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 \$ 8/24/2018 ALLOCATION NUMBER											
\$ 8/24/2018	FOR COPYRIGHT OFFICE USE ONLY										
8/24/2018	DATE RECEIVED	AMOUNT									
	8/24/2018	Υ									

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		OTTER COM INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 277
		(Number, street, rural route, apartment, or suite number)
		UNDERWOOD, MN 56586-0277 (City, rown, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	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.

	LECAL NAME OF COMMED OF CARLE OVETEN	FORM SA1-2E. PAG SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	OTTER COM INC	226
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	nmunities within unincorporated areas and including single
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t 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.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area Served	identified city.	
Served		
	CITY OR TOWN	STATE
	UNDERWOOD	
First		MN
Community	ASHBY	MN
	ROTHSAY	MN
d Rows as Necessary	ERHARD TOWNSHIP	MN
	FERGUS FALLS TOWNSHIP	MN
	AURDAL	MN
	OSCAR TOWNSHIP	
		MN
	CARLISLE	MN

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

22678

E

OTTER COM INC

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	356	39.95/mth	Tier 2	1,503	47.95
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
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				
 Pay cable—add'l channel 		Commercial		ľ		
Fire protection		Pay cable				
Burglar protection		Pay cable-add'l channel		ľ		
Installation: Residential		Fire protection		ľ		
• First set		Burglar protection		ľ		
Additional set(s)		Other services:		ľ		
• FM radio (if separate rate)		Reconnect	35.00	ľ		
Converter		Disconnect		"		
		Outlet relocation	45.00	"		
		Move to new address	45.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 22678

OTTER COM INC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
K49FA	22	E	FERGUS FALLS, MN
KVLY-2	11.2	N	FARGO, ND
WDAY	6	N	FARGO, ND
кссо	7	N	ALEXANDRIA, MN
WDAY-3	6.3	N-M	FARGO, ND
KCCO-2	7.2	N-M	ALEXANDRIA, MN
KVLY	11	N	FARGO, ND
KVLY-2	11.3	N-M	FARGO, ND
WDAY-2	6.2	N-M	FARGO, ND
WCCO-2	4.2	N-M	MINNEAPOLIS, MN
KVRR	15	N	FARGO, ND
KVRR-2	15.2	N-M	FARGO, ND
KFME	13	E	FARGO, ND

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

OTTER COM INC 22678

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	d: 2018/2						FOR	M SA1-2E. PAGE 5.					
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#					
Name	OTTER COM INC							22678					
l 0 Luthur	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.												
Substitute					ne generai inst	ructions in ti	ne paper SA1	-2 form.					
Carriage: Special	1. SPECIAL STATEMENT												
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
Program Log	broadcast by a distant station? YES NO												
	Note: 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 substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was semitted to delete under FCC rule												
					II WH	EN SUBST	TITUTE						
	SI	UBSTITUT	E PROGRAM			IAGE OCC		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					
							_						
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Accounting Period:	2018/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OTTER COM INC		S	22678
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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 trans to compute this	mission servi	46.30
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 the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the see page (vi) of the general instructions located in the paper SA1-2 form for more information.	han \$527,600 on.	\$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 y accounting period is \$52.00	ou must pay for	this six-month	
	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 lines 1 and 2	!		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	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 \$263,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K	517,746.30		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	253,946.30		
	4. Multiply line 3 by .01	\$	2,539.46	
	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.		\$	3,858.46
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	3,858.46	
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		\$	3,878.46
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for	_		ghts!

OCTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) Certification OCTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) Certification OCTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I the undersigned. hereby certify that (Check one, for or partnership) I am the control of partnership or the legal entity bis statement. David Pawlowski Errar an electronic signature on the fine above to certify this statement. Earner agreement came and belief and are made in pool faith. Title: Business Operations Manager I the color appearance came or partnership. David Pawlowski Title: Business Operations Manager (Title all office appearance came or partnership) David Pawlowski	Accounting Period:	2018/2																		F	ORM SA	1-2E. F	PAGE 7
Tractructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its substitutes, and (2) the catale system is total number of activated channels during the accounting period. 1. Enter the total number of activated channels or which the cable system carried television broadcast stations 2. Enter the total number of activated channels or which the cable system carried television broadcast stations 154 **No Individual to Be Contacted for Further Information **No Individual to Be Contacted plant carried television broadcast stations **No Individual to Be Contacted for Further Information **No Individual to Be Contacted for Further Information Information **No Individual to Be Contacted for Further Information Information **No Individual to Be Contacted for Further Information Information **Individual to Be Contacted for Further I	Name		F CABLE SYSTEM:																		S		M ID#
Individual to Be Contacted for Further Information Address DAVID PAWLOWSKI Telephone (218) 998-2000 Address 230 W. LINCOLN AVE. Number, attreet, tural rouse, apartment, or sude number)		Instructions: You must g to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's tot of channels on which to broadcast stations of activated channels m carried television but	tal numb	nber ole	er of e	of activa	ited c	nannel	s durii	ng the	acc	counting	g perio		stations	s						
Address 230 W. LINCOLN AVE. (**Churber street rural route, apartment, or sude number) FERGUS FALLS, MN 56537 (**City, town, state, cp) Email DAVID PAWLOWSK(@PARKREGION.COM Fax (optional) (218) 998.2050 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - 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 system as identified in line 1 of space B; or (Officer or partner) I am an officer (if a corporation) or a partnership of the legal entity identified as owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system 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. - 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. - Typed or printed name: David Pawlowski - Title: Business Operations Manager (Title of efficial position held in corporation or partnership)	Individual to Be Contacted	we can contact about this	statement of account.		ORM	RMA	ATION	IS NE	EDED	(Iden	tify an	indi	ividual t	to who									
Continued Cont		Name DAVI	PAWLOWSKI												Те	elephor	ne (21	18) 99	98-20	000			
Certification Cowner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Certification Certification Cowner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or pertnership, or Certification Corporation Corporat					uite n	te nun	ımber)																
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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 system as identified 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 owner of the cable system 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/s David Pawlowski 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: David Pawlowski Title: Business Operations Manager (Title of official position held in corporation or partnership)		Email	DAVID.PAWLOW	VSKI@F	рРА	PARI	RKREG	SION.	СОМ				Fax (c	ption	ıal) <u>(21</u>	18) 998-	-2050						
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 system as identified 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 owner of the cable system 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/s David Pawlowski 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: David Pawlowski Title: Business Operations Manager (Title of official position held in corporation or partnership)		CERTIFICATION (This stat	ement of account mus	st be cert	ertifie	tified	d and si	igned	in acc	ordan	ce with	h Co	pyright	Offic	e regu	ulations	s)						
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system in line 1 of space B. 1 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/s David Pawlowski 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: David Pawlowski Title: Business Operations Manager (Title of official position held in corporation or partnership)	_	• I, the undersigned, hereby	certify that (Check one	e, but only	nly oi	y one	e, of the	e boxe	es.)														
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 owner of the cable system 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/s David Pawlowski 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: David Pawlowski Title: Business Operations Manager (Title of official position held in corporation or partnership)		(Owner other th	an corporation or par	rtnership	ip) l	o) I an	am the o	wner	of the	cable s	system	n as i	identifie	d in liı	ne 1 of	f space	B; or						
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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/s David Pawlowski 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: David Pawlowski Title: Business Operations Manager (Title of official position held in corporation or partnership)												agen	it of the	owne	er of the	e cable	systen	n as id	entified	t			
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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: David Pawlowski Title: Business Operations Manager (Title of official position held in corporation or partnership)		I have examined the states are true, complete, and corr	ment of account and he rect to the best of my kr	-					-						ntaine	d herei	n						
Typed or printed name: David Pawlowski Title: Business Operations Manager (Title of official position held in corporation or partnership)				X	S	s/s	/s Dav	rid P	awlov	vski							_						
Title: Business Operations Manager (Title of official position held in corporation or partnership)								_							tement	i.							
(Title of official position held in corporation or partnership)			Typed or printed n	name:	Е	Da	avid F	Paw	ows	ki													
Date: August 24, 2018																							
August 24, 2010			Date:										Augu	ıst 24	, 2018	3							

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

ccounting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TTER COM INC	22678
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
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 Assessment
x	_
	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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	
Address	
ID number	
First community served Accounting period	•••

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