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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period Barcode Data Filing Period (optional - see instructions) B Owner 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. 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. Image: Legal NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Elegal NAME OF OWNER OF CABLE SYSTEM Instructions: MAILING ADDRESS OF OWNER OF CABLE SYSTEM Image: Statement of account and royal time number): WILLMAR, MN SE201 [WILLMAR, MN SE201] [WILLMAR, MN SE201] [WILLMAR, MN SE201] [WILLMAR, MN SE201] [WILLMAR, MN SPACE] Image: System Image: System in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System	A	ACC	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period			2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period 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. 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. 39992 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 39992 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM FT RANDALL CABLE SYSTEMS INC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM 1104 19TH AVE SW #B Number, stored, road roads, apathment, or sude number) WILLLMAR, MN 56201 City, from: state, zap Norther, apathment, or sude number) WILLIARAR, MN 56201 Coty of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.			Barcode Data Filing Period (optional - see instructions)	
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Interview Interview Interview			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
Interview Interview Interview				
(Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 IDENTIFICATION OF CABLE SYSTEM:				
WILLMAR, MN 56201 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 IDENTIFICATION OF CABLE SYSTEM:				
System IDENTIFICATION OF CABLE SYSTEM:			WILLMAR, MN 56201	
System 1 IDENTIFICATION OF CABLE SYSTEM:	С			
	System	1	IDENTIFICATION OF CABLE SYSTEM:	
MAILING ADDRESS OF CABLE SYSTEM:			MAILING ADDRESS OF CABLE SYSTEM:	
2 (Number, street, rural route, apartment, or suite number)		2	(Number, street, rural route, apartment, or suite number)	
(City, town, state, zip code)			(City, town, state, zip code)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	FT RANDALL CABLE SYSTEMS INC	39992
D	Instructions: List each separate community served by the cable system. A "commu "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.	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	CLEMENTS	MN
Community		
Add Powe of Nocostony		
Add Rows as Necessary		

	·							FORM SA1	
Name			_					515	TEM ID 3999
	FT RANDALL CABLE S	STEMS INC							2999
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
Secondam.	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existii	ig on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc						,		
	Block 1: In the left-hand block	in space E, the	e form li	sts the categor					
	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 o								
	Block 2: If your cable system I	has rate catego	ories for	secondary tra	nsmission				
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient. BLC	DCK 1					BLOCK	2	
		NO. OF		RATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RAIE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		14	72.50					
	Service to additional set(s)		• -	72.50					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		, ,	, , .		3		3 • • • • • ,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				SHEU. LISU			IOTTI OF A	
	CATEGORY OF SERVICE	BLO0 RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	10.95	• Mot	tel, hotel					
	• Pay cable—add'l channel	12.00		mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		,	/ cable-add'l ch	nannel				
	Installation: Residential		,	protection	-				
	• First set	20.00		glar protection					
	Additional set(s)	_0.00		services:					
	• FM radio (if separate rate)			connect		20.00			
	Converter			connect		20.00 N/A			
	Converter			let relocation		20.00			
			Jui			20.00			
			• 1/~	ve to new addr	000	20.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	FT RANDALL CABLE	SYSTEMS INC		399
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: Felevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(4 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo- 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	of (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program and both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (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 to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	W56EL	56	Е	REDWOOD FALLS, MN
	K62AA	62	N	REDWOOD FALLS, MN
Rows as Necessary	KRWF	27	N	REDWOOD FALLS, MN
Rows as Necessary		69	Ν	
	K68BJ	68	11	REDWOOD FALLS, MN
	K68BJ K42AV	42	I	REDWOOD FALLS, MN ST JAMES, MN
	K42AV	42		ST JAMES, MN
	K42AV K44AD	42 44	1 N	ST JAMES, MN ST JAMES, MN
	K42AV K44AD K49HE K50AB	42 44 49 50	I N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN
	K42AV K44AD K49HE K50AB KWCM	42 44 49 50 10.4	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN
	K42AV K44AD K49HE K50AB	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4	I N N N E	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM II
FT RANDAL	L CABLE S	SYSTEM	MS INC					399
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for	tions Conce it is carried by monitoring, to prmation about rm.	rning Al y the sys be recei it the Cc	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the opyright Office regulations on t	Copyright Office r t the system's he system's FM ante	egulations, an adend, and (2 enna, during ce	n FM sig 2) it can ertain st	nal is generally be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether to the radio stat this by placing Sive the station	the static tion's sign g a check n's locati	each station carried. on is AM or FM. nal was electronically process 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			
	A.M	0/D				0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1						

	od: 2018/2						FOR	M SA1-2E. PAGE 5.
Nomo	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	FT RANDALL CABLE	SYSTEMS	SINC					39992
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident							
	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonnet	work televisio		
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete t	he prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTI			te line. Line ekknevistiene :		ailala ifithainn		
	In General: List each subst clear. If you need more spa				wherever pos	sidle, if their r	neaning is	
				ision program ("substitute p	program") tha	t, during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r autnorization: vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ns for further i ample "I I ove	nformatior	1.
	"NBA Basketball: 76ers vs.						<i>L</i> uoy 01	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the F	CC or. in	
	the case of Mexican or Car	adian static	ons, if any, the	community with which the	station is iden	tified).		
			when your sys	tem carried the substitute p	orogram. Use	numerals, wi	th the mor	nth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	cable system	List the times	s accurate	lv
	to the nearest five minutes.							'y
	stated as "6:00-6:30 p.m."	"D" : (()						,
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.							
					WHE	N SUBSTIT	ITE	
	S	UBSTITUT	E PROGRAM	1				
					CARRI	AGE OCCU		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	AGE OCCUI 6. TIN FROM —	IES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIN	IES	1

Accounting Period:	2018/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	YSTEM ID# 39992
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 6 ,234.50
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 \$527	(,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:	2018/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: L CABLE SYSTEMS INC	SYSTEM ID# 39992
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. Detal number of channels on which the cable ered television broadcast stations	11 39
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	KRISTI HILBRANDS Telephone 3	320-847-7104
	Address	1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip)	
	Email	kristih@hcinet.net Fax (optional) 320-847-7123	
O Certification	I, the undersig X (Ow (Age (Of I have examinare true, comp	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or Ifficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	tem as identified
		X /s/ Bruce Hanson 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: BRUCE HANSON Title: TREASURER	
		(Title of official position held in corporation or partnership) Date: 02/26/19	

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 fling, a determination that would be made by a court of lay

ounting Period: 2018/2			FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM
RANDALL CABLE SYSTEMS INC			399
SPECIAL STATEMENT CONCERNING GROSS F The Satellite Home Viewer Act of 1988 amended Title 17, se lowing sentence: "In determining the total number of subscribers and th service of providing secondary transmissions of prima scribers and amounts collected from subscribers rece For more information on when to exclude these amounts, see located in the paper SA1-2 form. During the accounting period, did the cable system exclude a made by satellite carriers to satellite dish owners? NO	ection 111(d)(1)(A), of the Co ne gross amounts paid to the ary broadcast transmitters, t eiving secondary transmission e the note on page (vii) of th	e cable system for the basic he system shall not include su ons pursuant to section 119." he general instructions	ub- Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) b	elow	6	
NameMailing Address	Mailing Address		
INTEREST ASSESSMENT			
You must complete this worksheet for those royalty payments For an explanation of interest assessment, see page (viii) of	the general instructions loca		
	the general instructions loca		
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment.	the general instructions loca	ated in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of	the general instructions loca	x	Interest Assessme
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum	the general instructions loca	xx	
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment.	the general instructions loca	xx	Interest Assessme
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the	the general instructions loca	xx	Interest Assessme
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum	the general instructions loca	xx	Interest Assessme
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the Line 4 Multiply line 3 by 0.00274** and enter here	the general instructions loca	x	Interest Assessme
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the Line 4 Multiply line 3 by 0.00274** and enter here	the general instructions loca	xxxxxx 0.00274 \$ (interest charge)	Lange
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