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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8/20/2018 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20181 Barcode Data Filing Period (optional - see instructions)	
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.	63161
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		EAGLE VALLEY TELEPHONE COMPANY	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		150 2ND ST SW	
		(Number, street, rural route, apartment, or suite number)	
		PERHAM, MN 56573-1461 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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. PAGE 1b SYSTEM ID#
Name	EAGLE VALLEY TELEPHONE COMPANY	63161
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
F lood	CITY OR TOWN CLARISSA	STATE MN
First Community	CLARIJJA	
Community		
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	EAGLE VALLEY TELEP	HONE COM	PANY						6316
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	SERS AND RA	TES				
E	In General: The information in s			-	-	rtransmission s	ervice of th	ne cable	
	system, that is, the retransmission	on of television	and rad	io broadcasts b	y your sy	stem to subscril	bers. Give i	information	
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la evetam	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				y standar	d rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of					in the count un			
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	e right-ha	and block. A two	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				-		-		
	Service to first set		34	44.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-							
F	In General: Space F calls for rat not covered in space E, that is, the space E is that is, the space E is the space E is the space of t	•	,			• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	oilled. If any rat	es 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 rat		no cablo	system for eac	h of tho a	nnlicable convic	oc listod		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and includ	e the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi	dential				
	• Pay cable	19.95		el, hotel			PAY CA		13.9
	Pay cable—add'l channel			nmercial			PAY CA		14.9
	Fire protection			cable			PAY CA		7.9
	•Burglar protection			cable-add'l cha	annel		PAY CA	ARLE	28.9
	Installation: Residential			protection					
	• First set	55.00		glar protection					
	 Additional set(s) 			ervices:					
	 FM radio (if separate rate) 			onnect		55.00			
	Converter			connect					
			• Out	et relocation		40.00			

Name				SYSTEM 63
	EAGLE VALLEY TEL			
G rimary smitters: levision	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 r • Do <i>not</i> list the station her station was carried <i>only</i> 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	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr S1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such the 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 educate uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. IPN, etc. Identify each oort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wcco	4	N	MINNEAPOLIS, MN
	KSTP	5	N	MINNEAPOLIS, MN
ows as Necessary	KMSP	9	Ν	MINNEAPOLIS. MN
s Necessary	KMSP KARE	9 11	N N	MINNEAPOLIS, MN MINNEAPOLIS, MN
Necessary	KARE			MINNEAPOLIS, MN
s Necessary		11	N	MINNEAPOLIS, MN ST PAUL, MN
5 Necessary	KARE KTCA	11 2	N E	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN
s Necessary	KARE KTCA KSTC	11 2 45	N E	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
s Necessary	KARE KTCA KSTC KPXM WFTC	11 2 45 41	N E I I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
as Necessary	KARE KTCA KSTC KPXM	11 2 45 41 9	N E I I I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2	11 2 45 41 9 4.2 11.2	N E I I I I I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2	11 2 45 41 9 4.2	N E I I I I I I I M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2 KSTC-3 KSTC-4	11 2 45 41 9 4.2 11.2 5.3 5.4	N E I I I I I I-M I-M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2 KSTC-3 KSTC-4 KSTC-6	11 2 45 41 9 4.2 11.2 5.3 5.4 5.6	N E I I I I I I M I-M I-M I-M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
s as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2 KSTC-3 KSTC-4	11 2 45 41 9 4.2 11.2 5.3 5.4	N E I I I I I I-M I-M I-M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
s as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2 KSTC-3 KSTC-4 KSTC-4 KSTC-6 KSTP-7 WUCW-4	11 2 45 41 9 4.2 11.2 5.3 5.4 5.6 5.7 23.4	N E I I I I I I M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
s as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2 KSTC-3 KSTC-4 KSTC-6 KSTP-7 WUCW-4 WUCW	11 2 45 41 9 4.2 11.2 5.3 5.4 5.6 5.7 23.4 23	N E I I I I I-M I-M I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
rs as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2 KSTC-3 KSTC-4 KSTC-4 KSTC-6 KSTP-7 WUCW-4	11 2 45 41 9 4.2 11.2 5.3 5.4 5.6 5.7 23.4	N E I I I I I-M I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
vs as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2 KSTC-3 KSTC-4 KSTC-6 KSTP-7 WUCW-4 WUCW	11 2 45 41 9 4.2 11.2 5.3 5.4 5.6 5.7 23.4 23	N E I I I I I-M I-M I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
vs as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2 KSTC-3 KSTC-4 KSTC-6 KSTP-7 WUCW-4 WUCW	11 2 45 41 9 4.2 11.2 5.3 5.4 5.6 5.7 23.4 23	N E I I I I I-M I-M I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
vs as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2 KSTC-3 KSTC-4 KSTC-6 KSTP-7 WUCW-4 WUCW	11 2 45 41 9 4.2 11.2 5.3 5.4 5.6 5.7 23.4 23	N E I I I I I-M I-M I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
vs as Necessary	KARE KTCA KSTC KPXM WFTC WCCO-2 KARE-2 KSTC-3 KSTC-4 KSTC-6 KSTP-7 WUCW-4 WUCW	11 2 45 41 9 4.2 11.2 5.3 5.4 5.6 5.7 23.4 23	N E I I I I I-M I-M I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN

Accounting F	Period: 2018	/1					FORM	/I SA1-2E. PAGE 4
								SYSTEM ID
EAGLE VAL		HONE	COMPANY					6316
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S	it is carried by monitoring, to prmation about rm. dentify the call state whether	y the sys be recein at the Co sign of the static	I-Band FM Carriage: Under (stem whenever it is received a wed at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL OIGH		3,0	LOOKTION OF STATION			310		
						L		

Accounting Perio	od: 2018/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	EAGLE VALLEY TELE	PHONE C	OMPANY				63161
	SUBSTITUTE CARRIAGE	- SPECI			G		
	In General: In space I, identi		-		-	ion that your cable syste	em carried on a
-	substitute basis during the ad						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT						
Special Statement and	 During the accounting peri 	•	r cable system	carry, on a substitute basi	s, any nonne	twork television prograr	
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more space				wherever pos	sible, if their meaning is	6
				sion program ("substitute	orogram") tha	t, during the accounting	9
	period, was broadcast by a						
	under certain FCC rules, reg Do not use general categori						
	"NBA Basketball: 76ers vs.			toun. List speeine program			
				"Yes." Otherwise enter "N			
				sting the substitute progra the community to which the		nsed by the FCC or in	
	the case of Mexican or Can						
			when your sys	tem carried the substitute	orogram. Use	numerals, with the mo	nth
	first. Example: for May 7 giv		substitute nro	gram was carried by your o	rahle system	List the times accurate	
	to the nearest five minutes.						, i y
	stated as "6:00–6:30 p.m."						
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						lam
	effect on October 19, 1976.		-			-	
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	l		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						<u> </u>	
						_	
							"
						_	
						_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: EAGLE VALLEY TELEPHONE COMPANY	S	YSTEM ID# 63161
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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.	mission servic s amount, see	e 3,501.00
Copyright	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 \$527	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 informat		hts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: LEY TELEPHONE COMPAN	Y	SYSTEM ID# 63161
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 tal number of channels on whic ed television broadcast stations tal number of activated channel cable system carried television	s	17
N Individual to Be Contacted		TO BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	MARY DUNN	Tel	lephone 218.346.8271
	Address	150 2ND ST SW (Number, street, rural route, apar PERHAM, MN 56573 (City, town, state, zip)		
	Email	mary.dunn@ar	vig.com Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Off I have examinare true, complete	gned, hereby certify that (Check or mer other than corporation or p ent of owner other than corpora in line 1 of space B and that the of ficer or partner) I am an officer (in line 1 of space B. hed the statement of account and	ust be certified and signed in accordance with Copyright Office regulate, but only one, of the boxes.) (artnership) I am the owner of the cable system as identified in line 1 of ation or partnership) I am the duly authorized agent of the owner of the owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified hereby declare under penalty of law that all statements of fact contained 'knowledge, information, and belief, and are made in good faith. (X) /s/ David R. Arvig (Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	space B; or e cable system as identified d as owner of the cable system d herein
		Typed or printed Title: (Title of u	d name: DAVID R. ARVIG VICE PRESIDENT/COO official position held in corporation or partnership)	
		Date:	August 15, 2018	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and 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 law

unting Period: 2018/1	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
SLE VALLEY TELEPHONE COMPANY	631
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.	- Special Statemer 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 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
	Q
Line 1 Enter the amount of late payment or underpayment	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
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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 th 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.