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		OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable System General instruct in the first tab of	ctions	are located	02/16/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	/YY/(Period))	
		2017/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В				diary of another corporation, give the full cor	porate title
Owner		List any other name or names under which	the owner conducts the business of the	ne cable system.	
		If there were different owners during the a single statement of account and royalty fer		he last day of the accounting period should so ing period.	ubmit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		WEST CENTRAL TELEPHONE ASSO)C.		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT))	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO BOX 304 (Number, street, rural route, apartment, or suite nu	imber)		
		SEBEKA MN 56477			
	INCTO		on or trado nomen upod to idea	tify the business and operation of the	avetom unloss these
С	names	already appear in space B. In line 2	2, give the mailing address of the	e system, if different from the address	given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite nu	imber)		

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.

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	WEST CENTRAL TELEPHONE ASSOC.	
D	Instructions: List each separate community served by the cable system. A "community" is "a separate and distinct community or municipal entity (including unincorporated commu discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will as the "first community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home identified city.	e parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MENAHGA	MN
Community	NIMROD	MN
	SEBEKA	MN
dd Rows as Necessary	VERNDALE	MN
	WOLF LAKE WADENA	MN MN

	LEGAL NAME OF OWNER OF C								2E. PAGE
Name	WEST CENTRAL TELE							010	
	WEST CENTRAL TELE	FHONE AS	500.						
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmissi about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E cal	I for the numbe	r of subso	ribers to the cal	ole system	, broken	
scribers and	down by categories of secondar					•			
Rates	each category by counting the n separately for the particular serve							charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	l. (Example: "\$2	20/mth")	. Summarize ar	ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	addition	al sets would be	e included	I in the count un	der "Servi	ce to the	
	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.	, .	- J						
	BLC	OCK 1 NO. OF	·				BLOCK		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		1,533	30.25					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC		NEMIE						
_	In General: Space F calls for ra				-	ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t		'		•				
. .	service for a single fee. There a								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billeu. Il ally la	les are cr	largeu on a van	able per-pi	logram basis,	
Fransmissions:	Block 1: Give the standard ra		he cable	e system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) descri		,		shed. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEGO	BLOCK 2	RATE
	Continuing Services:			tion: Non-resi			UATEOU	DITI OF BEITHE	
	Pay cable			el, hotel		T&M			
	Pay cable—add'l channel	15.95		nmercial		T&M			
	Fire protection			cable					
	•Burglar protection		-	cable-add'l cha	annel				
	Installation: Residential		-	protection					
	First set			glar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)			connect		27.00			
	• Converter			connect		27.00			
				let relocation		T&M			
							L		
			• Mov	e to new addre	ess				

counting Period: 2	2017/2			FO	RM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID#
	WEST CENTRAL TEL	EPHONE ASSOC.			0
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, an Substitute Basis Stations	TELEVISION Intify every television station (including In during the accounting period, <i>excep</i> In effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations co les, regulations, or authorizations:	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta	time basis under ams [sections ttions carried on a	
	Do not list the station here station was carried only on List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on	e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th	d both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep	o on some other tions. PN, etc. Identify each ort multistream	
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instri n of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station he community with which the station	a noncommercial endent), "I-M" ional multicast). is licensed by the n is identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF S	STATION
	КРХМ	41	N	MINNEAPOLIS, MN	
	KARE	11	Ν	MINNEAPOLIS, MN	
d Rows as Necessary	wcco	4	Ν	MINNEAPOLIS, MN	
	KMSP	9	Ν	MINNEAPOLIS, MN	
	WFTC	29	E	MINNEAPOLIS, MN	
	wucw	23	Ν	MINNEAPOLIS, MN	
	KSTP	5	Ν	MINNEAPOLIS, MN	
	кѕтс	45	Ν	MINNEAPOLIS, MN	
	KVLY	11	Ν	FARGO, ND	
	KVRR	15	N	FARGO, ND	
	КХЈВ	4	N	FARGO, ND	
	WDAY	6	Ν	FARGO, ND	

EGAL NAME OF								SYSTEM
	every radio s	tation ca	arried on a separate and discre					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see pa ed by the cable s le station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the			0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

/ leeouning i enio	d: 2017/2							FORM	1 SA1-2E. PAGE 5.
_	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	WEST CENTRAL TELE	EPHONE	ASSOC.						0
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G				
	In General: In space I, ident	lifv everv no	nnetwork telev	ision program, broadcast by	ı a distant sta	tion that v	our c	able svst	em carried on a
-	substitute basis during the a								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMEN				-				
Special	During the accounting per					ootwork to	Jovici	on progr	am
Statement and			ui cable syster	in carry, on a substitute be	isis, any nom			on progr	ann
Program Log	broadcast by a distant sta	ition?						YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must com	plete	the prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTI	E PROGRA	AMS						
	In General: List each subs				s wherever p	ossible, if	their	meaning	is
	clear. If you need more spa								
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.					situmpio,	0.	0 200)	
	Column 2: If the program	m was broa	dcast live, ent	er "Yes." Otherwise enter	"No."				
				asting the substitute prog					
				the community to which th			the F	FCC or, i	n
	the case of Mexican or Car							ith the m	anth
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	ais, w	ith the m	ionth
			e substitute nr	ogram was carried by you	r cable syste	m Listthe	- time	s accura	ately
	to the nearest five minutes.								liciy
	stated as "6:00-6:30 p.m."					p.			
	Column 7: Enter the lett	ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your sys	tem w	ias requi	ired
	to delete under FCC rules	and regulati	ions in effect d	luring the accounting perio		etter "P" i			ogram
	was substituted for program	nming that		as permitted to delete und	ler FCC rules	and regu	lation	ns in	
	was substituted for programe ffect on October 19, 1976	nming that		as permitted to delete und	ler FCC rules	and regu	Ilation	ns in	
		nming that		as permitted to delete und	[]				
	effect on October 19, 1976	nming that y	your system w	·	WHE	N SUBS	ΓΙΤυτ	ſE	
	effect on October 19, 1976	UBSTITUT	your system w	1	WHE	N SUBST	ritut Curf	re Red	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	your system w	1	WHE	N SUBST	ΓΙΤυτ	re Red	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	LITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OC	TITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OC	TITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OC	TITUT CURF	re RED s	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBS AGE OC	TITUT CURF	re RED s	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WEST CENTRAL TELEPHONE ASSOC.	S	YSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	0,515.30 ss receipts)
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 than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	. ·	
	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 \$263,800 (but less than \$527,	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		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: AL TELEPHONE ASSOC.	SYSTEM ID#
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	12
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	JENNIFER GREWE Telephone	218-837-6023
	Address	PO BOX 304 308 FRONTAGE RD (Number, street, rural route, apartment, or suite number) SEBEKA MN 56477 (City, town, state, zip)	
	Email	JENNIFERG@WCTA.NET Fax (optional) 218-837-50	04
O Certification	I, the undersigned (Owne (Agenti in I X (Offici in I . I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as c line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained here e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	e B; or e system as identified wner of the cable system
		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: JENNIFER GREWE Title: CONTROLLER (Title of official position held in corporation or partnership)	
		Date: 02/16/2018	

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: 2017/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EST CENTRAL TELEPHONE ASSOC.	(
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 fol- lowing 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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P
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 transmission made by satellite carriers to satellite dish owners?	ns
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayme For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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