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 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	08/20/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division a Tel: (202) 707-8150
	RV THIS STATEMENT: (V)	(VV/(Boriod))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Percedo Dete Filier Resid (estimul des instructions)
		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
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
	<u> </u>	
		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		
	FT RANDALL CABLE SYSTEMS INC Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated con	
D	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.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
Fired	CITY OR TOWN LAMBERTON	STATE MN
First Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	FT RANDALL CABLE S	STEMS INC	;						287
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission	on of television	and radi	io broadcasts l	by your sy	stem to subscrib	ers. Give	information	
Secondary	about other services (including p						hose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny stanua		s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	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					i in the count un	der Servic	ce to the	
	Block 2: If your cable system I					service that are	different fi	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tw	vo- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Service to first set		55	72.50					
			- 55	72.50					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				Sileu. List				
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	Pay cable	10.95	• Mot	el, hotel					
	• Pay cable—add'l channel	12.00	• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	First set	20.00		glar protection					
	 Additional set(s) 			ervices:					
	• FM radio (if separate rate)			onnect		20.00			
	Converter		 DISC 	connect		N/A			
	Converter			connect et relocation		N/A 20.00			
	• Converter		• Outl	connect let relocation re to new addr	955	20.00 20.00			

	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	FT RANDALL CABLE	SYSTEMS INC		2874
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W Column 3: Indicate in each	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 the form. lel number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s	t (1) stations carried only on a part- ne carriage of certain network prog i1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. PN, etc. Identify each poort multistream r the air in its community a noncommercial
	educational station, by ente	ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o	(for network multicast), "I" (for indep	pendent), "I-M"
	For the meaning of these te Column 4: Give the location	, E (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list idian stations, if any, give the name of th	uctions in the paper SA1-2 form. the community to which the station	n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K46AA	46	E	ST JAMES, MN
	K41AC	41	Ν	ST JAMES, MN
as Necessary	K41AC KRWF	41 27	N N	ST JAMES, MN REDWOOD FALLS, MN
as Necessary				
is Necessary	KRWF	27	N	REDWOOD FALLS, MN
s Necessary	KRWF K50AB	27 50	N N	REDWOOD FALLS, MN ST JAMES, MN
s Necessary	KRWF K50AB K42AV	27 50 42	N N I	REDWOOD FALLS, MN ST JAMES, MN ST JAMES, MN
; Necessary	KRWF K50AB K42AV KUYAD	27 50 42 44	N N I N	REDWOOD FALLS, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN
Necessary	KRWF K50AB K42AV KUYAD K52AD	27 50 42 44 52	N N I N N	REDWOOD FALLS, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN
as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE	27 50 42 44 52 49	N N I N N N	REDWOOD FALLS, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN
as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY	27 50 42 44 52 49 13	N N I N N N N	REDWOOD FALLS, MN ST JAMES, ST SIOUX FALLS, SD
as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO	27 50 42 44 52 49 13 11	N N I N N N N N N	REDWOOD FALLS, MN ST JAMES, SD SIOUX FALLS, SD
as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO KDLT	27 50 42 44 52 49 13 11 46.2	N N I N N N N N N N	REDWOOD FALLS, MN ST JAMES, ST SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD
rs as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO KDLT KEYC	27 50 42 44 52 49 13 11 46.2 12.1	N N I N N N N N N N N N N	REDWOOD FALLS, MN ST JAMES, MN SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD MANKATO, MN
ws as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO KDLT KEYC KEYC FOX	27 50 42 44 52 49 13 11 11 46.2 12.1 12.2	N N N N N N N N N N N N N N N N N N N	REDWOOD FALLS, MN ST JAMES, MN SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD MANKATO, MN MANKATO, MN
ows as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO KDLT KEYC KEYC FOX KSMN	27 50 42 44 52 49 13 11 46.2 12.1 12.2 20.2	N N I N N N N N N N N N N E	REDWOOD FALLS, MN ST JAMES, MN SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD MANKATO, MN MANKATO, MN WORTHINGTON, MN
ows as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO KDLT KEYC KEYC FOX KSMN	27 50 42 44 52 49 13 11 46.2 12.1 12.2 20.2	N N I N N N N N N N N N N E	REDWOOD FALLS, MN ST JAMES, MN SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD MANKATO, MN MANKATO, MN WORTHINGTON, MN
ows as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO KDLT KEYC KEYC FOX KSMN	27 50 42 44 52 49 13 11 46.2 12.1 12.2 20.2	N N I N N N N N N N N N N E	REDWOOD FALLS, MN ST JAMES, MN SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD MANKATO, MN MANKATO, MN WORTHINGTON, MN
ows as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO KDLT KEYC KEYC FOX KSMN	27 50 42 44 52 49 13 11 46.2 12.1 12.2 20.2	N N I N N N N N N N N N N E	REDWOOD FALLS, MN ST JAMES, MN SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD MANKATO, MN MANKATO, MN WORTHINGTON, MN
ows as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO KDLT KEYC KEYC FOX KSMN	27 50 42 44 52 49 13 11 46.2 12.1 12.2 20.2	N N I N N N N N N N N N N E	REDWOOD FALLS, MN ST JAMES, MN SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD MANKATO, MN MANKATO, MN WORTHINGTON, MN
ows as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO KDLT KEYC KEYC FOX KSMN	27 50 42 44 52 49 13 11 46.2 12.1 12.2 20.2	N N I N N N N N N N N N N E	REDWOOD FALLS, MN ST JAMES, MN SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD MANKATO, MN MANKATO, MN WORTHINGTON, MN
ows as Necessary	KRWF K50AB K42AV KUYAD K52AD K49HE KSFY KELO KDLT KEYC KEYC FOX KSMN	27 50 42 44 52 49 13 11 46.2 12.1 12.2 20.2	N N I N N N N N N N N N N E	REDWOOD FALLS, MN ST JAMES, MN SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD MANKATO, MN MANKATO, MN WORTHINGTON, MN

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM ID
T RANDAL	L CABLE S	SYSTEM	MS INC					287
	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 For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio state this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s he 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 leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	1	-	the community with which the					
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					2874
	SUBSTITUTE CARRIAG				G		
1	In General: In space I, identi				-	ion that your cable ave	tom carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN			ITUTE CARRIAGE			
Special	 During the accounting per 				s, any nonne	twork television progra	am
Statement and	broadcast by a distant sta	•	···· , ···	, ,	-, - ,	YES	×NO
Program Log	,					-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete the progr	am
	log in block 2.						
	2. LOG OF SUBSTITUTE			to line. I lee obbroviatione	whorever nee	aible if their meaning	ia
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their meaning	IS
				sion program ("substitute	program") tha	it, during the accounti	ng
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another st	tation
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further informati	on.
	Do not use general categor		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy" c	r
	"NBA Basketball: 76ers vs.		lcast live enter	"Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
				e community to which the		nsed by the FCC or, in	n
	the case of Mexican or Can	adian static	ons, if any, the o	community with which the	station is ider	ntified).	
			when your sys	tem carried the substitute	program. Use	numerals, with the m	onth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your			tely
	stated as "6:00–6:30 p.m."		i program came		15 p.m. to 0.2	o.50 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was requi	red
	to delete under FCC rules a						gram
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM	l		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
					•		
						_	
						_	

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# 2874
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 7,821.09
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	<u> </u>	
	5. Enter the amount from line 3	<u> </u>	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
			0- 0-
	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# 2874
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations vers, and (2) the cable system's total number of activated channels during the accounting period.	15 43
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	KRISTI HILBRANDS Telephone 32	20-847-7104
	Address	1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip)	
	Email	kristih@hcinet.net Fax (optional) 320-847-7123	
O Certification	I, the undersig X (Ow (Age (Of I have examinare true, comp	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Imer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or Ifficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. ned 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)] X /s/ Bruce Hanson	em as identified
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: BRUCE HANSON Title: TREASURER (Title of official position held in corporation or partnership) Date: 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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ANDALL CABLE SYSTEMS INC	28
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 Gross 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
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
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
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
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
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
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
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
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme

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		
	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