This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEME	INT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instruc	ctions are located of this workbook	7/30/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		20181 Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	61429
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MidlandsNet LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 330	
		(Number, street, rural route, apartment, or suite number)	
		Remsen, IA 51050 (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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MidlandsNet LLC dba WesTel Systems	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	MidlandsNet LLC	614
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
First	CITY OR TOWN Marcus (M)	STATE
Community		AI A
Community	Quimby (Q)	
	Sutherland/Calumet (S)	IA
d Rows as Necessary	Alton (A)	IA
	Remsen/Oyens (RE)	IA
	Sioux Rapids (SR)	IA
	Peterson (P)	IA
		·····

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	TEM II
Name	MidlandsNet LLC	DEL OTOTEM.						010	6142
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, i	not here. All the	e facts you	state must be t			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						olo svetom	brokon	
scribers and	down by categories of secondar								
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	number of	f persons or org	anizations		
	separately for the particular serv Rate: Give the standard rate of							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	ance payment.					
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note	e: Where an in	dividual	or organization	n is receivi	ng service that f	alls under	different	
	categories, that person or entity	should be cour	nted as	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fi	om those	
	printed in block 1 (for example, t	iers of services	s that ind	clude one or m	ore second	dary transmissio	ons), list the	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tu	vo- or three	e-word descripti	on of the s	ervice is	
		OCK 1			BLOCK 2				
		RATE	CAT			NO. OF	RA		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	KAIE	CAT	CATEGORY OF SERVICE		SUBSCRIBERS	RA
	Service to first set		0	49.95	Service to 1st Set			1,292	12.
	 Service to additional set(s) 	SR & P							
	• FM radio (if separate rate)				Retransmission Fee				13.
	Motel, hotel				ALL				
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
F	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cable	e system for ea	ich of the a	applicable servic	ces listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip			ate for each.					
		BLO				DATE	CATEO	BLOCK 2 ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORT OF SERVICE	RAT
	• Pay cable			tel, hotel					
	• Pay cable—add'l channel		• Co	mmercial					
	Fire protection		• Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l cł	nannel				
	Baigiai protoction		• Fire						
	Installation: Residential			e protection					
	Installation: Residential • First set	35 or 25	• Bui	rglar protection					
	Installation: Residential • First set • Additional set(s)	35 or 25	• Bui Other	rglar protection services:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	35 or 25	• Bui Other • Re	rglar protection services: connect		35 or 25			
	Installation: Residential • First set • Additional set(s)	35 or 25	• Bui Other • Re • Dis	rglar protection services:		35 or 25			

	1			FORM SA1-2E. PA
Name		F CABLE SYSTEM:		SYSTEM
	MidlandsNet LLC PRIMARY TRANSMITTERS:			614
G Primary ansmitters: elevision	In General: In space G, ide 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 rn • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 us explained in the next paragraph. With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried 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	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTIV	2. B CAST CHANNEL NUMBER	N	SIOUX CITY, IA
	KTIV-S	4.1	N	SIOUX CITY, IA
owe as Necessary	KTIV-2	4.1	N-M	SIOUX CITY, IA
Rows as Necessary	IX 2			
	KTIV-3	4.3	N-M	
	KTIV-3 KCAU	4.3 9	N-M N	SIOUX CITY, IA
,	KCAU	9	N-M N N	SIOUX CITY, IA SIOUX CITY, IA
			N	SIOUX CITY, IA
	KCAU KCAU-S	9 9.1	N N	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2	9 9.1 9.2	N N N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3	9 9.1 9.2 9.3	N N N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3 KCAU-4	9 9.1 9.2 9.3 9.4	N N N-M N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3 KCAU-4 KMEG	9 9.1 9.2 9.3 9.4 14	N N N-M N-M N-M N	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3 KCAU-4 KMEG KMEG-S	9 9.1 9.2 9.3 9.4 14 14.1	N N N-M N-M N-M N N	SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3 KCAU-4 KMEG KMEG-S KMEG-2	9 9.1 9.2 9.3 9.4 14 14.1 14.2	N N N-M N-M N-M N N N N N-M	SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3 KCAU-4 KMEG KMEG-S KMEG-2 KMEG-3	9 9.1 9.2 9.3 9.4 14 14.1 14.2 14.3	N N N-M N-M N-M N N N N-M N-M	SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3 KCAU-4 KMEG KMEG-S KMEG-2 KMEG-3 KSIN	9 9.1 9.2 9.3 9.4 14 14.1 14.2 14.3 27	N N N-M N-M N-M N N N N-M N-M E	SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-2 KCAU-3 KCAU-4 KMEG KMEG-S KMEG-2 KMEG-3 KSIN KSIN-S	9 9.1 9.2 9.3 9.4 14 14.1 14.2 14.3 27 27.1	N N N-M N-M N-M N N N N N-M E E E	SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3 KCAU-4 KMEG KMEG-S KMEG-2 KMEG-3 KSIN KSIN-S KSIN-2	9 9.1 9.2 9.3 9.4 14 14.1 14.2 14.3 27 27.1 27.1 27.2	N N N-M N-M N-M N N N N-M E E E E	SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3 KCAU-4 KMEG KMEG-S KMEG-2 KMEG-3 KSIN-S KSIN-S KSIN-2 KSIN-3	9 9.1 9.2 9.3 9.4 14 14.1 14.2 14.3 27 27.1 27.1 27.2 27.3	N N N-M N-M N-M N N N N-M E E E E E	SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3 KCAU-4 KMEG KMEG-S KMEG-2 KMEG-3 KSIN KSIN-S KSIN-2 KSIN-3 KPTH	9 9.1 9.2 9.3 9.4 14 14.1 14.2 14.3 27 27.1 27.1 27.2 27.3 44	N N N-M N-M N-M N N N N-M E E E E E E E M E-M E-M N	SIOUX CITY, IA SIOUX CITY, IA
	KCAU KCAU-S KCAU-2 KCAU-3 KCAU-4 KMEG KMEG-S KMEG-2 KMEG-3 KSIN-S KSIN-S KSIN-2 KSIN-3 KPTH KPTH-S	9 9.1 9.2 9.3 9.4 14 14 14.1 14.2 14.3 27 27.1 27.1 27.2 27.3 44 44 44.1	N N N-M N-M N-M N N N N-M E E E E E E E E E M E-M E-M N N	SIOUX CITY, IA SIOUX CITY, IA

Accounting P							FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF		CABLE SY	/STEM:					SYSTEM ID
MidlandsNet								6142
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under 0 stem whenever it is received a wed at the headend, with the s opyright 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
	AM or EM	S/D			AM or EM	S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		I				L		

Accounting Perio	od: 2018/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MidlandsNet LLC							61429
	SUBSTITUTE CARRIAGE				2			
I I								
	In General: In space I, identi substitute basis during the a							
Subatituta	explanation of the programm							
Substitute					e general mou			2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting period 	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television	on program	
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No'	loovo tho	rost of this pag	o blank. If your answor is '		et complete t	ho program	
	-	, leave life	rest of this pay	e bialik. Il your allower is	res, you mu	ist complete t	ne progran	1
	log in block 2.							
	2. LOG OF SUBSTITUTE			4 - Kara - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	In General: List each subst				wherever pos	sible, if their i	meaning is	
	clear. If you need more spa			ision program ("substitute	orogram") tha	t during the	accounting	
	period, was broadcast by a	distant stati	ion and that vo	ur cable system substitute	d for the prog	ramming of a	nother stati	ion
	under certain FCC rules, re							
	Do not use general categori							-
	"NBA Basketball: 76ers vs.	Bulls."				•		
				r "Yes." Otherwise enter "N				
				sting the substitute progra				
				e community to which the			CC or, in	
	the case of Mexican or Can						ith the mon	th
	first. Example: for May 7 giv		when your sys	tem carried the substitute	orogram. Use	numerais, w	in the mon	ui
	, , , ,		substitute pro	gram was carried by your o	cable system	List the time	s accuratel	v
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m."		p g					
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	s in	
	effect on October 19, 1976.							
						N SUBSTIT		
	S		E PROGRAM	1		AGE OCCU		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	то	
						_		
						_		
						_		
						_		
1			1	1				

Accounting Period:	2018/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MidlandsNet LLC			Ş	SYSTEM ID#
					61429
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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 explana 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	e system's s	secondary trans to compute this	mission servi s amount, sec \$ 44	ice
	COPYRIGHT ROYALTY FEE				
L 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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more 	0 but less t	han \$527,600	\$263,800	
	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	lty fee that y	ou must pay for	this six-month	1
	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 in	ines 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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				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)	
	1. Enter the amount of gross receipts from space K	\$	446,088.41		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	182,288.41		
	4. Multiply line 3 by .01		. \$	1,822.88	
	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	4, 5, and 6 .		\$	3,141.88
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and					
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,141.88	
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			\$	3,161.88
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!

ccounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF MidlandsNet	OWNER OF CABLE SYSTEM:				SYSTEM ID# 61429
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	ers, and (2) the cable system's t	otal num n the cab s broadca:	t stations		23 64-P & SR, 31 - Rest
N Individual to Be Contacted		TO BE CONTACTED IF FURTH t about this statement of accour		RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name	Robert Gannon			Telephone	712-786-1181
	Address	PO Box 330 (Number, street, rural route, aparte	ment, or su	te number)		
		Remsen, IA 51050 (City, town, state, zip)				
	Email	bgannon@west	telsyster	is.com	Fax (optional) 712-786-2400)
O Certification	I, the undersig (Own (Age (X (Off)	ned, hereby certify that (Check or ner other than corporation or part of owner other than corpora in line 1 of space B and that the o ficer or partner) I am an officer (if in line 1 of space B. ed the statement of account and f	ne, <i>but on</i> artnershi tion or p wner is n f a corpor hereby de knowledg	a) I am the owner of the cable system as in rtnership) I am the duly authorized agent t a corporation or partnership; or ution) or a partner (if a partnership) of the I clare under penalty of law that all statemer e, information, and belief, and are made in /s/ Robert Gannon electronic signature on the line above to ce	dentified in line 1 of space B; of the owner of the cable sys egal entity identified as owne nts of fact contained herein good faith.	stem as identified
		Typed or printed Title:	name:	nature using an "/s/ signature" (e.g., /s/ Jol Robert Gannon		
		(The of c	inolai pooli			

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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
andsNet LLC	614
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.	P Special Statemen Concerning Gross Receipts Exclusio
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	
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 days	-
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	-
x 0.00274 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 \$	-
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter 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	-
x 0.00274 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.	-
x 0.00274 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	-
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