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 COPYRIGH	T 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	03/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 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.	62924
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CCI Systems, Inc. (FKA Cable Constructors Inc)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Packerland Broadband	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 190 (Number, street, rural route, apartment, or suite number)	
		Iron Mountain, MI 49801 (City, town, state, zip)	
С		CUCTIONS: 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		
	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.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	62924
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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile he	y" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Nichols	WI
Community		
Add Rows as Necessary		
Add hows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	6292
	CCI Systems, Inc. (FKA	Cable Cons	structo	rs inc)					ULJL
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIE	BERS AND RA	TES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existi	ng on the	
Service: Sub-	Number of Subscribers: Both	•		,	,	,	ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for advar	nce payment.	-				
	Block 1: In the left-hand block								
	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	nce again und	er "Servi	ce to additiona	al set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, the with the number of subscribers a								
	sufficient.		s right he						
	BLC	DCK 1	_				BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		9	35.95	Preferr	ed Choice		7	60.0
	 Service to additional set(s) 				Premie	r Plus		-	80.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemice		2				•
-	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Comisso	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		actually					sgram basis,	
Fransmissions:	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. LISI			IOTTI OF A	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	Pay cable	18.95	• Mote	el, hotel			Showti	me & TMC	14.9
	i aj cabio		• Con	nmercial			Stars &	Encore Tier	12.9
	Pay cable—add'l channel	11.95	1				HBO &	••••••••••••••••••••••••••••••••••••••	4
		11.95	 Pay 	cable				Cinemax Tier	27.9
	• Pay cable—add'l channel	11.95	-	cable cable-add'l ch	annel				27.9
	Pay cable—add'l channel Fire protection	11.95	• Pay		annel				27.9
	 Pay cable—add'l channel Fire protection Burglar protection 	11.95	• Pay • Fire	cable-add'l ch	annel				27.9
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	11.95	• Pay • Fire • Burg	cable-add'l ch protection	annel				27.9
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	11.95	• Pay • Fire • Burg Other s	cable-add'l ch protection glar protection	annel				27.9
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	11.95	• Pay • Fire • Burg Other s • Rec	cable-add'l ch protection glar protection ervices:	annel				27.9
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	11.95	• Pay • Fire • Burg Other s • Rec • Disc	cable-add'l ch protection glar protection ervices: onnect	annel				27.9

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	CCI Systems, Inc. (FI	KA Cable Constructors Inc)		62
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	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 informatii 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 carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra a(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul- he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepi- pr "E-M" (for noncommercial educati- uctions in the paper SA1-2 form.	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBAY	8	Ν	Green Bay, WI
	WBAY	<u>8</u>	N	Green Bay, WI
	WBAY HD	642	N	Green Bay, WI
ows as Necessary				
ws as Necessary	WBAY HD	642	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
vs as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
ws as Necessary	WBAY HD	642	N	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI

Accounting F	Period: 2018	/2					FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
CCI System	S, INC. (FKA	Cable	Constructors Inc)					62924
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Co	t every radio s whose signals ctions Conce it is carried b monitoring, to ormation abou rm. dentify the call State whether if the radio stat this by placing Sive the station	station ca were ge rning AI y the sys be recei to the co sign of of the static ion's sign g a check n's locati	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under of the whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ble system during Copyright Office it t the system's he system's FM anto this point, see pa the by the cable s he station is licen	the accountin regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	g period n FM sig ?) it can ertain si eneral i eparate	d. Inal is generally be expected, ated intervals. Instructions in the. and discrete	H Primary Transmitters: Radio
	ANA				AN4 514			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	1							

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	onstructors	Inc)				62924
	SUBSTITUTE CARRIAGI	E: SPECIA			G			
	In General: In space I, identi					ion that your	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	on program	ו
Program Log	broadcast by a distant sta	tion?					YES	NO
0 0	Note: If your answer is "No	, leave the	rest of this pac	e blank. If your answer is "	Yes," you mu	ist complete t	the prograr	n
	log in block 2.	,	1 0			•		
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their ı	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	orogram") tha	t during the :	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further	informatior	
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			ECC or, in	
				tem carried the substitute p			ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sno	bula be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulation	is in	
								1
			E PROGRAM			N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
							_	
						_	-	
						_	-	
						_	-	
							-	
							<u>-</u>	
						_		
							-	

Accounting Period:	2018/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	¥STEM ID# 62924
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 3,999.94
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		0.04
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.04
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula		
	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)	52.04	
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	\$	67.04
	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		OWNER OF CABLE SYSTEM: , Inc. (FKA Cable Construct	tors Inc)			SYSTEM ID# 62924
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot on which the	rs, and (2) the cable system's to al number of channels on which	total number of th the cable the cable the cable the cable the cable to broadcast stat		counting period.	4
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of accour		TION IS NEEDED (Identify an inc	lividual to whom	
for Further Information	Name	Christopher Flanick			Telephone	906-771-2208
	Address	105 Kent St. (Number, street, rural route, apartr	tment, or suite nur	nber)		
		Iron Mountain, MI 498 (City, town, state, zip)	9801			
	Email	christopher.flan	nick@packerla	andbroadband.com	Fax (optional) 906-828-32	39
O Certification		N (This statement of account mu		l and signed in accordance with C	opyright Office regulations)	
			-	m the owner of the cable system as	identified in line 1 of space E	; or
	i X (Off	n line 1 of space B and that the o	owner is not a co	rship) I am the duly authorized age orporation or partnership; or or a partner (if a partnership) of the		
	 I have examine are true, complete 	ed the statement of account and h		under penalty of law that all statem ormation, and belief, and are made		
			Enter an elect	/ Jacob Mulaikal ronic signature on the line above to re using an "/s/ signature" (e.g., /s/ J		-
		Typed or printed	d name: Ja	acob Mulaikal		
		Title: (Title of o	CFO official position hel	ld in corporation or partnership)		
		Date:			3/25/2019	
	L					

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

unting Period: 2018/2		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
Systems, Inc. (FKA Cable Constructors Inc)		629
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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119	c sub-	P Special Statemen Concerning Gros Receipts Exclusio
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 transmission made by satellite carriers to satellite dish owners?	ions	
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 underpaym		Q
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. 52.00	Q Interest Assessme
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	m. 52.00 %	Q Interest Assessme
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	m. 52.00 % 0.52	Q Interest Assessme
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	m. 52.00 %	Q Interest Assessme
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