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

STATEM	=NT	OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ctions	are located	02/21/2019	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	/YY/(Period))	
		2019/1	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 th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	the owner conducts the business of the	he cable system.	
		If there were different owners during the a single statement of account and royalty fee		the last day of the accounting period should sting period.	submit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	22678
		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 nu	imber)		
		UNDERWOOD, MN 56586-02 (City, town, state, zip)	277		
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			

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.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

		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 "comm	unity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	l communities within unincorporated areas and including singl u list will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	UNDERWOOD	MN
Community	ASHBY	MN
	ROTHSAY	MN
dd Rows as Necessary	ERHARD TOWNSHIP	MN
	FERGUS FALLS TOWNSHIP	MN
	AURDAL	MN
	OSCAR TOWNSHIP	MN
	CARLISLE	MN

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	ГЕМ ІС
Name	OTTER COM INC								2267
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period	space E should on of television bay cable) in sp	cover al and radi ace F, n	l categories o o broadcasts ot here. All th	f secondar by your sy e facts you	/stem to subscri u state must be	ibers. Give	information	
Service: Sub- scribers and Rates	Number of Subscribers: Bott down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block	h blocks in space y transmission umber of billing vice at the rate in charged for eac l. (Example: "\$2 counts allowed	ce E call service. Is in that indicated h catego 20/mth"). for adva	for the numb In general, yo category (the I—not the nur ry of service. Summarize a nce payment.	er of subso ou can con e number o nber of se Include bo ony standa	cribers to the ca npute the number of persons or orgets receiving servent oth the amount of rd rate variation	er of subsc ganizations vice). of the char is within a	ribers in s charged ge and the particular rate	
	systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2 : If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	e: Where an in should be cour able service to a proce again und has rate catego tiers of services and rates, in the	dividual nted as a additiona er "Servi pries for s that inc	or organization a subscriber in al sets would ce to addition secondary tra lude one or m	n is receiv each app be included al set(s)." nsmission ore secon	ring service that licable category d in the count ur service that are dary transmissio	falls unde . Example nder "Servi e different f ons), list the tion of the s	r different : a residential ice to the from those nem, together service is	
	BLC	OCK 1 NO. OF			-		BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		305	41.95/Mth	Tier 2			1,422	51.9
	Service to additional set(s) FM radio (if separate rate) Motel, hotel								
	Commercial Converter								
	Residential Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscrib those services to re two exceptio or facilities furm hit in which it is rate column. te charged by th t your cable sys separate charg	ber) infor that are r ns: you o nished to usually r he cable stem furr le was m de the rat	mation with re- not offered in do not need to nonsubscrib- billed. If any r system for e hished or offe ade or establ	espect to a combination give rate ers. Rate in ates are ch ach of the ed during	on with any sec information con nformation shou narged on a vari applicable servi the accounting	ondary trar icerning (1 ild include iable per-p ces listed. period that	nsmission) services both the rogram basis, t were not	
								BLOOKZ	
	CATEGORY OF SERVICE	1 1	CATEG	ORY OF SEF	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:	RATE	Installat	tion: Non-res		RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable	RATE	Installat • Mote	t ion: Non-res el, hotel		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installat • Mote • Com	t ion: Non-res el, hotel Imercial		RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable	RATE	• Mote • Com • Pay	t ion: Non-res el, hotel Imercial	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installat • Mote • Com • Pay • Pay	t ion: Non-res el, hotel Imercial cable	idential	RATE	CATEGO	ORY OF SERVICE	RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installat • Mote • Com • Pay • Pay • Fire	t ion: Non-res el, hotel mercial cable cable-add'l cl	idential nannel	RATE		ORY OF SERVICE	RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other se	tion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection ervices:	idential nannel			DRY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	tion: Non-res al, hotel mercial cable cable-add'l cl protection protection ervices: ponnect	idential nannel	RATE		DRY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	tion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection ervices:	idential nannel			DRY OF SERVICE	RAT

	2019/1			FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
	OTTER COM INC			22678			
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary	carried by your cable system FCC rules and regulations i	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6	(1) stations carried only on a part-time carriage of certain network progra	ime basis under ams [sections			
Transmitters: Television	substitute program basis, a Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations:					
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th					
	basis. For further information Column 1: List each station	on concerning substitute basis station, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruct program services such as HBO, ESF	ions. PN, etc. Identify each			
	"WETA-2" as the same on t Column 2: Give the channe	the form. I number the FCC assigned to the tele					
	Column 3: Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" (for network multicast), "I" (for indep	endent), "I-M"			
	For the meaning of these te Column 4 : Give the locatio	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station	is licensed by the			
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATIO						
	K49FA	22	E	FERGUS FALLS, MN			
	KVLY-2	11.2	Ν	FARGO, ND			
Add Rows as Necessary	WDAY	6	Ν	FARGO, ND			
·····,	кссо	7	Ν	ALEXANDRIA, MN			
	WDAY-3	6.3	N-M	FARGO, ND			
	KCCO-2	7.2	N-M				
			14-141	ALEXANDRIA, MN			
	KVLY	11	N	ALEXANDRIA, MN FARGO, ND			
	KVLY KVLY-2	11 11.3					
			N	FARGO, ND			
	KVLY-2	11.3	N N-M	FARGO, ND FARGO, ND			
	KVLY-2 WDAY-2	11.3 6.2	N N-M N-M	FARGO, ND FARGO, ND FARGO, ND			
	KVLY-2 WDAY-2 WCCO-2	11.3 6.2 4.2	N N-M N-M N-M	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN			
	KVLY-2 WDAY-2 WCCO-2 KVRR	11.3 6.2 4.2 15	N N-M N-M N-M N	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN FARGO, ND			
	KVLY-2 WDAY-2 WCCO-2 KVRR KVRR-2	11.3 6.2 4.2 15 15.2	N N-M N-M N-M N N-M	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN FARGO, ND FARGO, ND			
	KVLY-2 WDAY-2 WCCO-2 KVRR KVRR-2	11.3 6.2 4.2 15 15.2	N N-M N-M N-M N N-M	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN FARGO, ND FARGO, ND			
	KVLY-2 WDAY-2 WCCO-2 KVRR KVRR-2	11.3 6.2 4.2 15 15.2	N N-M N-M N-M N N-M	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN FARGO, ND FARGO, ND			
	KVLY-2 WDAY-2 WCCO-2 KVRR KVRR-2	11.3 6.2 4.2 15 15.2	N N-M N-M N-M N N-M	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN FARGO, ND FARGO, ND			
	KVLY-2 WDAY-2 WCCO-2 KVRR KVRR-2	11.3 6.2 4.2 15 15.2	N N-M N-M N-M N N-M	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN FARGO, ND FARGO, ND			
	KVLY-2 WDAY-2 WCCO-2 KVRR KVRR-2	11.3 6.2 4.2 15 15.2	N N-M N-M N-M N N-M	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN FARGO, ND FARGO, ND			
	KVLY-2 WDAY-2 WCCO-2 KVRR KVRR-2	11.3 6.2 4.2 15 15.2	N N-M N-M N-M N N-M	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN FARGO, ND FARGO, ND			
	KVLY-2 WDAY-2 WCCO-2 KVRR KVRR-2	11.3 6.2 4.2 15 15.2	N N-M N-M N-M N N-M	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN FARGO, ND FARGO, ND			
	KVLY-2 WDAY-2 WCCO-2 KVRR KVRR-2	11.3 6.2 4.2 15 15.2	N N-M N-M N-M N N-M	FARGO, ND FARGO, ND FARGO, ND MINNEAPOLIS, MN FARGO, ND FARGO, ND			

EGAL NAME OF								SYSTEM 22
	every radio s	station ca	arried on a separate and discrent of the second sec					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL OIGH		5/0		UALL DIGN		0/0	LOOATION OF STATION	
						·		
						·	·	

Accounting Perio	od: 2019/1						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	OTTER COM INC							22678
1		-	-			4		•
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				5			
Special	During the accounting per	-			isis anv noni	network telev	vision prog	ram
Statement and	broadcast by a distant sta	-						XNO
Program Log	-						YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you ı	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	eir meaning	g is
				vision program ("substitute	e program") t	hat during th	ne account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		e FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals,	, with the n	nonth
	first. Example: for May 7 gi		o cubstituto pr	ogram was carried by you	r cable svete	m list tha tir	mes accur	atoly
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."		a program can			o.o p		
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regulat	ions in	
		•						1
					WHE	N SUBSTIT	UTE	
	S		E PROGRAM		CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	 STATION'S CALL SIGN 	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		DELETION
		163 01 110	CALL SIGN				10	
							-	
							-	
						_		
						_		
						_	-	
							-	
							-	
						_		
							-	
							-	
						_		
						_		

Accounting Period:	2019/1		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OTTER COM INC			8YSTEM ID# 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 si (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 transm to compute this a	ission service amount, see \$520,0	
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 th Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more informatic BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	nan \$527,600 m.	263,800	
			u-11	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay lor	unis six-mon	
	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 n	nore than \$137,1	00)	
	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 (bu	t less than \$527	600)	
	1. Enter the amount of gross receipts from space K	520,005.90		
	2. Base amount under statutory formula \$	263,800.00		
	3. Subtract line 2 from line 1 \$	256,205.90		
	4. Multiply line 3 by .01		2,562.06	
	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			3,881.06
	7. TOTAL ROTALIT FEE FATABLE FOR ACCOUNTING FERIOD. Add lines 4, 3, and 0		φ	3,001.00
	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)	. \$	3,881.06	
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		\$	3,901.06
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f	-		ghts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OTTER COM	F OWNER OF CABLE SYSTEM: INC	SYSTEM ID# 22678
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot 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. tal number of channels on which the cable ed television broadcast stations	13 154
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom it about this statement of account.)	
for Further Information	Name	DAVID PAWLOWSKI Telephone (2	18) 998-2000
	Address	230 W. LINCOLN AVE. (Number, street, rural route, apartment, or suite number) FERGUS FALLS, MN 56537 (City, town, state, zip)	
	Email	DAVID.PAWLOWSKI@PARKREGION.COM Fax (optional) (218) 998-2050	
O Certification	I, the undersig (Owr (Age in (off in in I have examinare true, completed	N (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.) ner 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 syst in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. need 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. ction 1001(1986)]	tem as identified
		X /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)	
		Date: February 28, 2019	

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 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 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.

TITER COM INC 226 PACIAL 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 follow, service of providing secondary transmissions pursuant to section 119.* The determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions pursuant to section 119.* The more information on when to exclude these amounts, see the note on page (vii) of the general instructions for secondary transmissions made by satellite carriers to satellite dish owners? Mo TSE. Enter the total here and list the satellite carrier(s) below. Name Maling Address Name Mailing Address Name Maling Address No usust 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	counting Period: 2019/1	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statistic Forme Viewer Act of 1988 amended Trite 17, section 111(g)(1)(A), of the Copyright Act by adding the following sentence: The demining the total number of subacribers and the gross amounts paid to the cable system for the basic services of providing secondary transmissions of primary breadcast transmitters, the system shall not include sub- softers and amounts collected from subacribers receiving secondary transmissions paravant to second 115: The more information on when to exclude these amounts, see the note on page (wii) of the general instructions located in the paper SA1-2 form. During the accusting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. The mater material secondary transmission submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (wii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment Line 2. Multiply line 1 by the interest rate' and enter the sum here * * * * * * * * * * * * *	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
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Mailing Address 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. Image: 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. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest rate* and enter the sum here	 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 made by satellite carriers to satellite dish owners? X NO 	P Special Statement Concerning Gross Receipts Exclusion
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in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Y days	
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	Line 3 Multiply line 2 by the number of days late and enter the sum here	
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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.