

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

Return completed workbook by email to

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contact the U.S. Copyright  
Office Licensing Division at  
(202) 707-8150.

General instructions are located in the first tab of this workbook.

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 3-13-24                       | \$                |
|                               | ALLOCATION NUMBER |

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                             |  |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <div>A</div> <div>Accounting Period</div> | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                             |  |
|                                           | <div>2023/2</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div>Period 1 = January 1 - June 30</div> <div>Period 2 = July 1 - December 31</div>                                                                                                                                        |  |
|                                           | <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <div>Barcode Data Filing Period (optional - see instructions)</div>                                                                                                                                                         |  |
| <div>B</div> <div>Owner</div>             | <b>Instructions:</b><br>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.<br><br>List any other name or names under which the owner conducts the business of the cable system.<br><br>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. |                                                                                                                                                                                                                             |  |
|                                           | <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. <div>40756</div>                                                                                  |  |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br><div>AMERICAN SAMOA ENTERTAINMENT, INC.</div>                                                                                                                 |  |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</b><br><div></div>                                                                                                                                              |  |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</b><br><b>P.O. BOX 478</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>PAGO PAGO, AS 96799</b><br><small>(City, town, state, zip)</small> |  |
|                                           | <b>INSTRUCTIONS:</b> 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.                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |  |
|                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><div></div>                                                                                                                                                                       |  |
|                                           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><div></div> <small>(Number, street, rural route, apartment, or suite number)</small><br><div></div> <small>(City, town, state, zip code)</small>                                 |  |
|                                           | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | System                                                                                                                                                                                                                      |  |

U.S. Copyright Office

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                            |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|
| Name                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>AMERICAN SAMOA ENTERTAINMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | SYSTEM ID#<br><b>40756</b> |
| D<br><br>Area Served  | 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.<br><br>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. |                |                            |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                            |
| First Community       | CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATE          |                            |
|                       | PAGO PAGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AMERICAN SAMOA |                            |
| Add Rows as Necessary |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                            |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                            |
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| <b>Name</b>                                                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>AMERICAN SAMOA ENTERTAINMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                     |                     | <b>SYSTEM ID#</b><br><b>40756</b> |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
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| <b>E</b><br><br><b>Secondary Transmission Service: Subscribers and Rates</b> | <p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br/> <b>In General:</b> 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).<br/> <b>Number of Subscribers:</b> 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).<br/> <b>Rate:</b> 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.<br/> <b>Block 1:</b> 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. <b>Note:</b> 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)."<br/> <b>Block 2:</b> 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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">BLOCK 1</th> <th colspan="3" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th style="text-align: center;">CATEGORY OF SERVICE</th> <th style="text-align: center;">NO. OF SUBSCRIBERS</th> <th style="text-align: center;">RATE</th> <th style="text-align: center;">CATEGORY OF SERVICE</th> <th style="text-align: center;">NO. OF SUBSCRIBERS</th> <th style="text-align: center;">RATE</th> </tr> </thead> <tbody> <tr> <td><b>Residential:</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to first set</td> <td style="text-align: center;">1,269</td> <td style="text-align: center;">55.99</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to additional set(s)</td> <td style="text-align: center;">278</td> <td style="text-align: center;">28.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Motel, hotel</b></td> <td style="text-align: center;">0</td> <td style="text-align: center;">10.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Commercial</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Converter</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Non-residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                      |                     |                     |                                   | BLOCK 1 |  |  | BLOCK 2 |         |  | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE                | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS  | RATE | <b>Residential:</b>         |  |                                      |  |  |  | • Service to first set | 1,269 | 55.99          |  |  |  | • Service to additional set(s) | 278 | 28.00        |  |  |  | • FM radio (if separate rate) |  |             |  |  |  | <b>Motel, hotel</b>  | 0 | 10.00                     |  |  |  | <b>Commercial</b>                |  |                   |  |  |  | <b>Converter</b> |       |                      |  |  |  | • Residential       |       |                        |  |  |  | • Non-residential             |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| BLOCK 1                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | BLOCK 2             |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| CATEGORY OF SERVICE                                                          | NO. OF SUBSCRIBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RATE                                 | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS  | RATE                              |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| <b>Residential:</b>                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • Service to first set                                                       | 1,269                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 55.99                                |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • Service to additional set(s)                                               | 278                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 28.00                                |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • FM radio (if separate rate)                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| <b>Motel, hotel</b>                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10.00                                |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| <b>Commercial</b>                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| <b>Converter</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • Residential                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • Non-residential                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| <b>F</b><br><br><b>Services Other Than Secondary Transmissions: Rates</b>    | <p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br/> <b>In General:</b> 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.<br/> <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br/> <b>Block 2:</b> 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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">BLOCK 1</th> <th colspan="2" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th style="text-align: center;">CATEGORY OF SERVICE</th> <th style="text-align: center;">RATE</th> <th style="text-align: center;">CATEGORY OF SERVICE</th> <th style="text-align: center;">RATE</th> <th style="text-align: center;">CATEGORY OF SERVICE</th> <th style="text-align: center;">RATE</th> </tr> </thead> <tbody> <tr> <td><b>Continuing Services:</b></td> <td></td> <td><b>Installation: Non-residential</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Pay cable</td> <td style="text-align: center;">9.99</td> <td>• Motel, hotel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Pay cable—add'l channel</td> <td style="text-align: center;">-</td> <td>• Commercial</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Fire protection</td> <td></td> <td>• Pay cable</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Burglar protection</td> <td></td> <td>• Pay cable—add'l channel</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Installation: Residential</b></td> <td></td> <td>• Fire protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• First set</td> <td style="text-align: center;">50.00</td> <td>• Burglar protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Additional set(s)</td> <td style="text-align: center;">50.00</td> <td><b>Other services:</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td></td> <td>• Reconnect</td> <td style="text-align: center;">10.00</td> <td></td> <td></td> </tr> <tr> <td>• Converter</td> <td></td> <td>• Disconnect</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>• Outlet relocation</td> <td style="text-align: center;">50.00</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>• Move to new address</td> <td style="text-align: center;">50.00</td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                     |                     |                                   | BLOCK 1 |  |  |         | BLOCK 2 |  | CATEGORY OF SERVICE | RATE               | CATEGORY OF SERVICE | RATE                | CATEGORY OF SERVICE | RATE | <b>Continuing Services:</b> |  | <b>Installation: Non-residential</b> |  |  |  | • Pay cable            | 9.99  | • Motel, hotel |  |  |  | • Pay cable—add'l channel      | -   | • Commercial |  |  |  | • Fire protection             |  | • Pay cable |  |  |  | • Burglar protection |   | • Pay cable—add'l channel |  |  |  | <b>Installation: Residential</b> |  | • Fire protection |  |  |  | • First set      | 50.00 | • Burglar protection |  |  |  | • Additional set(s) | 50.00 | <b>Other services:</b> |  |  |  | • FM radio (if separate rate) |  | • Reconnect | 10.00 |  |  | • Converter |  | • Disconnect |  |  |  |  |  | • Outlet relocation | 50.00 |  |  |  |  | • Move to new address | 50.00 |  |  |
| BLOCK 1                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                     | BLOCK 2             |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| CATEGORY OF SERVICE                                                          | RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CATEGORY OF SERVICE                  | RATE                | CATEGORY OF SERVICE | RATE                              |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| <b>Continuing Services:</b>                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Installation: Non-residential</b> |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • Pay cable                                                                  | 9.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | • Motel, hotel                       |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • Pay cable—add'l channel                                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • Commercial                         |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • Fire protection                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • Pay cable                          |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • Burglar protection                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • Pay cable—add'l channel            |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| <b>Installation: Residential</b>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • Fire protection                    |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • First set                                                                  | 50.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | • Burglar protection                 |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • Additional set(s)                                                          | 50.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Other services:</b>               |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • FM radio (if separate rate)                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • Reconnect                          | 10.00               |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
| • Converter                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • Disconnect                         |                     |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • Outlet relocation                  | 50.00               |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • Move to new address                | 50.00               |                     |                                   |         |  |  |         |         |  |                     |                    |                     |                     |                     |      |                             |  |                                      |  |  |  |                        |       |                |  |  |  |                                |     |              |  |  |  |                               |  |             |  |  |  |                      |   |                           |  |  |  |                                  |  |                   |  |  |  |                  |       |                      |  |  |  |                     |       |                        |  |  |  |                               |  |             |       |  |  |             |  |              |  |  |  |  |  |                     |       |  |  |  |  |                       |       |  |  |

Add Rows as Necessary

SYSTEM ID#

40756

## H

**Primary Transmitters:  
Radio**

**Column 4:** Give the 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).

[illegible]



|             |                                                                                   |                                   |
|-------------|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>AMERICAN SAMOA ENTERTAINMENT, INC.</b> | <b>SYSTEM ID#</b><br><b>40756</b> |
|-------------|-----------------------------------------------------------------------------------|-----------------------------------|

  

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|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>K</b><br><b>Gross Receipts</b> | <p><b>GROSS RECEIPTS</b><br/> <b>Instructions:</b> 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 located in the paper SA1-2 form.<br/>           Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . .</p> <div style="float: right; border: 1px solid black; padding: 5px; width: 150px;"> <b>\$ 446,251.71</b><br/> <small>(Amount of gross receipts)</small> </div> <p><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.</p> |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

  

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>L</b><br><b>Copyright Royalty Fee</b> | <p><b>COPYRIGHT ROYALTY FEE</b><br/> <b>Instructions:</b> To compute the royalty fee you owe:<br/>           • Complete block 1, block 2, or block 3.<br/>           • Use block 1 if the amount of gross receipts in space K is \$137,100 or less.<br/>           • 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.<br/>           • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.<br/>           See page (vi) of the general instructions located in the paper SA1-2 form for more information.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;"><b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b></p> <p>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.</p> <p>Line 1. Royalty fee for accounting period . . . . .</p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . <b>0.00</b></p> <p>Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;"><b>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</b></p> <p>1. Base amount under statutory formula . . . . . <b>\$ 263,800.00</b></p> <p>2. Enter amount of gross receipts from space K . . . . .</p> <p>3. Subtract line 2 from line 1 . . . . .</p> <p>4. Enter the amount of gross receipts from space K . . . . .</p> <p>5. Enter the amount from line 3 . . . . .</p> <p>6. Subtract line 5 from line 4 . . . . .</p> <p>7. Multiply line 6 by .005 (enter figure here) . . . . .</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . <b>0.00</b></p> <p>9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . .</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;"><b>BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</b></p> <p>1. Enter the amount of gross receipts from space K . . . . . <b>\$ 446,251.71</b></p> <p>2. Base amount under statutory formula . . . . . <b>\$ 263,800.00</b></p> <p>3. Subtract line 2 from line 1 . . . . . <b>\$ 182,451.71</b></p> <p>4. Multiply line 3 by .01 . . . . . <b>\$ 1,824.52</b></p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) . . . . . <b>\$ 1,319.00</b></p> <p>6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . <b>0.00</b></p> <p>7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . . <b>\$ 3,143.52</b></p> </div> |
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|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILING FEE AND TOTAL REMITTANCE DUE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Filing Fee and Total Remittance Due</b> | <p>1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . . <b>\$ 3,143.52</b></p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . . <b>\$ 20.00</b></p> <p>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . . <b>\$ 3,163.52</b></p> <div style="text-align: center; margin-top: 10px;"> <b>EFT Trace # or TRANSACTION ID #</b> <div style="border: 1px solid black; padding: 2px 20px; display: inline-block;">76651944924</div> </div> <p style="font-size: small; margin-top: 10px;"> <a href="#">Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.</a><br/> <a href="#">See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.</a> </p> |

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Name</b>                                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>AMERICAN SAMOA ENTERTAINMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>40756</b> |
| <b>M</b><br><b>Channels</b>                                           | <b>CHANNELS</b><br><b>Instructions:</b> 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.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>3</b><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>85</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |
| <b>N</b><br><b>Individual to Be Contacted for Further Information</b> | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <b>ALA POASA</b> Telephone <b>684-699-2759</b><br><br>Address <b>P.O. BOX 478</b><br>(Number, street, rural route, apartment, or suite number)<br><b>PAGO PAGO, AS 96799</b><br>(City, town, state, zip)<br><br>Email <b>apoasa@blueskypacificgroup.com</b> Fax (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |
| <b>O</b><br><b>Certification</b>                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><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<br><br><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<br><br><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.<br><br>• 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.<br>[18 U.S.C., Section 1001(1986)]<br><br><div style="text-align: center;"> <b>X</b> /s/ Justin Tuiasosopo</div><br><div style="text-align: center;">Enter an electronic signature on the line above to certify this statement.<br/>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</div><br><div style="text-align: center;">Typed or printed name: <b>Justin Tuiasosopo</b></div><br><div style="text-align: center;">Title: <b>CEO</b><br/>(Title of official position held in corporation or partnership)</div><br><div style="text-align: center;">Date: <b>03/13/2024</b></div> |                                   |

**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:

SYSTEM ID#

AMERICAN SAMOA ENTERTAINMENT, INC.

40756

**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 located in the paper SA1-2 form.

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 ASSESSMENT**

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.

Line 1 Enter the amount of late payment or underpayment . . . . .

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\*\* and enter here

in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 . . . . .

\$

(interest charge)

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

**Q****Interest Assessment**

**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.

CONTROL #:

REMITTANCE #:



# Cable Worksheet

Total amount of  
remittance

Number of SAs rec'd

Initials

Date of remittance

☐ Check☐ EFT☐ FILING FEES

Cable ID #

Amount

Initials

Examined by

Reviewed by

Date examination  
completed

Allocation number

Space A  
Accounting  
Period

(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace B  
Owner☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace D  
Area Served☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace E  
Secondary  
Transission  
Service  
Subscribers:  
and Rates☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace G  
Primary  
Transmitters:  
Television☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace H  
Primary  
Transmitters:  
Radio☐ Accepted☐ Phone call/Date/ContactSpace I  
Substitute

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