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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	7/18/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			4

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20171 Barcode Data Filing Period (optional - see instructions)	
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.	6925
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CORN BELT TELEPHONE CO INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 445 (Number, street, rural route, apartment, or suite number)	
		(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 un as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		CORN BELT COMMUNICATIONS	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	I	וריוא, וגאוו, אמוב, בוף הסובין	

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	CORN BELT TELEPHONE CO INC	6925
	Instructions: List each separate community served by the cable system. A "commu	
-	"a separate and distinct community or municipal entity (including unincorporated c	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	ist will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in perentheres below the
Area		nome parks should be reported in parentneses below the
Served	identified city.	
		07475
_	CITY OR TOWN	STATE
First	Wall Lake	IA
Community	Lake View	IA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								313	692
	CORN BELT TELEPHON	IE CO INC							052
Б	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
Secondam/	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						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 c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc								
	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					I in the count une	der "Servic	e to the	
	first set" and would be counted o					acriica that are	difforant fr	am those	
	Block 2: If your cable system I printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		2,982	87.50					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 					NG HOME		6	414.1
	Motel, hotel		12	410.91	NURSI	NG HOME		6	147.4
	Commercial		179	87.50					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NGMIG		с.				
-	In General: Space F calls for rat					I your cable syst	em's servi	ces that were	
F	not covered in space E, that is, th	•	,		•	• •			
. .	service for a single fee. There ar								
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	billeu. Il ally l	ales are cri	argeu un a vana	ible hei-hit	gram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				Isned. List	these other serv	ices in the	form of a	
							T		
		DI 0.0							
		BLO				DATE	CATECO	BLOCK 2	DATE
	CATEGORY OF SERVICE	BLOO RATE	CATEG	ORY OF SEF		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:		CATEG	tion: Non-res			CATEGO		RATE
	Continuing Services: • Pay cable		CATEG Installa • Mot	tion: Non-res		59.95	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel		CATEG Installa • Mot • Con	t ion: Non-re el, hotel nmercial			CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mot • Con • Pay	t ion: Non-re el, hotel nmercial ^r cable	sidential	59.95	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEG Installa • Mot • Con • Pay • Pay	ttion: Non-res el, hotel nmercial r cable r cable-add'l c	sidential	59.95	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire	t ion: Non-re el, hotel nmercial r cable r cable-add'l c protection	sidential hannel	59.95	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		CATEG Installa • Mot • Con • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial cable cable-add'l c protection glar protectior	sidential hannel	59.95	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure	tion: Non-res el, hotel nmercial cable cable-add'l c protection glar protectior services:	sidential hannel	59.95 59.95	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burn Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l c protection glar protectior services: connect	sidential hannel	59.95	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burn Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l c protection glar protectior services:	sidential hannel	59.95 59.95	CATEGO		RATE

ng Period:	-			FORM SA1-2E. PAGE 3
ame	LEGAL NAME OF OWNER OF CORN BELT TELEPH			SYSTEM ID# 6925
G imary smitters: avision	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 ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried 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	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- program services such as HBO, ES i-air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educate ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTIV	4	N	
	WOI	5	N	SIOUX CITY, IA
	КРТН	44	N	AMES, IA SIOUX CITY, IA
Necessary	KCCI	8	N	DES MOINES, IA
	KCAU	9	N	SIOUX CITY, IA
	KTIN	11	E	FORT DODGE. IA
	KMEG	14	N	SIOUX CITY, IA
	KTIV HD	4.1	N	SIOUX CITY, IA
	KTIV CW			
		4.2	N-M	SIQUX CITY, IA
	KTIV METV	4.2	N-M N-M	SIOUX CITY, IA SIOUX CITY, IA
	KTIV METV KPTH HD	4.3	N-M	SIOUX CITY, IA
	KPTH HD	4.3 44.1	N-M N	SIOUX CITY, IA SIOUX CITY, IA
		4.3 44.1 44.2	N-M N N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KPTH HD KPTH THIS KPTH CHARGE	4.3 44.1 44.2 44.3	N-M N N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KPTH HD KPTH THIS KPTH CHARGE WOI HD	4.3 44.1 44.2 44.3 5.1	N-M N N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA AMES, IA
	KPTH HD KPTH THIS KPTH CHARGE WOI HD KMEG HD	4.3 44.1 44.2 44.3 5.1 14.1	N-M N N-M N-M N	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA AMES, IA SIOUX CITY, IA
	KPTH HD KPTH THIS KPTH CHARGE WOI HD KMEG HD KMEG TBD TV	4.3 44.1 44.2 44.3 5.1 14.1 14.2	N-M N N-M N-M N N N N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA AMES, IA SIOUX CITY, IA SIOUX CITY, IA
	KPTH HD KPTH THIS KPTH CHARGE WOI HD KMEG HD KMEG TBD TV KMEG COMET TV	4.3 44.1 44.2 44.3 5.1 14.1 14.2 14.3	N-M N N-M N-M N N	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA AMES, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KPTH HD KPTH THIS KPTH CHARGE WOI HD KMEG HD KMEG TBD TV	4.3 44.1 44.2 44.3 5.1 14.1 14.2	N-M N N-M N-M N N N N N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA AMES, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA
	KPTH HD KPTH THIS KPTH CHARGE WOI HD KMEG HD KMEG TBD TV KMEG COMET TV KTIN HD	4.3 44.1 44.2 44.3 5.1 14.1 14.2 14.3 21.1	N-M N N-M N-M N N N N-M E	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA AMES, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KPTH HD KPTH THIS KPTH CHARGE WOI HD KMEG HD KMEG TBD TV KMEG COMET TV KTIN HD KTIN LEARNS	4.3 44.1 44.2 44.3 5.1 14.1 14.2 14.3 21.1 21.2	N-M N N-M N-M N N N N-M E E E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA AMES, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA FORT DODGE, IA FORT DODGE, IA
	KPTH HD KPTH THIS KPTH CHARGE WOI HD KMEG HD KMEG TBD TV KMEG COMET TV KTIN HD KTIN LEARNS KTIN WORLD	4.3 44.1 44.2 44.3 5.1 14.1 14.2 14.3 21.1 21.2 21.3	N-M N N-M N-M N-M N N-M E E E-M E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA AMES, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA FORT DODGE, IA

CORN BELT	OWNER OF C							SYSTEM I 69
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					Н
Special Instruct eceivable if (1) on the basis of it for detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If isignal, indicate Column 4: G	tions Concernities carried by monitoring, to by monitoring, to by monitor abourm. In the table of the call table whether the radio state the radio state this by placing vive the station.	rning AI y the sys be recei t the Co sign of e the static ion's sig g a check n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office in it the system's he system's FM anter this point, see par sed by the cable so he station is licen	regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st eneral i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/0				0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						L		

Accounting Perio	od: 2017/1					FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CORN BELT TELEPHO	ONE CO IN	NC				6925
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I	In General: In space I, identi substitute basis during the a	fy every noi	nnetwork televis	sion program, broadcast by	a distant stat		
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 SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>ision</u> prograi	m
Program Log	broadcast by a distant star	tion?				YES	× NO
	Note: If your answer is "No'	' leave the	rest of this pac	e blank. If your answer is '	"Yes " vou mi	ist complete the progra	
	log in block 2.	, leave the	rest of this pag		res, you me		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning is	S
	clear. If you need more spa						
	column 1: Give the title period, was broadcast by a			ision program ("substitute			
	under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva anto	r "Vaa" Othanwiga optar "N	lo."		
				r "Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		
	the case of Mexican or Can						nth
	first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Use	numerais, with the mo	nun
			e substitute pro	gram was carried by your	cable system.	List the times accurate	ely
	to the nearest five minutes.	Example: a	i program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system was <i>require</i>	ed
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
	effect on October 19, 1976.						
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	

Accounting Period:	2017/1		FORM S	6.8A1-2E. PAGE 6
Name			ę	SYSTEM ID#
	CORN BELT TELEPHONE CO INC			6925
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 hor 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.	s secondary trans w to compute thi	smission servi s amount, sec \$ 25	ice
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	RLESS		
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r		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	7,421.44		
	4. Enter the amount of gross receipts from space K	. \$ 2	256,378.56	
	5. Enter the amount from line 3	. \$	7,421.44	
	6. Subtract line 5 from line 4	\$ 2	248,957.12	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,244.79
	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		\$	1,244.79
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	ut less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula			
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01		-	
	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			
	 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)	\$	1,244.79	
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		\$	1,264.79
	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 f	-		ghts!

Accounting Period:	2017/1		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: TELEPHONE CO INC	SYSTEM ID# 6925
M Channels	to its subscrib 1. Enter the to system carri	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	25
	on which the	e cable system carried television broadcast stations adcast services	68
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	EMILY SWENSEN Telephone 712-	664-2221
	Address	108 MAIN ST PO BOX 445 (Number, street, rural route, apartment, or suite number) WALL LAKE, IA 51466 (City, town, state, zip)	
	Email	CBTELCO@NETINS.NET Fax (optional)	
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or pent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		X /S/ BILL BROTHERTON Enter 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: BILL BROTHERTON	
		Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
		Date: 7/14/17	

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

unting Period: 2017/1				FORM SA1-2E. PAGE
L NAME OF OWNER OF CAE	LE SYSTEM:			SYSTEM I
RN BELT TELEPHONE				692
The Satellite Home Viewer lowing sentence: "In determining the service of providing scribers and amount For more information on w located in the paper SA1-2	od, did the cable system exclude any amo	11(d)(1)(A), of the Cop s amounts paid to the adcast transmitters, th econdary transmission ote on page (vii) of the	byright Act by adding the fol- cable system for the basic e system shall not include sub- ns pursuant to section 119." e general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total h		Name Mailing Address		
	orksheet for those royalty payments subm est assessment, see page (viii) of the ger			Q
For an explanation of inter		eral instructions locat		Q Interest Assessmen
For an explanation of inter Line 1 Enter the amount	est assessment, see page (viii) of the ger	eral instructions locat	ed in the paper SA1-2 form.	
For an explanation of inter Line 1 Enter the amount Line 2 Multiply line 1 by t	est assessment, see page (viii) of the ger	eral instructions locat	ed in the paper SA1-2 form.	
For an explanation of inter Line 1 Enter the amount Line 2 Multiply line 1 by t Line 3 Multiply line 2 by t Line 4 Multiply line 3 by 0	est assessment, see page (viii) of the ger of late payment or underpayment ne interest rate* and enter the sum here . ne number of days late and enter the sum	eral instructions locat	ed in the paper SA1-2 form.	Q Interest Assessment
For an explanation of inter Line 1 Enter the amount Line 2 Multiply line 1 by t Line 3 Multiply line 2 by t Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest r	est assessment, see page (viii) of the ger of late payment or underpayment ne interest rate* and enter the sum here . ne number of days late and enter the sum .00274** and enter here	here	ed in the paper SA1-2 form.	
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For an explanation of inter Line 1 Enter the amount Line 2 Multiply line 1 by t Line 3 Multiply line 2 by t Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest r contact the Licensing ** This is the decimal e NOTE: If you are filing this	est assessment, see page (viii) of the ger of late payment or underpayment ne interest rate* and enter the sum here . ne number of days late and enter the sum .00274** and enter here b) block 1, line 2, or block 2 line 8, or block ate chart click on <i>www.copyright.gov/licer</i> Division at (202) 707-8150 or licensing@	teral instructions locat here sing/interest-rate.pdf. loc.gov. ssessment for one da unt already submitted	ed in the paper SA1-2 form.	
For an explanation of inter Line 1 Enter the amount Line 2 Multiply line 1 by t Line 3 Multiply line 2 by t Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest r contact the Licensing ** This is the decimal e NOTE: If you are filing this	est assessment, see page (viii) of the ger of late payment or underpayment ne interest rate* and enter the sum here . .00274** and enter here .) block 1, line 2, or block 2 line 8, or block ate chart click on <i>www.copyright.gov/licer</i> Division at (202) 707-8150 or licensing@ quivalent of 1/365, which is the interest a worksheet covering a statement of accou	teral instructions locat here sing/interest-rate.pdf. loc.gov. ssessment for one da unt already submitted	ed in the paper SA1-2 form.	

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œ	Ca	ble rksheet	Total amount of remittance	Number of SAs rea	c'd	Initials
	VVO	rksneet	Date of remittance	Check EFT	F	ILING FEES
Cable ID #					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Ja	nuary 1 - June 30, 2017	[July 1 - December 31, 2017		
	Le	tter sent		Information received		
	Ac	cepted		Phone call/Date/Contact		
Space B Owner						
	Le	tter sent		Information received		<u>_</u>
	Ac	cepted		Phone call/Date/Contact		
Space D Area Served						
	Le	tter sent		Information received		
	Ac	cepted	C	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	🗌 Le	tter sent	C	Information received		
and Rates	Ac	cepted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Le	tter sent	[Information received		
	Ac	cepted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Ac	cepted		Phone call/Date/Contact		

	Carriage
Letter sent Information received	
Accepted Phone call/Date/Contact	
Letter sent	Space J Part-time Carriage Log (SA3 only)
Accepted Phone call/Date/Contact	Space K Gross Receipts
Letter sent	
Letter sent Phone call/Date/Contact	
	Space L Copyright Filing and Royalty Fees
Royalty Fee should be Refund request to fiscal	
Letter sent Information received	
Accepted Phoe call/Date/Contact	
	Space M Channels
Letter sent Information received	
Letter sent Information received Accepted Phone call/Date/Contact	
	Channels Space O
Accepted Phone call/Date/Contact	Channels Space O
Accepted Phone call/Date/Contact Letter sent Information received	Channels Space O
Accepted Phone call/Date/Contact Letter sent Information received	Channels Channels Space O Certification Space P Statement of
Accepted Phone call/Date/Contact Letter sent Accepted Phone call/Date/Contact Accepted Phone call/Date/Contact	Channels Channels Space O Certification Space P Statement of
Accepted Phone call/Date/Contact Letter sent Accepted Phone call/Date/Contact Accepted Phone call/Date/Contact Letter sent Information received Information received	Channels Channels Space O Certification Space P Statement of
Accepted Phone call/Date/Contact Letter sent Accepted Phone call/Date/Contact Accepted Phone call/Date/Contact Letter sent Information received Information received	Channels Cha