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	HT OFFICE USE ONLY	Return completed workbool 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	08/20/2019	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 4 January 4 June 20 Period 2 July 4 December 24	
		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 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.	27181
		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	
		1104 19TH AVE SW #B (Number, street, rural route, apartment, or suite number)	
		WILLMAR, MN 56201 (City, town, state, zip)	
С		<b>UCTIONS:</b> 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 s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or sulte 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	FT RANDALL CABLE SYSTEMS INC	27181
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single,
Area	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 mob identified city.	
Served		
	CITY OR TOWN	STATE
First Community	ECHO	MN
Community		
Add Rows as Necessary		
ndu nons us necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							SYS	
	FT RANDALL CABLE S	STEMS INC	;						2718
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
Е	In General: The information in s	pace E should o	cover a	Il categories of	secondar				
	system, that is, the retransmission								
Secondary	about other services (including p last day of the accounting period						nose existii	ng on the	
Transmission Service: Sub-	Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	s in tha	t category (the	number o	f persons or org	anizations		
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				iny stanual		s wiu iii a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	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 o								
	Block 2: If your cable system I	has rate catego	ries for	secondary tra	nsmission				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	0020011122			0,111			CODOCINDENCO	
	Service to first set		20	72.50					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
			ľ						
	SERVICES OTHER THAN SEC	-			-				
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		•	• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are ch	arged on a varia	able per-pro	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable	system for ea	ch of the	annlicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and includ	e the ra	te for each.					
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			SORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res	sidential				
	• Pay cable	10.95		tel, hotel					
	Pay cable—add'l channel	12.00		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential			protection					
	• First set	20.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		20.00			
	Converter			connect		N/A			
	1		<ul> <li>Out</li> </ul>	let relocation		20.00			
				ve to new addr		20.00			

Name				SYSTEM ID#
	LEGAL NAME OF OWNER OF			27181
	PRIMARY TRANSMITTERS:			
G Primary hsmitters: devision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an <b>Substitute Basis Stations</b> 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 a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-t ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram 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 indepen- per "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K56EL	56	E	REDWOOD FALLS, MN
	K622A	62	Ν	REDWOOD FALLS, MN
cessary	KRWF	27	N	REDWOOD FALLS, MN
ecessary	KRWF K60BB	27 60	N	REDWOOD FALLS, MN REDWOOD FALLS, MN
essary				
ssary	K60BB	60	N	REDWOOD FALLS, MN
essary	K60BB K68BV	60 68	N N	REDWOOD FALLS, MN REDWOOD FALLS, MN
essary	K60BB K68BV K19CV	60 68 19	N N	REDWOOD FALLS, MN REDWOOD FALLS, MN REDWOOD FALLS, MN
essary	K60BB K68BV K19CV K28II KELO	60 68 19 25 11	N N N I	REDWOOD FALLS, MN REDWOOD FALLS, MN REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD
cessary	K60BB K68BV K19CV K28II KELO KWCM	60 68 19 25	N N N I N	REDWOOD FALLS, MN REDWOOD FALLS, MN REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD APPLETON, MN
cessary	K60BB K68BV K19CV K28II KELO KWCM KWCM	60 68 19 25 11 10.4 10.2	N N N I N E E E	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN
ecessary	K60BB K68BV K19CV K28II KELO KWCM KWCM KEYL	60 68 19 25 11 10.4 10.2 12.1	N N N I E E E N	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN         APPLETON, MN         MANKATO, MN
lecessary	K60BB K68BV K19CV K28II KELO KWCM KWCM	60 68 19 25 11 10.4 10.2	N N N I N E E E	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN
Necessary	K60BB K68BV K19CV K28II KELO KWCM KWCM KEYL	60 68 19 25 11 10.4 10.2 12.1	N N N I E E E N	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN         APPLETON, MN         MANKATO, MN
Necessary	K60BB K68BV K19CV K28II KELO KWCM KWCM KEYL	60 68 19 25 11 10.4 10.2 12.1	N N N I E E E N	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN         APPLETON, MN         MANKATO, MN
lecessary	K60BB K68BV K19CV K28II KELO KWCM KWCM KEYL	60 68 19 25 11 10.4 10.2 12.1	N N N I E E E N	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN         APPLETON, MN         MANKATO, MN
Necessary	K60BB K68BV K19CV K28II KELO KWCM KWCM KEYL	60 68 19 25 11 10.4 10.2 12.1	N N N I E E E N	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN         APPLETON, MN         MANKATO, MN
Necessary	K60BB K68BV K19CV K28II KELO KWCM KWCM KEYL	60 68 19 25 11 10.4 10.2 12.1	N N N I E E E N	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN         APPLETON, MN         MANKATO, MN
Necessary	K60BB K68BV K19CV K28II KELO KWCM KWCM KEYL	60 68 19 25 11 10.4 10.2 12.1	N N N I E E E N	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN         APPLETON, MN         MANKATO, MN
Necessary	K60BB K68BV K19CV K28II KELO KWCM KWCM KEYL	60 68 19 25 11 10.4 10.2 12.1	N N N I E E E N	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN         APPLETON, MN         MANKATO, MN
s Necessary	K60BB K68BV K19CV K28II KELO KWCM KWCM KEYL	60 68 19 25 11 10.4 10.2 12.1	N N N I E E E N	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN         APPLETON, MN         MANKATO, MN
as Necessary	K60BB K68BV K19CV K28II KELO KWCM KWCM KEYL	60 68 19 25 11 10.4 10.2 12.1	N N N I E E E N	REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         REDWOOD FALLS, MN         SIOUX FALLS, SD         APPLETON, MN         APPLETON, MN         MANKATO, MN

T RANDAL	OWNER OF C							SYSTEM II 271
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of i or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried b monitoring, to prmation abour m. dentify the call tate whether f the radio stat this by placing tive 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 ( tem whenever it is received a ved 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	t 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 in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
				<u> </u>				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						

Accounting Perio	od: 2019/1					FC	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	FT RANDALL CABLE	SYSTEMS					27181
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi				-	ion that your cable sys	tem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television progra	am
Statement and Program Log	broadcast by a distant star	tion?				YES	× NO
Program Log	5		waat of this was	a black. Kurun anauran ia i	·//	-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete the progr	am
	log in block 2.		MC				
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sible if their meaning	is
	clear. If you need more spa						10
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	s. See page (v) of the gene thall " List specific program	eral instruction	ns for further informati	on. r
	"NBA Basketball: 76ers vs.			ibali. List specific program		ample, TEOVE Edey o	
	Column 2: If the program	n was broad	dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			_
	the case of Mexican or Can			e community to which the			1
				tem carried the substitute			onth
	first. Example: for May 7 giv		, ,		Ū		
				gram was carried by your			tely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system was requi	red
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed prog	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
	effect on October 19, 1976.						
					WHE	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCCURRED	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	6. TIMES FROM — TO	DELETION
					·		
						<u>—</u>	
						_	
						_	
						_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	YSTEM ID#
			27181
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 service s amount, see	e <b>0,450.08</b>
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:	2019/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: L CABLE SYSTEMS INC		SYSTEM ID# 27181
<b>M</b> Channels	<ul> <li>to its subscrib</li> <li>1. Enter the to system carria</li> <li>2. Enter the to on which the</li> </ul>	ers, and (2) the cable system's otal number of channels on whic red television broadcast stations otal number of activated channels cable system carried television	ls	12 42
N Individual to Be Contacted		ct about this statement of accou		
for Further Information	Name	KRISTI HILBRANDS	Telephon	e <u>320-847-7104</u>
	Address	1104 19TH AVE SW, (Number, street, rural route, apar WILLMAR, MN 5620' (City, town, state, zip)	tment, or suite number)	
	Email	kristih@hcinet.	net Fax (optional) 320-847-7	123
O Certification	I, the undersig     X     (Ow	gned, hereby certify that (Check o	partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	I have examinare true, comp	in line 1 of space B and that the of fficer or partner) I am an officer ( in line 1 of space B. ned the statement of account and	ation or partnership) I am the duly authorized agent of the owner of the cable owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as ow hereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	mer of the cable system
			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 printer		
		Title: (Title of	TREASURER official position held in corporation or partnership)	
		Date:	08/20/19	

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

inting Period: 2019/1	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ANDALL CABLE SYSTEMS INC	271
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO	P Special Statemen Concerning Gros Receipts Exclusio
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 underpayment.	
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 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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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.

œ	Ca	ble rksheet	Total amount of remittance	Number of SAs rea	c'd	Initials
	VVO	rksneet	Date of remittance	Check EFT	F	ILING FEES
Cable ID #					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Ja	nuary 1 - June 30, 2017	[	July 1 - December 31, 2017		
	Le	tter sent		Information received		
	Ac	cepted		Phone call/Date/Contact		
Space B Owner						
	Le	tter sent		Information received		<u>_</u>
	Ac	cepted		Phone call/Date/Contact		
Space D Area Served						
	Le	tter sent		Information received		
	Ac	cepted	C	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	🗌 Le	tter sent	C	Information received		
and Rates	Ac	cepted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Le	tter sent	[	Information received		
	Ac	cepted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Ac	cepted		Phone call/Date/Contact		

	Carriage
Letter sent Information received	
Accepted Phone call/Date/Contact	
Letter sent	Space J Part-time Carriage Log (SA3 only)
Accepted Phone call/Date/Contact	Space K Gross Receipts
Letter sent	
Letter sent Phone call/Date/Contact	
	Space L Copyright Filing and Royalty Fees
Royalty Fee should be     Refund request to fiscal	
Letter sent Information received	
Accepted Phoe call/Date/Contact	
	Space M Channels
Letter sent     Information received	
Letter sent     Information received       Accepted     Phone call/Date/Contact	
	Channels Space O
Accepted     Phone call/Date/Contact	Channels Space O
Accepted     Phone call/Date/Contact      Letter sent     Information received	Channels Space O
Accepted     Phone call/Date/Contact      Letter sent     Information received	Channels Channels Space O Certification Space P Statement of
Accepted     Phone call/Date/Contact      Letter sent     Accepted     Phone call/Date/Contact      Accepted     Phone call/Date/Contact	Channels Channels Space O Certification Space P Statement of
Accepted     Phone call/Date/Contact      Letter sent     Accepted     Phone call/Date/Contact      Accepted     Phone call/Date/Contact      Letter sent     Information received     Information received	Channels Channels Space O Certification Space P Statement of
Accepted     Phone call/Date/Contact      Letter sent     Accepted     Phone call/Date/Contact      Accepted     Phone call/Date/Contact      Letter sent     Information received     Information received	Channels Cha