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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.	
General instructions are located in the first tab of this workbook	7/30/2018	ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150	
Г				

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2018/1 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 asingle 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.	61433
		·	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		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 s 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:	
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	MidlandsNet LLC	61433						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the						
	CITY OR TOWN STATE							
First	Anita	IA						
Community								
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM IC
Name	MidlandsNet LLC								6143
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca	pace E should on of television way cable) in sp I (June 30 or D n blocks in spar y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 counts allowed in space E, the to their subsc e: Where an ing should be cour	cover all c and radio ace F, not ecember 3 ce E call fc service. In gs in that c ndicated— h category 20/mth"). S for advance e form lists ribers. Giv dividual or nted as a s	ategories of broadcasts b here. All the 1, as the cas or the number general, you ategory (the not the num of service. In ummarize ar e payment. the categori e the number organization ubscriber in	secondary by your sy- facts you se may be r of subsc a can com number of ber of sets nclude bo ny standar es of seco r of subsc is receivin each appl	stem to subsci state must be b). ribers to the ca pute the numb f persons or or s receiving ser th the amount rd rate variatio ondary transm ribers and rate ng service that icable categor	ribers. Give those exist able system per of subsc rganizations rvice). of the charg ns within a ission service for each list t falls under y. Example	information ing on the ribers in charged ge and the particular rate ce that cable sted category different c a residential	
	first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	once again und has rate catego iers of services and rates, in the	er "Service ories for se that inclue	e to additiona condary tran de one or mo	l set(s)." smission re second	service that ar dary transmiss	re different f ions), list th otion of the s	rom those em, together service is	
	BL	OCK 1 NO. OF					BLOC	NO. OF	<u> </u>
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SI	ERVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		255	24.95	Retrans	smission Fe	ee		16.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscritt hose services f e two exceptio or facilities furr it in which it is rate column. ie charged by t your cable sys separate charg otion and includ	er) informa hat are no ns: you do isished to n usually bil he cable s stem furnis e was mad le the rate	ation with res t offered in c not need to onsubscriber led. If any rat ystem for eac hed or offere de or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a rd during t	n with any sec information con formation sho arged on a val applicable serv the accounting	condary trar ncerning (1) uld include riable per-p vices listed.	nsmission) services both the rogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		RY OF SER\ on: Non-resi		RATE	CATEG	ORY OF SERVICE	RA
	Pay cable		• Motel,		aonnai				
	• Pay cable—add'l channel		• Comn]
	Fire protection		• Pay c	able					
	 Burglar protection 			able-add'l ch	annel				
	Installation: Residential		•	rotection					
		25.00	 Burgla 	ar protection					
	First set	25.00	O44						
	Additional set(s)	23.00	Other ser			05.00			
	Additional set(s)FM radio (if separate rate)	23.00	 Record 	nect		25.00			
	Additional set(s)	23.00	• Recor • Disco	nect		25.00			

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM 614					
Name	MidlandsNet 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, <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 76.63(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 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 <i>only</i> 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. <i>Do not</i> 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), "I-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for no								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KMTV	3	N						
	KMTV-S	3.1	N	OMAHA, NE OMAHA, NE					
-	KMTV-S	3.1		OMAHA, NE					
Rows as Necessary	KMTV-2 KMTV-3	3.3	N-M	OMAHA, NE					
	WOWT	6	N-W	OMAHA, NE					
	WOWT-S	6.1	N	OMAHA, NE					
	WOWT-2	6.2	N-M	OMAHA, NE					
	WOWT-3		N-W N-M	OMAHA, NE					
		6.3							
	KETV S	71	N	OMAHA, NE					
	KETV-S	7.1	N M	OMAHA, NE					
	KETV-2	7.2	N-M	OMAHA, NE					
	KCCI	8	N	DES MOINES, IA					
	KCCI-S	8.1	N	DES MOINES, IA					
	KCCI-2	8.2	<u>N-M</u>	DES MOINES, IA					
	KCCI-3	8.3	N-M	DES MOINES, IA					
	KDIN	11	E	DES MOINES, IA					
	KDIN-S	11.1	E	DES MOINES, IA					
	KDIN-2	11.2	E-M	DES MOINES, IA					
	KDIN-3	11.3	E-M	DES MOINES, IA					
	KDIN-4	11.4	E-M	DES MOINES, IA					
	κχνο	15	N	OMAHA, NE					
	KXVO-S	15.1	N	OMAHA, NE					
	KXVO-2	15.2	N-M	OMAHA, NE					
	1110-2								
	KXVO-2 KXVO-3	15.3	N-M	OMAHA, NE					

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.							
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#							
Name	MidlandsNet LLC PRIMARY TRANSMITTERS: TELEVISION										
	PRIMARY TRANSMITTERS:	TELEVISION									
G	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										
Primary Transmitters: Television	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:										
	station was carried <i>only</i> on • List the station here, and a	also in space I, if the station was carrie	ed both on a substitute basis and also	o on some other							
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	n concerning substitute basis stations n's call sign. <i>Do not</i> report origination with a station according to its over-th he form. el number the FCC assigned to the tel- RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of the station of the station of the station of the station of the dian stations, if any, give the name of the stations of the station of the station of the station of the dian stations, if any, give the name of the stations of the station	program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i	PN, etc. Identify each ort multistream the air in its community 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							
	KDSM	17	Ν	DES MOINES, IA							
	KDSM-S	17.1	Ν	DES MOINES, IA							
	KDSM-2	17.2	N-M	DES MOINES, IA							
	KDSM-3	17.3	N-M	DES MOINES, IA							
	KDSM-4	17.4	N-M	DES MOINES, IA							

Accounting P							FORM	I SA1-2E. PAGE
LEGAL NAME OF MidlandsNet		CABLE SY	/STEM:					SYSTEM ID
								6143
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.								
all-band basis whose signals were generally receivable by your cable system during the accounting period. 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. 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).								
	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	

Accounting Perio	od: 2018/1						FORM	M SA1-2E. PAGE 5.			
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#			
Name	MidlandsNet LLC							61433			
	SUBSTITUTE CARRIAGI				^						
I	In General: In space I, identi substitute basis during the a										
Cubatituta	explanation of the programm										
Substitute Carriage:					s general mat			2 101111.			
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 										
Statement and		-	r cable system	carry, on a substitute bas	s, any nonne						
Program Log	broadcast by a distant star	tion?					YES	× NO			
	lote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS										
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is				
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.							
				sion program ("substitute				·			
	period, was broadcast by a under certain FCC rules, re										
	Do not use general categori							-			
	"NBA Basketball: 76ers vs.						2009 0.				
				r "Yes." Otherwise enter "N							
				sting the substitute progra							
	the case of Mexican or Can			e community to which the			CC or, in				
				tem carried the substitute			h the mon	th			
	first. Example: for May 7 giv	,	inten year eye			namoralo, m					
			substitute prog	gram was carried by your	cable system.	List the times	accuratel	у			
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be				
	stated as "6:00–6:30 p.m."		lists d was succes	was substituted for sus and				al			
	to delete under FCC rules a			was substituted for progra							
	was substituted for program										
	effect on October 19, 1976.	<u> </u>	· · · , · · · ·	- -							
					11						
						N SUBSTITU					
	S		E PROGRAM			AGE OCCUP		7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	ES TO	5111011			
		103 01 110	ONLE OIGH	4. 61/1101/0 200/1101		TROM	10				
					•						
						_					
						_					
						_					
						_					
						_					
						_					
1											

Accounting Period:	2018/1	FORM SA	A1-2E. PAGE 6						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MidlandsNet LLC	S	YSTEM ID 6143						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission servic is amount, see	e 2,482.85						
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 than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month							
	Line 1. Royalty fee for accounting period	\$	52.00						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137)	,100)							
	1. Base amount under statutory formula \$ 263,800.00	-							
	2. Enter amount of gross receipts from space K	_							
	3. Subtract line 2 from line 1	-							
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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	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)	1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00						
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informa		hts!						

accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF MidlandsNet	F OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 61433
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broad ers, and (2) the cable system's total number of activated channels during the accounting perio tal number of channels on which the cable ed television broadcast stations	
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to who at about this statement of account.)	om
for Further Information	Name	Robert Gannon	Telephone 712-786-1181
	Address	PO Box 330 (Number, street, rural route, apartment, or suite number)	
		Remsen, IA 51050 (City, town, state, zip)	
	Email	bgannon@westelsystems.com Fax (optiona	al) <u>712-786-2400</u>
O Certification	I, the undersig (Own (Age (Age) (Alge) (Alge)	N (This statement of account must be certified and signed in accordance with Copyright Office and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in lire ant of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ide in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact cor ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] K /s/ Robert Gannon Enter an electronic signature on the line above to certify this statements.	ne 1 of space B; or r of the cable system as identified lentified as owner of the cable system ntained herein
		Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Robert Gannon Title: CEO (Title of official position held in corporation or partnership)	
1			

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	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 fol- lowing 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 sub- scribers 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 Gros 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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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
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 Interest Assessme
	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Landon Carlon Ca
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme

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œ	Cable Worksheet		Total amount of remittance	Number of SAs rea	c'd	Initials
	VVO	rksneet	Date of remittance	Check EFT	F	ILING FEES
Cable ID #					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Ja	nuary 1 - June 30, 2017	[July 1 - December 31, 2017		
	Le	tter sent		Information received		
	Ac	cepted		Phone call/Date/Contact		
Space B Owner						
	Le	tter sent		Information received		<u>_</u>
	Ac	cepted		Phone call/Date/Contact		
Space D Area Served						
	Le	tter sent		Information received		
	Ac	cepted	C	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	🗌 Le	tter sent	C	Information received		
and Rates	Ac	cepted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Le	tter sent	[Information received		
	Ac	cepted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Ac	cepted		Phone call/Date/Contact		

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
✓ Letter sent		Space J Part-time Carriage Log (SA3 only)
Accepted	Phone call/Date/Contact	Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
	<u></u>	Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Letter sent	Information received Phone call/Date/Contact	
		Channels Space O
Accepted	Phone call/Date/Contact	Channels Space O
Accepted Letter sent	Phone call/Date/Contact Information received	Channels Space O
Accepted Letter sent	Phone call/Date/Contact Information received	Channels Channels Space O Certification Space P Statement of
Accepted		Channels Channels Space O Certification Space P Statement of
Accepted Accepted Accepted Accepted Letter sent Accepted Letter sent Letter sent		Channels Channels Space O Certification Space P Statement of
Accepted Accepted Accepted Accepted Letter sent Accepted Letter sent Letter sent		Channels Cha