accounting period

.....

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FORM SA1-2. FILING FEE ADDENDUM

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Eastern Shore, Inc. (Gallup, NM)	SYSTEM ID# 008144	Name
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<table border="1"> <tr> <td>CITY OR TOWN</td> <td>STATE</td> </tr> <tr> <td>Gallup</td> <td>NM</td> </tr> </table>		CITY OR TOWN	STATE	Gallup	NM	First Community
CITY OR TOWN	STATE					
Gallup	NM					

Line 1. ROYALTY FEE FROM SPACE L	\$ 3,908.67	Total Fee
Line 2. FILING 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 \$20.00	20.00	
Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 and enter here	\$ 3,928.67	

*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).*