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 COPYRIGHT	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	08/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	36924
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM MONTEZUMA LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number)	
		BALDWIN GA 30511-1762	
	INCTO		unlago thaga
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM MONTEZUMA LLC	SYSTEM ID# 36924
D Area Served	Instructions: List each separate community served by the cable system. A "comm "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 Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
First Community	CITY OR TOWN DEEP RIVER MONTEZUMA BARNES CITY	IA IA IA
Add Rows as Necessary	DARNES CITT	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	WINDSTREAM MONTEZ	UMA LLC							3692
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission	last day of the accounting period							harling	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	I-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	e that cable	
	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 un	der "Servic	ce to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.							()	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		700	00.75					
	Service to first set		730	32.75					
	Service to additional set(s)								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	3				
-	In General: Space F calls for rat	-				ll your cable sys	tem's servi	ices that were	
F	not covered in space E, that is, t								
Comisso	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usuany	billed. If arry ra				ograffi basis,	
ransmissions:	Block 1: Give the standard rat	e charged by th							
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	rices in the	e form of a	
	CATEGORY OF SERVICE	BLO0 RATE		ORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res			CATLO	ORT OF SERVICE	
	• Pay cable	18.00		el, hotel					
	• Pay cable—add'l channel			nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	50.00		glar protection					
	Additional set(s)	35.00		ervices:					
	• FM radio (if separate rate)	55.00		onnect		15.00			
	Converter			connect		13.00			
			- DISC	Johneol					1
				lot rolocotion					
				let relocation		35.00			

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	PRIMARY TRANSMITTERS:			36924
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> 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 the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie in concerning substitute basis stations s's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-t the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepo- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute 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
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WOI	5	N	AMES IA
	WOIHD	5.1	N-M	AMES IA
Rows as Necessary	KCCI	8	N	DES MOINES IA
nows as necessary	KCCIHD	8.1	N-M	DES MOINES IA
	KCCI ME TV	8.2	N-M	DES MOINES IA
	KCCI MY DES MOIN	8.3	N-M	DES MOINES IA
	KDIN	11	E	DES MOINES IA
		• •		
	KDINHD	11.1		*****
	KDINHD KDIN I FARNS	11.1	E-M	DES MOINES IA
	KDIN LEARNS	11.2	E-M E-M	DES MOINES IA DES MOINES IA
	KDIN LEARNS KDIN PBS WLD	11.2 11.3	E-M E-M E-M	DES MOINES IA DES MOINES IA DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI	11.2 11.3 19	E-M E-M E-M N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD	11.2 11.3 19 19	E-M E-M E-M N N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO	11.2 11.3 19 19 13	E-M E-M E-M N N-M N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO WHOHD	11.2 11.3 19 19 13 13.1	E-M E-M N N-M N-M N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO WHOHD WHO WEATHER PL	11.2 11.3 19 19 13 13.1 13.1 13.2	E-M E-M E-M N N-M N-M N-M N-M	DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO WHO WHOHD WHO WEATHER PL WHO ANTENNA TV	11.2 11.3 19 19 13 13.1 13.2 13.3	E-M E-M N N-M N-M N-M N-M N-M	DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO WHOHD WHO WEATHER PL WHO ANTENNA TV KDSM	11.2 11.3 19 19 13 13.1 13.1 13.2 13.3 17	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M	DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO WHOHD WHO WEATHER PL WHO ANTENNA TV KDSM KDSMHD	11.2 11.3 19 19 13 13.1 13.2 13.3 17 17.1	E-M E-M N N-M N-M N-M N-M N-M N-M N-M	DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO WHOHD WHO WEATHER PL WHO ANTENNA TV KDSM KDSMHD KDSM COMET TV	11.2 11.3 19 19 13 13.1 13.2 13.3 17 17.1 17.2	E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M	DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO WHOHD WHO WEATHER PL WHO ANTENNA TV KDSM KDSMHD KDSM COMET TV KDSM CHARGE TV	11.2 11.3 19 19 13 13.1 13.2 13.3 17 17.1 17.2 17.3	E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M	DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO WHOHD WHO WEATHER PL WHO ANTENNA TV KDSM KDSMHD KDSM COMET TV KDSM CHARGE TV KDSM TBD	11.2 11.3 19 19 13 13.1 13.2 13.3 17 17.1 17.2 17.3 17.4	E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO WHOHD WHO WEATHER PL WHO ANTENNA TV KDSM KDSMHD KDSM COMET TV KDSM CHARGE TV KDSM TBD KFPX	11.2 11.3 19 19 13 13.1 13.2 13.3 17.1 17.2 17.3 17.4 39	E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	DES MOINES IA DES MOINES IA
	KDIN LEARNS KDIN PBS WLD KDMI KDMIHD WHO WHOHD WHO WEATHER PL WHO ANTENNA TV KDSM KDSMHD KDSM COMET TV KDSM CHARGE TV KDSM TBD	11.2 11.3 19 19 13 13.1 13.2 13.3 17 17.1 17.2 17.3 17.4	E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	DES MOINES IA

EGAL NAME O								SYSTEM I 369
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
pecial Instruc- eceivable if (1) n the basis of for detailed infr 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 state whether if the radio state this by placing Sive the station	rning Al y the sys be recein at the Co l sign of of the static cion's sig g a chech n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on the 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 r it the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	egulations, 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
CALL SIGN	AM or FM	e/D		CALL SIGN	AM or FM	۹/D	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN	AIVI OF FIM	S/D	LUCATION OF STATION	
		+						

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WINDSTREAM MONTE	ZUMA LL	.C					36924
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	loovo tho	root of this pag	o blonk. If your onowor in '			-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	
	clear. If you need more spa						incuring ic	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o les like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ov	'information	1.
	"NBA Basketball: 76ers vs.						0 2009 01	
				"Yes." Otherwise enter "N				
				sting the substitute progra		need by the	FCC or in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		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. TI FROM –	MES – TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	11101	10	
							_	
							_	
						-	_	
						_	_	
							_	
						_	_	
						-		
						-	_	

Accounting Period:	2018/1		FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM MONTEZUMA LLC		S	YSTEM ID: 36924
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	secondary tran w to compute th	smission servic iis amount, see	e 7,550.00
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	o \$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			
1	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	nore than \$137	(,100)	
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	137,550.00	_	
	3. Subtract line 2 from line 1	126,250.00	_	
	4. Enter the amount of gross receipts from space K	\$	137,550.00	
	5. Enter the amount from line 3	. \$	126,250.00	
	6. Subtract line 5 from line 4	\$	11,300.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	56.50
	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		\$	56.50
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	it less than \$52	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)			
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	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)	. \$	56.50	
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		\$	76.50
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form for	-		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM MONTEZUMA LLC	SYSTEM ID# 36924
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations .	24
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	226
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name PAM HENDRIX (pam.hendrix@windstream.com) Telephone	706.776.4618
	Address 2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number) BALDWIN GA 30511 (City, town, state, zip)	
	Email Sandra.blade@windstream.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /S/ TIMOTHY P LOKEN 	vstem as identified
	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: TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
	Date: AUGUST 28, 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 telephol 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 lav

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DSTREAM MONTEZUMA LLC	3692
 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 	P Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?	
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
	Q Interest Assessme
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 Assessme
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	Q
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 Assessme
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	
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	
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	

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