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	IT OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	01/02/2018	S ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	

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Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20172 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.
	x	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
		ALPINE CABLE TELEVISION LC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1008
		(Number, street, rural route, apartment, or suite number) ELKADER, IA 52043
		(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 as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ALPINE CABLE TELEVISION LC	0
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	mmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MCGREGOR	IA
Community		
Add Rows as Necessary		
	การและการการการการการการการการการการการการการก	

									1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
	ALPINE CABLE TELEVI	SION LC							
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	pace E should	cover a	Il categories of	secondary				
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose existir	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						nle system	broken	
scribers and	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 stanuar		s within a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subsc	ribers. (Give the numbe	er of subsc	ribers and rate	for 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 o					in the count un	der Servic	e to the	
	Block 2: If your cable system					service that are	different fro	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		40	24.05	ESSEN	TIALS PACK		20	50.0
	Service to first set		13	34.95				39	50.0
	Service to additional set(s)				PREIMI	ER PACKAG	C	20	10.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services				•		• • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the					-		-	
Transmissions:	Block 1: Give the standard rat							voro pot	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
	, , , , , , , , , , , , , , , , ,	BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable		• Mo	tel, hotel			CINEM	AX	16.0
	• Pay cable—add'l channel		• Co	mmercial			HBO		18.0
	Fire protection		• Pav	y cable			SHOWT	IME	17.0
	•Burglar protection		-	y cable-add'l ch	nannel		STARZ		15.0
	Installation: Residential		-	e protection					
	First set	124.95		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		29.00			
	Converter			connect					
				tlet relocation					
				ve to new addr	ess				

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
	ALPINE CABLE TELI	EVISION LC		0
G Primary nsmitters: levision	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the locatio	TELEVISION entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th fe)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. the number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru- ton of each station. For U.S. stations, list	t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orgram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- uctions in the paper SA1-2 form. the community to which the station	levision stations) ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
		adian stations, if any, give the name of t		
	KCPC	9	N	
	KCRG	9 27	N I	CEDAR RAPIDS, IA
: as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
Necessary	KFXA KGAN	27 51		CEDAR RAPIDS, IA CEDAR RAPIDS, IA
Necessary	KFXA KGAN KPXR	27 51 47	I N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
Necessary	KFXA KGAN	27 51	l N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA
lecessary	KFXA KGAN KPXR KRIN KWKB	27 51 47 35 25	I N I E	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA
ecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
s Necessary	KFXA KGAN KPXR KRIN KWKB	27 51 47 35 25	I N I E	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA
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rs as Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
vs as Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
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as Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA

EGAL NAME OI								SYSTEM
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
pecial Instruct eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	ctions Conce it is carried by monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	rning Al y the system be recein to the contract the static tion's sig g a chech 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	Copyright Office at the system's he system's FM ant this point, see pa sed by the cable he station is licen	regulations, ar eadend, and (2 enna, during c age (v) of the g system as a so	n FM sig 2) it can certain si general i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				5,0		

Accounting Perio	od: 2017/2					FO	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name		ISION LO)				0
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G		
l	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	s. For a further
Substitute Carriage:					e general inst		1-2 101111.
Special	1. SPECIAL STATEMEN					twork tolovision progra	~
Statement and	During the accounting per	-	i cable system	carry, on a substitute bas	is, any nonne		
Program Log	broadcast by a distant sta					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progra	am
	log in block 2.						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 gives	itute progra ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the s adcast static adian static th and day ve "5/7." es when the	im on a separa add additional i nnetwork telev ion and that yo r authorization: vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra is community to which the community with which the tem carried the substitute gram was carried by your	program") that d for the prog eral instruction n titles, for exa lo." m. station is lice station is lice station is iden program. Use cable system.	t, during the accountin ramming of another sta ns for further informatic ample, "I Love Lucy" or nsed by the FCC or, in tified). numerals, with the mo	g ation on. -
		er "R" if the	listed program	was substituted for progra	amming that y	our system was requir	ed
	to delete under FCC rules a						Iram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
				1		EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						<u></u>	
						_	
						<u></u>	
						_	
]			_	
						_	
]			_	
1					-		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC	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. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	, 300.99
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • 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.	\$263,800	
	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 accounting period is \$52.00	this six-month	
	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,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	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 informat		hts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: BLE TELEVISION LC	SYSTEM ID ; (
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	: 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. otal number of channels on which the cable ied television broadcast stations otal number of activated channels e cable system carried television broadcast stations adcast services	8 338
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	MARGARET CORLETT Telephone (563	3) 245-4481
	Address	PO BOX 1008 (Number, street, rural route, apartment, or suite number)	
		ELKADER, IA 52043	
		(City, town, state, zip)	
	Email	MCORLETT@ALPINE-COMMUNICATIONS.COM Fax (optional)	
	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the underside	igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
oontinoution		vner 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 in line 1 of space B and that the owner is not a corporation or partnership; or	as identified
		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.	he cable system
	 I have examir are true, comp 	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/ Chris Hopp	
		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: CHRIS HOPP	
		Title: CHIEF OPERATING OFFICER (Title of official position held in corporation or partnership)	
		Date: 1/2/2018	

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 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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law

unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
INE CABLE TELEVISION LC	1
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO	P Special Statemen Concerning Gros Receipts Exclusio
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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