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							
8/21/2018	\$ ALLOCATION NUMBER							
	ALLOCATION NOMBER							

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	ACCC	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
		COOPERATIVE TELEPHONE EXCHANGE
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		425 PARKER ST PO BOX 95 (Number, street, rural route, apartment, or suite number)
		STANHOPE IA 50246-0095 (City, town, state, zip)
С		UCTIONS: 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:
	<u>'</u>	
		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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Hamo	COOPERATIVE TELEPHONE EXCHANGE	631
	Instructions: List each separate community served by the cable system. A "commur	ity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ist will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	STANHOPE	IA IA
Community	KAMRAR	IA
Rows as Necessary		
nons as recessary		

Accounting Period: 2018/1

FORM SA1-2E PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63194

COOPERATIVE TELEPHONE EXCHANGE

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
CATECORY OF CERVICE	NO. OF	DATE	CATECODY OF CEDVICE	NO. OF	DATE	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	325	63.95				
 Service to additional set(s) 	474	5.00				
• 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel		PREMIUMS	
 Pay cable—add'l channel 		Commercial		НВО	17.95
 Fire protection 		Pay cable		CINEMAX	12.95
 Burglar protection 		Pay cable-add'l channel		SHOWTIME	17.95
Installation: Residential		Fire protection		STARZ	14.95
First set	25.00	Burglar protection		CINEMAX+OTHER	24.95
 Additional set(s) 	10.00	Other services:			
• FM radio (if separate rate)		Reconnect	5.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	25.00		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63194

COOPERATIVE TELEPHONE EXCHANGE

G

Primary Transmitters: Television

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
KDMI	56.1	<u> </u>	DES MOINES, IA
WOIDT	5.1	N	AMES/DES MOINES, IA
WOID3	5.3	N-M	AMES/DES MOINES, IA
KDSMDT2	17.2	I-M	DES MOINES, IA
KCCIDT	8.1	N	DES MOINES, IA
KCCIDT2	8.2	N-M	DES MOINES, IA
KCCIDT3	8.3	N-M	DES MOINES, IA
IPTVDT	11.1	E	DES MOINES, IA
IPTVD2	11.2	E-M	DES MOINES, IA
IPTVD3	11.3	E-M	DES MOINES, IA
IPTVD4	11.4	E-M	DES MOINES, IA
WHODT	13.1	N	DES MOINES, IA
WHOD2	13.2	N-M	DES MOINES, IA
WHOD3	13.3	N-M	DES MOINES, IA
KCWIDT	23.1		DES MOINES, IA
KKDSMDT	17.1	<u> </u>	DES MOINES, IA
KDSMDT3	17.3	I-M	DES MOINES, IA
KFPX	39.1	<u> </u>	DES MOINES, IA
KFPX	39.2	I-M	DES MOINES, IA
KFPX	39.3	I-M	DES MOINES, IA
WOID2	5.2	N-M	AMES/DES MOINES, IA
WHOD4	13.4	N-M	DES MOINES, IA
KDSMDT4	17.4	I-M	DES MOINES, IA
KCWID2	23.2	I-M	DES MOINES, IA
KCWID3	23.3	I-M	DES MOINES, IA

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63194 COOPERATIVE TELEPHONE EXCHANGE PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

COOPERATIVE TELEPHONE EXCHANGE

63194

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: 2018/1 LEGAL NAME OF OWNER OF	CARLE SVS	TEM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#			
Name	COOPERATIVE TELES							63194			
Substitute	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 pager SA1-2 form.										
Carriage: Special Statement and Program Log	acplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 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 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 lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	tter "P" if the and regulation	f the listed program lations in								
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		URRED TIMES — TO	7. REASON FOR DELETION			
		 									

ccounting Period:	_	GAL NAME OF OV	WNER OF CAR	LE SYSTF	<u></u> И:									-2E. PAGE
Name		OOPERATI				ANGE								6319
K Gross Receipts	Ins all (as		he figure you ss receipts) space E) du	paid to y iring the a tructions bscribers	your cab accounti located for seco	ole system ing period. in the pape ondary trar	by subso For a fur er SA1-2 nsmission	ribers for the ther explait form. service(s	ne system nation of h	n's seco how to d	ndary tran compute th	smission s	ervice see	
	IMI	IPORTANT: Y										*		s receipts)
Copyright Royalty Fee	• Co • Use • Use • Use	PYRIGHT RO ructions: To complete block se block 1 if the se block 2 if the se block 3 if the page (vi) of the	compute the 1, block 2, e amount of e amount of e amount of	royalty f or block f gross re f gross re f gross re	3. eceipts ir eceipts ir eceipts ir eceipts ir	n space K i n space K i n space K i	is more t is more t	nan \$137,1 nan \$263,8	00 but le	ss than		o \$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 this six-month accounting period is \$52.00												
	Lin	ne 1. Royalty fe	ee for accour	ntina perio	od									
		ne 2. Interest c												0.00
		ic 2. interest of	narge. Ente	i tile airie	uni nom	штс ч, зра	oc Q, pa	0						0.00
	Lin	ne 3. TOTAL R										_		
	4.5	Base amount i				ECEIPTS (,			than \$137 3,800.00	, ,		
		Enter amount		•							3,844.76	_		
		Subtract line 2	•	•	•						9,955.24	_		
		Enter the amo										– 153,844.7	76	
		Enter the amo	•	•								109,955.2		
		Subtract line 5										43,889.5	52	
		Multiply line 6										\$		219.45
	8. 1	Interest charge	e. Enter the	amount fi	rom line	4, space Q	, page 8 .							0.00
	9. 1	TOTAL ROYA	LTY FEE PA	AYABLE	FOR AC	COUNTIN	G PERIO	D. Add line:	s 7 and 8			\$		219.45
		BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)												
	1. E	Enter the amo	unt of gross	receipts f	rom spar	ce K								
		Base amount i	_								3,800.00	_		
		Subtract line 2										_		
	4. 1	Multiply line 3	by .01							<u></u>				
	5. F	Royalty due or	n the first \$26	63,800 of	gross re	ceipts (und	ler statuto	ry formula)		\$		1,319.0	00	
	6. I	Interest charge	e. Enter the	amount fi	rom line	4, space Q	, page 8 .			<u></u>		0.0	00_	
	7. 1	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6												
				FILING	FEE A	AND TOTA	AL REMI	TTANCE I	DUE					
Filing Fee and Fotal Remittance	1. F	Royalty Fee Page 1	ayable for A	ccounting	Period (from Block	1, 2, or 3	, above)		<u>\$</u>		219.4	<u> 15</u>	
Due	2. F	Filing Fee (See	e the instruct	tions for r	nore info	rmation on	filing fee	calculation	s)	<u>\$</u>		20.0	00_	
	3. 1	TOTAL AMOU	JNT DUE FO	R ACCO	UNTING	PERIOD.	Add line	s 2 and 3 .				\$		239.45
		Importan	t: Your rem	ittance n	nust be	in the form	n of an el	ectronic pa	ayment pa	ayable t	o the Reg	ister of Cop	oyrigh	ts!
			See pa	ige i of th	ie gener	ral instruct	ions in tl	e paper S	A1-2 form	for mo	re informa	ation.		

Accounting Period:	2018/1							FORM SA1-2E. PAC	GE 7
Name		ER OF CABLE SYSTEM: LEPHONE EXCHANGE	E					SYSTEM 63:	1 ID# 194
M Channels	to its subscribers, and 1. Enter the total num system carried telev 2. Enter the total num on which the cable	ust give (1) the number of d (2) the cable system's to her of channels on which vision broadcast stations. There of activated channels system carried television be services.	otal numbers the cable	er of activated channels of	during the acc	counting period.	ations	25 320	
N Individual to Be Contacted		CONTACTED IF FURTHE t this statement of account		RMATION IS NEEDED (10	dentify an inc	dividual to whom			
for Further Information	Name RC	OGER F. ANDERSO	N			Tele	ephone 51	5-826-3206	
	(Nu	25 PARKER ST PO mber, street, rural route, apartm FANHOPE IA 50246-	nent, or suit						
	Email (City	y, town, state, zip) cooptelx@netins	s.net			Fax (optional) 515-	826-3200		
0	CERTIFICATION (This	s statement of account mu	ust be cert	ified and signed in accord	dance with C	opyright Office regula	ations)		
Certification	• I, the undersigned, he	ereby certify that (Check on	ne, but only	one, of the boxes.)					
	(Owner oth	ner than corporation or pa	artnership) I am the owner of the cal	ole system as	identified in line 1 of s	space B; or		
		owner other than corporati				nt of the owner of the	cable syste	m as identified	
		partner) I am an officer (if I of space B.	a corpora	tion) or a partner (if a partr	nership) of the	e legal entity identified	as owner o	f the cable system	
		statement of account and he d correct to the best of my k [01(1986)]					herein		
			X	/s/ Roger F. Anders	son				
				electronic signature on the nature using an "/s/ signature					
		Typed or printed	name:	Roger F. Anderso	n				···
				al Manager on held in corporation or partne	ership)				
		Date:				08/21/2018			

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 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: 2018/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OOPERATIVE TELEPHONE EXCHANGE	63194
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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.