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

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/18/2017	\$ ALLOCATION NUMBER
	ALLOCATION NOWBER

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: 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.
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
		Midcontinent Communications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 5040 (Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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:
		Cooperstown, ND  MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)
	_	Sioux Falls, SD 57117-5040 (City, town, state, zip code)

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.

Accounting Period:	2017/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Midcontinent Communications	28905
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Cooperstown	ND
Community	Binford	ND
	Carrington	ND
Add Rows as Necessary	Hannaford	ND
	Норе	ND
	Kensal	ND
	New Rockford	ND
	Page	ND
	Wimbledon	ND

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Midcontinent Communications** 

SYSTEM ID# 28905

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	< 2	•
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	873	19.95	Business Accounts	47	19.95
Service to additional set(s)			High Def Converter	360	16.00
<ul> <li>FM radio (if separate rate)</li> </ul>			Nursing Homes	191	10.50
Motel, hotel			Hospitals	15	7.00
Commercial	196	19.00			
Converter	1,158	3.00			
Residential					
Non-residential					
		T			

# F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block** 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	16.00	Motel, hotel	50.00	Cinemax	16.0
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	50.00	Digital 1	12.0
<ul> <li>Fire protection</li> </ul>		Pay cable		Showtime	16.0
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		Starz!&Encore	16.0
Installation: Residential		Fire protection		ТМС	16.0
<ul> <li>First set</li> </ul>	35.00	Burglar protection		Dig Sports & Variety	9.00
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:		Digital Espanol	4.00
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	25.00		
Converter		Disconnect	-		
		Outlet relocation	25.00		
		<ul> <li>Move to new address</li> </ul>	25.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28905

# Midcontinent Communications PRIMARY TRANSMITTERS: TELEVISION

G

#### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a

substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

- basis under specific FCC rules, regulations, or authorizations:
- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCGE-DT	16	E	CROOKSTON, MN (PBS)
KCGE-DT2	16.2	E-M	CROOKSTON,MN(PBSWRLD/LF)
KCGE-DT3	16.3	E-M	CROOKSTON,MN(PBS MN CHL)
KCGE-DT4	16.4	E-M	CROOKSTON,MN(PBS KIDS)
KJRR-DT	7	<u> </u>	JAMESTOWN, ND (FOX)
KJRR-DT2	7.2	I-M	JAMESTOWN,ND(ANTENNA)
KRDK-DT	38	l	VALLEY CITY, ND (COZI TV HD)
KVLY-DT	44	N	FARGO, ND (NBC)
KVLY-DT2	44.2	N-M	FARGO, ND (CBS-KXJB)
KVLY-DT3	44.3	I-M	FARGO, ND (ME TV)
KXJB-LD2	30.2	I-M	HORACE, ND (CW)
KXJB-LD3	30.3	I-M	HORACE, ND (HEROES)
WDAZ-DT	8	N	DEVILS LAKE, ND (ABC)
WDAY-DT3	21.3	I-M	FARGO, ND (WDAY'Z XTRA HD)
WDAY-DT2	21.2	I-M	FARGO, ND (TJN)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Midcontinent Communications**

28905

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O		ГЕМ:					SYSTEM ID# 28905
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri- broadcast by a distant stat Note: If your answer is "No"	ry every nor ecounting peng that muse CONCER od, did your ion?	nnetwork televis riod, under spe t be included in NING SUBST r cable system	sion program, broadcast be ecific present and former F this log, see page (v) of the FITUTE CARRIAGE carry, on a substitute ba	oy a distant sta FCC rules, regu the general inst	lations, or au ructions in the	uthorizations. ne paper SA1 ision progran YES	For a further -2 form.
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a counder certain FCC rules, reg Do not use general categori. "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call sociumn 4: Give the broadthe case of Mexican or Canace Column 5: Give the monifirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules as was substituted for program effect on October 19, 1976.	tute progra se, please a of every nor distant stati gulations, or es like "mor Bulls." I was broad distant statio dadast statio dadast statio dadan statio th and day e "5/7." s when the Example: a	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enter station broadca on's location (thins, if any, the owner your system to program carried listed program ons in effect du	rows to the tables. Ision program ("substitute ur cable system substitute us. See page (v) of the gestball." List specific program "Yes." Otherwise enter usting the substitute program was carried by you are downwas carried by you are by a system from 6:00 was substituted for progring the accounting period.	e program") the ted for the program instruction metal instruction in titles, for example, and titles, for example, and titles, for example, and titles, for example, and the titles, for example, and titles, for example,	at, during the gramming or one for further cample, "I Lo ensed by the ntified). e numerals, a. List the tin 28:30 p.m. syour system tter "P" if the	e accounting f another stater information ove Lucy" or e FCC or, in with the mornes accurate should be a was require e listed progr	tion n. nth ly
	SI  1. TITLE OF PROGRAM		E PROGRAM  3. STATION'S CALL SIGN	I 4. STATION'S LOCATION	5. MONTH	EN SUBST RIAGE OCC 6. FROM		7. REASON FOR DELETION

Accounting Period:	2017/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications			S	YSTEM ID# 28905
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 explanat 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 tion of how	secondary tran w to compute th	smission servicis amount, see	4,082.65
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  • Complete block 1, block 2, or block 3.  • Use block 1 if the amount of gross receipts in space K is \$137,100 or less  • Use block 2 if the amount of gross receipts in space K is more than \$137,100  • 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	0 but less e informati	than \$527,600 on.	<b>)</b> \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13'				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that	you must pay to	r this six-month	
	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 LE			-	-
	Base amount under statutory formula	\$	263,800.00	_	
	Enter amount of gross receipts from space K	\$	204,082.65	_	
	3. Subtract line 2 from line 1	\$	59,717.35	_	
	Enter the amount of gross receipts from space K		\$	_ 204,082.65	
	5. Enter the amount from line 3			59,717.35	
	6. Subtract line 5 from line 4			144,365.30	
	7. Multiply line 6 by .005 (enter figure here)				721.83
	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		\$	721.83
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (bu	t less than \$52	7,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			=	
	3. Subtract line 2 from line 1			=	
	4. Multiply line 3 by .01			=	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	i, 5, and 6		•	
_	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	721.83	
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			\$	741.83
	Important: Your remittance must be in the form of an electronic payers See page i of the general instructions in the paper SA1		_		jhts!

Accounting Period:	2017/1																																																																		FC	OI	RI	N	S	41	]-;	2E	.	PA	Αſ	GI	Ε	7
Name	LEGAL NAME OF OWNER OF Midcontinent Communi																																																							_	_	_	_	_			_	_			_					s	Y	S		El 28				
M Channels	CHANNELS Instructions: You must gi to its subscribers, and (2) t  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast service	he cable system's tot f channels on which t broadcast stations f activated channels m carried television b	the cable	mber ble 	e e 	er e 	er e 	er 	r	r s	r	-	r ·		oi a	f	a.	cti 	iv.	rai	te		d		:h		n		els		lu	ri	n,	g	tł	ne	a					n	nt	tiı	in	ng	9	р	e	rio	d.			atic	ons											95												]		
N Individual to	INDIVIDUAL TO BE CON we can contact about this s			ORN	RM	RM	RM	RN	N	N	N	N	M	1.	^	١-	TI	Ю	N	11	IS	8	1	116	EI	=1	D	E	D	(le	de	n	ıti	ify	/ 6	an	in	ıd	iv	/ic	d	lι	u	ıa	al	l t	to	o '	w	ho	m																											=		
for Further Information	Name <b>Wynne</b>	Haakenstad																																																		Т	ele	ph	on	e (	)5	2-	-8	44	<b>1-</b> /	26	32	22	• 															
	(Number, s	finnesota Drive, street, rural route, apartme MN 55435 , state, zip)															ıbe	er)	)																																																												i	
	Email	wynne.haakensta	ad@mic	nidco	dco	lco	lco	CC	20	:(	C	C	o	).	.(	C	OI	m	)																					F	- 6	а	1>	x	: (	(c	op	pt	ic	na	al)																													
O Certification	(Agent of owner in line 1 of sp	other than corporation or particle ace B and that the own ace B.  The particle ace B.  The particle ace B.  The particle ace B.  The particle account and he pect to the best of my known ace B.	e, but only rtnership ion or pa vner is no a corpora	partr not a poration declar declar declar	artnot a clare, in	y on on one of the original	rtint a la l	ttr a a dition	tra a lic	ira c	o I trina a io I I I I I I I I I I I I I I I I I I	o I rai	on I	n a	al enforcement	m r: o	shrp or	of the hip poor ande ma	er er ati	o o o o o o o o o o o o o o o o o o o	e la aio	b wir and an	min m	x er tori	thir i	s. of e a	ttl darr	lu tr	y er en e	all aushrtr	ith iir iir iir	t t d	on sh	iz or nip	ee oo	dd a odd a dd a dd a dd a dd a dd a dd	age the sen	s errene	ic nt le	die co	er of	n f	t t	tiif th	ffi e	e er fa	o o o o o o o o o o o o o o o o o o o	d i i	in vvr	lir ide	enta	1 of the	e d	pa ab	ce lle :	B; sys	ter								en	n														
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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 the 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 telephon 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 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

counting Period: 2017/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lidcontinent Communications	28905
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address  Mailing Address	
	101
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.	Q
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	- Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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	-
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
ID number First community served	
Accounting period	

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