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	IT 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	03/01/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20181 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
		CITY OF MONTICELLO
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		FIBERNET MONTICELLO
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		505 WALNUT ST STE 1 (Number, street, rural route, apartment, or suite number)
		(Nonnee, street, rolan rode, apartment, of solie nonnee) MONTICELLO, MN 55362-8831 (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:
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	CITY OF MONTICELLO	63227
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or r	ommunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area Served	identified city.	nobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	MONTICELLO	MN
Community		
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM							TEM IC
Name	CITY OF MONTICELLO	ADEL OTOTEM.							6322
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	er 31, as the ca	se may be).		-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
nuloo	separately for the particular serv							onargoa	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standar	d rate variation	s within a p	particular rate	
	Block 1: In the left-hand block	in space E, the	e form li	ists the categor	ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	has rate catego	ories for	secondary trar	smission				
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	ind rates, in the	e ngnt-n	Iand Diock. A lw	o- or three	e-word descripti	on or the s	ervice is	
		DCK 1					BLOCK	ζ2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	SOBSCIAD	LING		UA11			SOBSCRIBERS	
	Service to first set		441	34.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		1	34.95					
	Commercial								
	Converter								
	Residential								
	Non-residential								
					_				
	SERVICES OTHER THAN SEC In General: Space F calls for rat	-				your cable eve	tom's sorvi	ces that were	
F	not covered in space E, that is, the	•	,		•	• •			
	service for a single fee. There ar	e two exceptio	ns: you	do not need to	give rate i	nformation con	cerning (1)	services	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the	rate column	usually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the a	pplicable servio	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	vices in the	form of a	
		BLO				DATE	CATEC	BLOCK 2	RATI
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER' ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATI
	Pay cable	14.95		tel, hotel	acinai		PAY C	ABLE	19.9
	• Pay cable—add'l channel			mmercial			PAY C		14.9
	Fire protection			y cable			PAY C		13.9
	•Burglar protection		-	y cable-add'l ch	annel				
	Installation: Residential		-	e protection					
	First set	29.00		rglar protection					
	 Additional set(s) 		Other	services:					
	• FM radio (if separate rate)		•Re	connect		29.00			
	1	Г	. Die				ſ		Т
	Converter		• DIS	connect					
	• Converter			connect tlet relocation		40.00			

me				FORM SA1-2E. PAGE 3
iiie	LEGAL NAME OF OWNER C			SYSTEM ID# 63227
	PRIMARY TRANSMITTERS:			03221
G nary nitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these the 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	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep- rision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educate interiors in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. 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
	КТСА	2	E	MINNEAPOLIS, MN
	WCCO	4	N	MINNEAPOLIS, MN
ecessarv	KSTP	5	Ν	
ecessary	KSTP KMSP	5	N	ST PAUL, MN
cessary				ST PAUL, MN MINNEAPOLIS, MN
ecessary	KMSP	9	N	ST PAUL, MN
lecessary	KMSP KARE	9 11	N N	ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
ecessary	KMSP KARE KPXM	9 11 41	N N	ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
Vecessary	KMSP KARE KPXM WUCW	9 11 41 23	N N	ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
Vecessary	KMSP KARE KPXM WUCW KSTC KTCI	9 11 41 23 45 2.3	N N 1 1 1	ST PAUL, MN MINNEAPOLIS, MN
Necessary	KMSP KARE KPXM WUCW KSTC	9 11 41 23 45	N N I I I E	ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
Necessary	KMSP KARE KPXM WUCW KSTC KTCI KARE-2	9 11 41 23 45 2.3 11.2 2.4	N N I I I E I-M	ST PAUL, MN MINNEAPOLIS, MN
Necessary	KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC	9 11 41 23 45 2.3 11.2 2.4 29	N N 1 1 1 1 1 E E 1-M E-M 1	ST PAUL, MN MINNEAPOLIS, MN
Necessary	KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC KSTC-3	9 11 41 23 45 2.3 11.2 2.4 29 5.3	N N I I I E I-M E-M I I-M	ST PAUL, MN MINNEAPOLIS, MN
; Necessary	KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC KSTC-3 KSTC-4	9 11 41 23 45 2.3 11.2 2.4 29 5.3 5.4	N N I I I E I-M E-M I I I-M I-M	ST PAUL, MN MINNEAPOLIS, MN
Necessary	KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC KSTC-3 KSTC-4 KSTP-7	9 11 41 23 45 2.3 11.2 2.4 29 5.3 5.4 5.7	N N 1 1 1 1 1 E E E E E E E 1-M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN
; Necessary	KMSPKAREKPXMWUCWKSTCKTCIKARE-2KTCA-4WFTCKSTC-3KSTC-4KSTP-7KSTC-6	9 11 41 23 45 2.3 11.2 2.4 29 5.3 5.4 5.7 5.6	N N I I I E I-M E-M I I I I-M I-M I-M I-M	ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN ST PAUL, MN
Necessary	KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC KSTC-3 KSTC-4 KSTP-7	9 11 41 23 45 2.3 11.2 2.4 29 5.3 5.4 5.7	N N 1 1 1 1 1 E E E E E E E 1-M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN
Necessary	KMSPKAREKPXMWUCWKSTCKTCIKARE-2KTCA-4WFTCKSTC-3KSTC-4KSTP-7KSTC-6	9 11 41 23 45 2.3 11.2 2.4 29 5.3 5.4 5.7 5.6	N N I I I E I-M E-M I I I I-M I-M I-M I-M	ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN ST PAUL, MN
s Necessary	KMSPKAREKPXMWUCWKSTCKTCIKARE-2KTCA-4WFTCKSTC-3KSTC-4KSTP-7KSTC-6	9 11 41 23 45 2.3 11.2 2.4 29 5.3 5.4 5.7 5.6	N N I I I E I-M E-M I I I I-M I-M I-M I-M	ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN ST PAUL, MN
as Necessary	KMSPKAREKPXMWUCWKSTCKTCIKARE-2KTCA-4WFTCKSTC-3KSTC-4KSTP-7KSTC-6	9 11 41 23 45 2.3 11.2 2.4 29 5.3 5.4 5.7 5.6	N N I I I E I-M E-M I I I I-M I-M I-M I-M	ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN ST PAUL, MN
as Necessary	KMSPKAREKPXMWUCWKSTCKTCIKARE-2KTCA-4WFTCKSTC-3KSTC-4KSTP-7KSTC-6	9 11 41 23 45 2.3 11.2 2.4 29 5.3 5.4 5.7 5.6	N N I I I E I-M E-M I I I I-M I-M I-M I-M	ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN ST PAUL, MN

EGAL NAME OF			I G I EIVI.					SYSTEM I 632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		e/D				ę/P		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						
			<u> </u>					

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CITY OF MONTICELLC)						63227
	SUBSTITUTE CARRIAGI							
I I	In General: In space I, identi					ion that you	ır cahle syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork televis	sion progran	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ist complete	e the program	
	log in block 2.	,		,	, , , , , , , , , , ,		p 3	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	itute progra	m on a separa		vherever pos	sible, if thei	r meaning is	
	clear. If you need more spa				vrogrom") the	t during the		
	period, was broadcast by a			ision program ("substitute p ur cable svstem substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for furthe	r information	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		lcast live ente	r "Yes." Otherwise enter "N	o "			
				sting the substitute program				
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the s			with the mor	nth
	first. Example: for May 7 giv		inion you eye			numoraio,		
				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	5 p.m. to 6:2	8:30 p.m. sl	hould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulatio	ons in	
								1
						N SUBSTI		
	S					AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TO	
							_	
							<u>—</u>	
							<u> </u>	
								'
							<u> </u>	
							_	
							_	
							_	
		1	1					1

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CITY OF MONTICELLO	S	STEM ID# 63227
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 service s amount, see	of e 3,534.91
Copyright	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,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	LEGAL NAME O	OWNER OF CABLE SYSTEM: NTICELLO		SYSTEM ID# 63227
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	ers, and (2) the cable system's total tal number of channels on which the ed television broadcast stations tal number of activated channels cable system carried television bro		17
N Individual to Be Contacted		t about this statement of account.)	INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Joel Smith	Tele	phone 218.346.8270
	Address 	150 2ND ST SW (Number, street, rural route, apartmen PERHAM, MN 56573 (City, town, state, zip)	t, or suite number)	
	Email	mary.dunn@arvig.	com Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, complete	ned, hereby certify that (Check one, <i>I</i> ner other than corporation or partment of owner other than corporation n line 1 of space B and that the owner icer or partner) I am an officer (if a c n line 1 of space B. ed the statement of account and here ete, and correct to the best of my know tion 1001(1986)]	be certified and signed in accordance with Copyright Office regula but only one, of the boxes.) hership) I am the owner of the cable system as identified in line 1 of sy h or partnership) I am the duly authorized agent of the owner of the c er is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identified a eby declare under penalty of law that all statements of fact contained h wledge, information, and belief, and are made in good faith. X /s/ David Arvig ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)	pace B; or vable system as identified as owner of the cable system
			me: David R. Arvig ice President/COO al position held in corporation or partnership) 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 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 telephoin 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 lave

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
Y OF MONTICELLO	632
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas 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 11: 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?	ic e sub- 9." Concerning Gross Receipts Exclusio
X NO 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 underpay	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
	rm. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	rm. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	rm. Q
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	rm. Q
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	rm. 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	rm. Q Interest Assessme days
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	rm. Q Interest Assessme days
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	rm. Q Interest Assessme days
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	rm. Q Interest Assessme days
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	rm. Q Interest Assessme days ge)
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