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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 8/18/2017 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 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.	29666
		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)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM: South Heart, 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 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#
Name	Midcontinent Communications	29666
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpo- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	South Heart	ND
Community	Belfield	ND
	Dickinson Dickinson outs	ND
Add Rows as Necessary	Dickinson-outs	ND
	การและการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM <sup>.</sup>						FORM SA1	TEM IC
Name	Midcontinent Communi							010	2966
		cations							
Е	SECONDARY TRANSMISSION In General: The information in s			-	-	transmission s	onvice of th		
—	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, n	ot here. All the	e facts you	state must be the			
Transmission	last day of the accounting period						1	harden a	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanuai		s within a p		
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categor					
	systems most commonly provide	to their subsc	ribers. G	live the numbe	er of subsc	ribers and rate f	or each list	ed category	
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	,	<b>J</b>						
	BLO	DCK 1 NO. OF	- 1				BLOCK	2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		704	19.95		ss Accounts		29	19.
	Service to additional set(s)				High De	ef Converter		365	8.
	• FM radio (if separate rate)		58	42.50					
	Motel, hotel Commercial		50 181	13.50 68.95					
	Converter		714	3.00					
	Residential			5.00					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	·	,			, ,			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services		,		0		0.,		
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ich of the a	unnlicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip	tion and inclue	le the ra	te for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:	16.00		tion: Non-res el, hotel	idential	50.00	Digital <sup>2</sup>	1	12.
	Day cable	10.00		nmercial		50.00	Digital V		· 12. 3.
	Pay cable     Pay cable     add'l channel		- 001			50.00		orts & Vareity	<b>{</b>
	• Pay cable—add'l channel		• Pav	caple					g
	Pay cable—add'l channel     Fire protection		• Pay • Pay		nannel		Starz!&	Encore	9.0 16.0
	• Pay cable—add'l channel		• Pay	cable-add'l ch protection	nannel		Starz!&	Encore x	9. 16. 16.
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	35.00	• Pay • Fire	cable-add'l ch					16.
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	35.00 25.00	• Pay • Fire • Burg	cable-add'l ch protection			Cinema TMC		16. 16. 16.
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Pay • Fire • Burg Other s	cable-add'l ch protection glar protection		25.00	Cinema TMC	X	16. 16.
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay • Fire • Burg Other s • Rec	cable-add'l ch protection glar protection ervices:		25.00	Cinema TMC	X	16. 16. 16.
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay • Fire • Burg • Burg • Rec • Disc	cable-add'l ch protection glar protection ervices: connect		25.00 - 25.00	Cinema TMC	X	16. 16. 16.

counting Period: 2	2017/1			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
110.110	Midcontinent Commu	nications		29666					
	PRIMARY TRANSMITTERS:								
G		entify every television station (including t m during the accounting period, <i>except</i>							
_	FCC rules and regulations i	in effect on June 24, 1981, permitting th	ne carriage of certain network prog	rams [sections					
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain sta	ations carried on a					
Television	Substitute Basis Stations	: With respect to any distant stations ca	arried by your cable system on a su	ubstitute program					
	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 • List the station here and a	a substitute basis. also in space I, if the station was carried	t both on a substitute basis and als	so on some other					
	basis. For further information	on concerning substitute basis stations,	see page (v) of the general instruc	tions.					
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the							
	"WETA-2" as the same on t	•	<b>°</b>						
	of license. For example, W	RC is channel 4 in Washington, D.C.	Ū.						
		n case whether the station is a network s ering the letter "N" (for network), "N-M" (f	· · · · ·						
	(for independent multicast),	, "E" (for noncommercial educational), o	or "E-M" (for noncommercial educat						
	•	erms, see page (iv) of the general instru- in of each station. For U.S. stations, list		n is licensed by the					
		dian stations, if any, give the name of th							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KBMY-DT	17	Ν	BISMARCK, ND (ABC)					
	KBMY-DT2	17.2	I-M	BISMARCK, ND (TJN)					
	KBMY-DT3	17.3	I-M	BISMARCK,ND(WDAY XTRAHD)					
Necessary	KDSE-DT	9	E	DICKINSON, ND (PBS)					
	KDSE-DT2	9.2	E-M	DICKINSON,ND(PBS WRLD/LIF)					
	KDSE-DT3	9.3	E-M	DICKINSON, ND (PBS MN CHL)					
	KDSE-DT4	9.4	E-M	DICKINSON, ND (PBS KIDS)					
	KNDM	24	l	MINOT, ND (HEROES)					
	KFYR-DT2	31.2	I-M	BISMARCK, ND (FOX-KNDX)					
	KQCD-DT	7	Ν	DICKINSON, ND (NBC)					
	KQCD-DT3	7.3	I-M	DICKINSON, ND (ME TV)					
	KXMA-DT	19	I	DICKINSON, ND (CW)					
	KXMA-DT2	19.2	N-M	DICKINSON, ND (CBS)					

Midcontiner								SYSTEM ID
vilacontiner	it Commun	Ication	15					2966
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio stat this by placing Sive the station	y the sys be recein the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
	AM or FM	0/0				0/0		
CALL SIGN	AIVI OF FIM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	1							
					·			

	od: 2017/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	Midcontinent Commur	nications						29666
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
	In General: In space I, identi	fv everv nor	nnetwork televis	ion program. broadcast by	a <i>distant</i> stati	ion. that vour	cable syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion progran	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Neter If your approactio "No"	, loove the	reat of this near	o block. If your opower is "	Vee "veu mu			
	Note: If your answer is "No'	, leave the	rest of this pag	e Diank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2.		Me					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa						meaning is	,
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re							n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	toall. List specific program	i titles, for exa	ampie, i Lov	e Lucy or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can						ith the mor	ath
	first. Example: for May 7 giv		when your sys	tem carried the substitute p	biogram. Use	numerais, w	nun une mor	101
			substitute pro	gram was carried by your o	able system.	List the time	es accurate	lv
	to the nearest five minutes.							.,
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa		1 00 1003 0	na regulation	13 111	
								1
						N SUBSTIT		
		UBSTITUT		l	CARRI	AGE OCCU	IRRED	7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			IRRED	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	1

Accounting Period:	2017/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	Midcontinent Communications			29666
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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 receipts.	secondary trans w to compute thi	mission servic s amount, see	2,810.82
L 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 but less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	2	<u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r	nore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	182,810.82		
	3. Subtract line 2 from line 1	80,989.18		
	4. Enter the amount of gross receipts from space K	\$1	82,810.82	
	5. Enter the amount from line 3	\$	80,989.18	
	6. Subtract line 5 from line 4		01,821.64	
	7. Multiply line 6 by .005 (enter figure here)			509.11
	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		\$	509.11
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	t less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01	· · <u> </u>		
	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			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	509.11	
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		\$	529.11
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 29666
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	13 397
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Wynne Haakenstad Telephone	952-844-2622
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip)	
	Email wynne.haakenstad@midco.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> Typed or printed name: <ul> <li>Wynne Haakenstad</li> <li>Title:</li> <li>Director of Programming</li> <li>(Title of official position heid in corporation or partnership)</li> </ul>	stem as identified
	Date: 8/17/17	

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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law

unting Period: 2017/1		FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
continent Communications		296
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPT</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(of lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross and service of providing secondary transmissions of primary broadcas scribers and amounts collected from subscribers receiving second</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note of located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amount made by satellite carriers to satellite dish owners?</li> <li>X NO</li> </ul>	d)(1)(A), of the Copyright Act by adding the fol- nounts paid to the cable system for the basic ast transmitters, the system shall not include sub- ndary transmissions pursuant to section 119." on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Nami Nailing Address Mail	ne	
You must complete this worksheet for those royalty payments submittee	d as a result of a late navment or undernavment	
For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	I instructions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	I instructions located in the paper SA1-2 form.	Q Interest Assessme
	I instructions located in the paper SA1-2 form	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	I instructions located in the paper SA1-2 form.         x         x	Q Interest Assessme
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