This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
08/23/2018	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
, ,	ACCC	ONTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period/)
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20181 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		IDENTIFICATION OF CABLE SYSTEM:
• • • • • • • • • • • • • • • • • • • •	1	
		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 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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	TDS Broadband Service LLC	32
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single u list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	ALPINE	TX
Community		
Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**TDS Broadband Service LLC** 

SYSTEM ID# 3242

# Е

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATI	E			
Residential:							
Service to first set	326	64.85					
<ul> <li>Service to additional set(s)</li> </ul>							
• FM radio (if separate rate)							
Motel, hotel	37	18.53					
Commercial							
Converter	92	3.5-17					
Residential							
Non-residential							
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

## F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	11.4-19	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	19.98-39.96	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	19.98	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	19.98		
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3242

### TDS Broadband Service LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMID	2.1	N	Midland, TX
KOSA	7.1	N	Odessa, TX
KOSA-DT2	7.2	N-M	Odessa, TX
KPEJ	24.1	<u> </u>	Odessa, TX
KPEJ-DT2	24.2	I-M	Odessa, TX
KWES	9.1	N	Odessa, TX
KWES-DT2	9.2	N-M	Odessa, TX
KUPB	18.1	<u>l</u>	Midland, TX
KUPB-DT2	18.2	I-M	Midland, TX
KTLE-LP	20.1	<u>l</u>	Odessa, TX
KENW	3.1	E	Portales, NM
KMLM	42.1	<u> </u>	Odessa, TX
KVBA	19.1	<u> </u>	Alamogordo, NM

Add Rows as Necessary

U.S. Copyright Office

Accounting Period	: 2018/1			FORM SA1-2E. PAGE 3.									
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM ID#									
Name	TDS Broadband Serv	3242											
	PRIMARY TRANSMITTERS:	TELEVISION											
Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program											
	basis under specific FCC r • Do not list the station he station was carried only 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 chanrof license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the location.	rules, regulations, or authorizations: re in space G—but do list it in space I (the a substitute basis.  also in space I, if the station was carrier on concerning substitute basis stations, on's call sign. Do not report origination ped with a station according to its over-the	the Special Statement and Program Local dots on a substitute basis and also do see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a notifor network multicast), "I" (for independent evisions in the paper SA1-2 form. The community to which the station is	or some other on some other ons. I, etc. Identify each multistream e air in its community concommercial ident), "I-M" hal multicast). licensed by the									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION									
	1. GALL SIGN	2. B GAOT GHARREE ROMBER	3. THE OF OTATION	4. LOCATION OF STATION									
	L			I.									

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **TDS Broadband Service LLC**

3242

### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
				CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
KALP	FM	x	Alpine, TX				
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Accounting Perio		CARLE OVO	TEA4.				FOR	M SA1-2E. PAGE 5.					
Name	LEGAL NAME OF OWNER OF TDS Broadband Servi		I EIVI.					SYSTEM ID# 3242					
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	sion program, broadcast by ecific present and former F	y a <i>distant</i> stat CC rules, regul	ations, or au	uthorizations.	For a further					
Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program og in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station												
	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 broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	distant statis gulations, o ies like "mo Bulls." n was broad sign of the sadcast static ladian static hand day ye "5/7." es when the Example: a er "R" if the and regulation ming that y	ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (thens, if any, the owhen your system on program carried listed program ons in effect du	ur cable system substitutes. See page (v) of the ger tball." List specific prograr "Yes." Otherwise enter "asting the substitute prograe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for prograng the accounting period	ed for the progneral instruction titles, for ex.  No." am. e station is lice station is ider program. Use cable system: 15 p.m. to 6:2 ramming that yd; enter the let	gramming of ns for furthe ample, "I Lo ensed by the ntified). In the numerals, and the time is a coursystem our system ter "P" if the	another star er information ove Lucy" or e FCC or, in with the mor nes accurate hould be was require e listed progr	tion n. nth lly					
		el IBSTITI IT	E PROGRAM	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOR									
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. T	TIMES  TO	DELETION					

Accounting Period:	2018/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID:
	TDS Broadband Service LLC		324
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission servic nis amount, see	5,916.94
_	COPYRIGHT ROYALTY FEE		
Copyright Royalty Fee	<ul> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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 2 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>		
	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	r 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	<u> </u>	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	<sup>7</sup> ,100)	
	1. Base amount under statutory formula	<u> </u>	
	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 \$52	27,600)	
	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	=	
	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	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 Reg See page i of the general instructions in the paper SA1-2 form for more information.		ıhts!

Accounting Period:	2018/1																	F	ORM SA	1-2E. F	PAGE 7
Name	LEGAL NAME OF OWNER OF TDS Broadband Service																		S	YSTE	M ID#
M Channels	CHANNELS Instructions: You must get to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable system and nonbroadcast services.	the cable system's tot of channels on which to horoadcast stations of activated channels am carried television but	the cable	ole	er of a	activa	ted ch	annels	durin	g the a		nting p	period		ons			13			
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORM	RMAT	TION I	S NE	EDED	(Identi	fy an ir	ndivid	lual to	whom	1							
for Further Information	Name Pegg	y Smykal												_ Teleph	hone (	802) 4	485-9	748			
	(Number	pot Square, Unit street, rural route, apartme field, VT 05663 n, state, zip)		uite n	e num	nber)															
	Email	finance@tdstelec	com.con	om	1						Fa	ax (opt	tional	)							
O Certification	(Agent of owne	r certify that (Check one nan corporation or partir other than corporation pace B and that the own that I am an officer (if a pace B.  I am an officer (if a pace B.  I ament of account and he rect to the best of my kn 1986)]	e, but only rtnership ion or pai vner is not a corpora ereby dec knowledge  X  Enter an e Enter sign	partninot a pration eclaringe, ir	rtners: a contition) of lare unition of lare u	, of the on the on the on the one of the one	am thon or partner of the same and the same	e duly opartner  (if a partner)  (if a partner	authori authori ship; o that a and au	/stem a r r iip) of th III stater re made	ments e in go	ontified if the overall and in t	wner coty ider	1 of spa	ace B; oble sys	tem as					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OS Broadband Service LLC	3242
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?  X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	

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