This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@loc.gov
General instruc	ms (Short Form) ctions are located of this workbook	8/22/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	2017/1	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional)	Period 2 = July 1 - December 31	
Accounting Perio				
	Instructions:		in the state of the	
B	Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	iary of another corporation, give the full corp	porate title
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	

Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Great Plains Cable Television, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 500 (Number, street, rural route, apartment, or suite number)
		Blair, NE 68008-0500 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE STSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The 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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Great Plains Cable Television, Inc.	0
D	Instructions: List each separate community served by the cable system. A "come "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	
First	CITY OR TOWN Chadron	STATE NE
Community	Gordon	NE
	Rushville	NE
Add Rows as Necessary	Hay Springs	NE

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	
	Great Plains Cable Telev	vision, inc.							
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in sp								
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	h blocks in spac	e E call	for the numb	er of subso	ribers to the cab	le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							charged	
	Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.								
	category, but do not include disc	ounts allowed	for advar	ice payment.	-				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		- ngni-na						
	BLC	DCK 1	T				BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		1,492	24.95	Broado	aster Fee		1,492	9.0
	 Service to additional set(s) 								
	• FM radio (if separate rate)				HD Lea	ise		400	19.9
	Motel, hotel								
	Commercial				Additic	onal Converte	ers	121	3.9
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemice						
_	In General: Space F calls for rat					ll vour cable svst	em's servi	ces that were	
F	not covered in space E, that is, th	•	,		•	• •			
	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually L	nieu. Il ally la	ales ale ci	largeu un a vana	ine hei-hir	byrain basis,	
ransmissions:	Block 1: Give the standard rate		ne cable	system for ea	ach of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				ished. List	these other serv	ices in the	form of a	
							I		
	CATEGORY OF SERVICE	BLO0 RATE		DRY OF SEF		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ion: Non-res			UATEO		
	Pay cable	17.00		el, hotel	Juomua				
	Pay cable—add'l channel	14.00		mercial					
	• Fire protection		• Pay						
	•Burglar protection			cable-add'l c	hannel				
	Installation: Residential			protection					
	First set	65.00		lar protection	ı				
		65.00	Other s		-				
	 Additional set(s) 								
	Additional set(s) FM radio (if separate rate)	05.00	• Reco			65.00			
	• FM radio (if separate rate)	03.00		onnect		65.00			
	()	03.00	• Disc	onnect onnect					
	• FM radio (if separate rate)		• Disc • Outle	onnect	ress	65.00 65.00 65.00			

Accounting Period:	2017/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O			SYSTEM ID#
	Great Plains Cable T	elevision, Inc.		0
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station here, station was carried only on • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the locatio	TELEVISION entify every television station (including em during the accounting period, except in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. Hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- tion of each station. For U.S. stations, list	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati actions in the paper SA1-2 form.	elevision stations) time basis under ams [sections tions carried on a bstitute program Log)—if the to on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
		adian stations, if any, give the name of t		
	NCN	35.1	I	Norfolk, NE
Add Rows as Necessary	КОТА	5.1	N	Rapid City, SD
	KMGH	7	Ν	Denver, CO
	KCNC	4	N	Denver, CO
	KUSA	9	N	Denver, CO
	KTVD	20	N	Denver, CO
	KDVR	31	N	Denver, CO
	KWGN	2	N	Denver, CO
	KTNE	13.1	E	Alliance, NE
		13.2	E-M	
	KOLN	10.1	N	Lincoln. NE
		HD Only		

EGAL NAME OF								SYSTEM I
Great Plains	Cable Tele	evision	, Inc.					
PRIMARY TRA n General: List			arried on a separate and discr	ete basis and list	those FM star	tions ca	rried on an	н
			nerally receivable by your cat					
eceivable if (1) on the basis of	it is carried by monitoring, to	y the sys be recei	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the pyright Office regulations on	it the system's he system's he	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
aper SA1-2 for	m.				5-(/5			
		-	each station carried. on is AM or FM.					
			nal was electronically process	ed by the cable	system as a se	eparate	and discrete	
			k mark in the "S/D" column.			· ·		
			on (the community to which the community with which the			C or, in	the case of	
		, , ,).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	

Accounting Perio	d: 2017/1						FORM	SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	Great Plains Cable Tel	evision, li	nc.					0
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy <i>every nor</i>	nnetwork televis eriod, under spe	sion program, broadcast by ecific present and former F(a <i>distant</i> stat CC rules, regu	lations, or a	authorizations. I	For a further
Carriage:	1. SPECIAL STATEMENT				 			
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	ision program	
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complet	te the program	
	period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast statio th and day re "5/7." es when the Example: a er "R" if the nd regulatid ming that y	Im on a separa add additional i nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") tha d for the prog eral instruction n titles, for ex lo." station is lice station is ider program. Use cable system 15 p.m. to 6:2 amming that y ; enter the let	t, during th ramming on s for furth ample, "I L ensed by th ntified). numerals, List the tir 28:30 p.m. rour system ter "P" if th	e accounting of another static er information. ove Lucy" or e FCC or, in with the mont mes accurately should be mas <i>required</i> e listed program	h ,
	S	UBSTITUT	E PROGRAM			IBSTITUTI OCCURR	E CARRIAGE ED	7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	FOR DELETION
							_	
							_	
							_	
							_	
	I	I	I	I	I I	I		

Accounting Period:	2017/1			FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			9	SYSTEM ID#
	Great Plains Cable Television, Inc.				0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanate page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross	system's s ion of how	secondary trans to compute this	mission servi s amount, sec \$ 34	се
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less tl	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8		· · · · · · · · · · · · · · · · · · ·		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	343,186.50		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	79,386.50		
	4. Multiply line 3 by .01		\$	793.87	
	5. Royalty due on the first $263,800$ of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .		\$	2,112.87
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,112.87	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,132.87
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

Name Listed NMark OF COMUSE OF COMUSE SWITTAM SYSTEM IC M CHANNELS Instructions: You must give (1) the number of channes on which the cable system carried services transdoms to built must give (1) the number of channes on which the cable system carried services transdoms to built must give (1) the number of channes to an which the cable system carried services transdoms 14 Channels 1. Enter the total number of channes on which the cable 14 Photocol 2. Enter the total number of channes on which the cable 132 N Instructions: 132 N The other bota submerts and channes. 132 N Instructions: 132 Instructions: Instructions: 132 N Instructions: 132 N Instructions: 132 N Instructions: 132	Accounting Period:	2017/1			FORM SA1-2E.	. PAGE 7
Notes Instructions: You must give (1) the number of backbase is which the cable system carried backbase backbase is be advectively, and (2) the cable system is total number of advectore that cannot be advected channels during the accounting period. 1 14 2 First the total number of advectore that cannot be advected channels during the accounting period. Notes 132 Notes Provide the total number of advectore the total number of advectore that on the advectore total advectore the instruction of the advectore to the instruction of the advectore to the instruction of the advectore total advectore to the instruction of the advectore total advectore to	Name				SYST	TEM ID# (
Individual is we can contact about this statement of account.) Be Contacted information Name LeaAnn Quist Telephone 402:426:6434 Address P.O. Box 500 Number. steel rund rotate, spatners, or subtenumber) Image: Contactent of account and runders Bisir, NR, 68008 Bisir, NR, 68008 Contactent of account must be certified and signed in accordance with Copyright Office regulations) Certification Fax (optional) Fax (optional) Certification • I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Age of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Officer or partner) I an an officer (I a corporation) or a partner (I a partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B; • Those committed the sistement of account and hereby declare under penalty of law that all statements of fact contained herein are the, completed, and ore state under penalty of law that all statements of fact contained herein are first signature using an "// signature" (e.g., // iohn Smith) • Those committed herein are decrine in granter with an ender on the line above to certify this statement. Enter signature using an "// signature" (e.g., // iohn Smith) • Typed or printed name: Janelle Al		Instructions: Ye to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the c	s, and (2) the cable system's I number of channels on whic television broadcast stations I number of activated channe able system carried television	total number of activated channels during the accounting perio th the cable Is b broadcast stations		
Informat: Address P.O. Box 500 (Murder: steet outproted, agatimet, or sube number) Blair, NE 68008 (city, town: statep) Email (Quistigggpcom.com) Fax (optional) Fax (optional) Certification C	Individual to Be Contacted	we can contact a	about this statement of accou			
Invariant Distribution Bis::::::::::::::::::::::::::::::::::::		Name	LeaAnn Quist		Telephone 402-426-6434	
Elsir, NE 68008 (Pit, Iown, status, ap) Email Quist@gpcom.com Face (optional) (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system In line 1 of space B. (Afgent 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. (Afgent of owner other other owner of account and hereby declare under panalty of law that all statements of fact contained herein in line 1 of space B. (Bit use C), Section 1001(1980) Face an electronic signature on the line above to critfy this statement. It ter signature using an "/s/ signatur		Address				
O Certification Certification Certification Certification - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or (Officer or partner) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true. complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [8 U.S.C., Section 1001(1986)] Exter an electronic signature on the line above to certify this statement. Enter signature using an "// signature" (e.g., /s/ John Smith) Typed or printed name: Janelle Allison Title: CEOCCOE Title: CEOCCOE			Blair, NE 68008	ment, or suite number)		
O If the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Orner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [8 U.S.C., Section 1001(1986)] If U.S.C., Section 1001(1986) M If y/s danget marmer M If y/s danget marmer Inter an electronic signature on the line above to certify this statement. Inter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed marmer Intelle Allison The or printed marmer Intelle Allison Title: CFOCOO Title: CFOCOO		Email	lquist@gpcom.	com Fax (optional)	
Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Janelle Allison Title: CFO/COO (Title of official position held in corporation or partnership)	-	 I, the undersigned (Owned) (Agentian in (Offician in in	ed, hereby certify that (Check o er other than corporation or p t of owner other than corpora line 1 of space B and that the c er or partner) I am an officer (line 1 of space B. I the statement of account and e, and correct to the best of my	ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line tion or partnership) I am the duly authorized agent of the owner of wner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity ider hereby declare under penalty of law that all statements of fact conta knowledge, information, and belief, and are made in good faith.	e 1 of space B; or of the cable system as identified ntified as owner of the cable system	
Date: August 23, 107			Title:	Enter an electronic signature on the line above to certify this statem Enter signature using an "/s/ signature" (e.g., /s/ John Smith) I name: Janelle Allison CFO/COO	nent.	
			Date:	August 23,	107	

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

ounting Period: 2017/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
eat Plains Cable Television, Inc.	
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 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? x NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below \$	
Name Mailing Address Mailing Address	
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.	Q
Line 1. Enter the amount of late normant or undernormant	
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here -	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - 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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - 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. For further assistance please	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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