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					
08/22/2018	\$ 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

ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2018/1		1	
Accounting Period Barcode Data Filing Period (optional - see instructions) 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. 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	Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting Period 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. 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. 39552 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Lakeland Communications Group, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Lakeland Communications MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 40 (Number, street, rural roule, apartment, or suite number) Milltown, WI 54858-0040 (City, town, state, 20)			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
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. 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. IEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Lakeland Communications Group, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Lakeland Communications MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 40 (Number, street, rural route, apartment, or suite number) Milltown, WI 54858-0040 (City, town, 886e, 2ip)	Accounting		39552 Barcode Data Filing Period (optional - see instructions)
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(Number, street, rural route, apartment, or suite number) Milltown, WI 54858-0040 (City, town, state, zip)			MAILING ADDRESS OF OWNER OF CABLE SYSTEM
Milltown, WI 54858-0040 (City, town, state, zip)			
			Milltown, WI 54858-0040
			P 22 - 1 - 1 O
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	С		
System 1 IDENTIFICATION OF CABLE SYSTEM:	System	1	IDENTIFICATION OF CABLE SYSTEM:
MAILING ADDRESS OF CABLE SYSTEM:			MAILING ADDRESS OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)		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 suffciency of the fling, a determination that would be made by a court of law.

Lakeland Communications Group, LLC Pasturcions. Like each separate community to the cable system. A "community" is the same as a "community unit" as defined in Carlos and Carl		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM ID
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas," 47 C.F.R. 7.6.5(dd). The first community that you list will serve as a form of system identification hereafter kno 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 mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Luck Village WI Cushing WI Balsam Lake Village WI Cushing WI Apple River Township WI Balsam Lake Township WI Balsam Lake Township WI Bone Lake Township WI Bone Lake Township WI Georgetown Township WI Luck Township WI Luck Township WI Luck Township WI St. Croix Falls Township WI Sterling Township WI Trade Lake Township WI Trade Lake Township WI West Sweden Township WI WI West Sweden	Name		
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West Sweden Township WI			

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Lakeland Communications Group, LLC

SYSTEM ID# 39552

Ε

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				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,105	42.49	LCTV-service to 1st set	81	42.49	
Service to additional set(s)						
FM radio (if separate rate)						
Motel, hotel	279	8.00				
Commercial						
Converter						
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			
Pay cable		 Motel, hotel 	50.00		
 Pay cable—add'l channel 		 Commercial 			
Fire protection		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
First set	50.00	 Burglar protection 			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		 Reconnect 	50.00		
Converter		Disconnect			
		 Outlet relocation 	50.00		
		 Move to new address 			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3 SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM 39552 akeland Communications Group, LLC RIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G arried by your cable system during the accounting perior except (1) stations carried only on a part-time basis unde CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sectio Primary Transmitters: Television 6.59(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 substitute program basis, as explained in the next paragrapl substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program. pasis under specific FCC rules, regulations, or authorization:

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 otl basis. For further information concerning substitute basis stations, see page (v) of the general instruction Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify eac nulticast stream associated with a station according to its over-the-air designation. For example, report multistreat 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. f 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 noncommerc educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-l for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicas For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 forr

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by t FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified 2. B'CAST CHANNEL NUMBER 1. CALL SIGN 3. TYPE OF STATION 4. LOCATION OF STATION KTCA 2.1 St. Paul, MN St. Paul, MN ptMN E-M St. Paul, MN tptLife tptWX 2.4 E-M St. Paul, MN wcco Minneapolis, MN 4.2 I-M Minneapolis, MN Decades KSTP 5.1 St. Paul, MN KSTC 5.2 St. Paul, MN Me TV 5.3 I-M St. Paul, MN Antenna TV 5.4 I-M St. Paul, MN This TV 5.6 I-M St. Paul, MN Heroes & Icons St. Paul, MN 5.7 WQOW 6.1 Eau Claire, WI WFTC 7.1 Minneapolis, MN WEUX Chippewa Falls, WI KMSP 9.1 Minneapolis, MN 9.3 Minneapolis, MN Movies! Minneapolis, MN 9.4 Menomonie, WI WHWC 10.1 WPT2 WI 10.2 E-M Menomonie, WI WPT3 Create 10.3 E-M Menomonie, WI KARE 11.1 Ν Minneapolis, MN WXNOW 11.2 I-M Minneapolis, MN 11.3 Minneapolis, MN Justice I-M Quest 11.4 Minneapolis, MN WUCW 12.1 Minneapolis, MN TBD TV 12.2 I-M Minneapolis, MN Charge TV 12.3 I-M Minneapolis, MN 12.4 I-M Minneapolis, MN WEAU 13.1 Eau Claire, WI KPXM St. Cloud, MN 14.1 WHADT3 171 E-M Madison, WI

U.S. Copyright Office

E-M

Madison, WI

172

WHADT2I

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Lakeland Communications Group, LLC

39552

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 FM	S/D	LOCATION OF STATION
							
							
							
							
	 						
							
							
							
							
	 						
	 						
	 						
	 						
	 						
	 						
							
							
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Accounting Perio								M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1010	SYSTEM ID#
Name	Lakeland Communica	tions Gro	up, LLC					39552
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subs clear. If you need more spa	itify every no accounting prining that mu it CONCEP viol, did you ation? E PROGRAStitute prograace, please of every no a distant state egulations, of a control of the con	AL STATEME nnetwork televi period, under sp ist be included i RNING SUBS ur cable syster e rest of this pa AMS am on a separadd additional connetwork televition and that ye or authorization	ision program, broadcast by pecific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute based by the carry, on a substitute based by the carry of the carry	a distant state CC rules, regine general instant siss, any nonres "Yes," you res wherever possible program") the defor the properal instructions.	ulations, custructions network te nust com ossible, if nat, durin, ogrammir ons for fu	relevision progression progres	stem carried on a ons. For a further SA1-2 form. gram X NO gram g is ting station ation.
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	m was broad sign of the ladcast statinadian statinth and day ive "5/7." hes when the ladcast stating that are gulating that so.	station broadc on's location (tons, if any, the when your system e substitute pro a program carro e listed program ions in effect d your system w	stem carried the substitute ogram was carried by your ried by a system from 6:01 in was substituted for programing the accounting periods permitted to delete und	e station is lide station is lide station is ide program. Use r cable system:15 p.m. to 6 ramming that d; enter the ler FCC rules	entified). se numerom. List the :28:30 p.o. your sysetter "P" i	als, with the e times accur m. should be tem was <i>req</i> ifithe listed properties in	month rately <i>uired</i> rogram
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OC	CURRED	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. FROM	TIMES TO	DELETION

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lakeland Communications Group, LLC			S	39552
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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.	system's se on of how to	condary transmi o compute this a	ssion service mount, see	3,233.56
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for t	his six-mon	
	Line 1. Royalty fee for accounting period			-	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	ines 1 and 2	!	- <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	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 \$26	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	293,233.56		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	29,433.56		
	4. Multiply line 3 by .01		\$	294.34	
	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 .	······	\$	1,613.34
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	4. Develop For Develop for Association Deviced (form Disable 4.0 or 9. above)		¢	4 642 24	
Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) Filing Fee (See the instructions for more information on filing fee calculations)			20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,633.34
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		_		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lakeland Communications Group, LLC	SYSTEM ID# 39552
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	33
	system carried television broadcast stations	33
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	163
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	Name Crystal Morley Telephone	715-825-5105
Information		
	Address 825 Innovation Avenue (Number, street, rural route, apartment, or suite number)	
	Milltown, WI 54858	
	(City, town, state, zip)	
	Email crystalm@lakeland.ws Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, 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; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	rner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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)] 	1
	X /s/ John K. Klatt	
	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: John K. Klatt	
	Title: President/ CEO (Title of official position held in corporation or partnership)	
	Date: 8/22/2018	

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.

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
keland Communications Group, LLC	39552
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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . 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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