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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE DECENTED AMOUNT	FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT	DATE RECEIVED AMOUNT						
\$ ALLOCATION NUMBER	08/26/2019						

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		20191 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							
	United Telephone Mutual Aid Corp								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO Box 729							
		(Number, street, rural route, apartment, or suite number) Langdon, ND 58249 ((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							
	names	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	United Communications IPTV							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	PO Box 729 (Number, street, rural route, apartment, or suite number)							
		Langdon, ND 58249 (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.

Accounting Period:	2019/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name		37039							
	United Telephone Mutual Aid Corp Instructions: List each separate community served by the cable system. A "communi								
_									
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the								
Area	identified city.	one parks should be reported in parentheses below the							
Served	identified city.								
	CITY OR TOWN	STATE							
First	Munich	ND ND							
Community	Calio	ND							
,	Milton	ND							
Add Dames at Name	Langdon	ND ND							
Add Rows as Necessary	Osnabrock	ND							
	Rock Lake	ND ND							
	Egeland	ND							
	Calvin	ND							
	Wales	ND ND							
	St John	ND 							
	Souris	ND							
	Bottineau	ND							
	Rolette	ND							
	Rolla	ND							
	Alsen	ND							
	Sarles	ND							
	Walhalla	ND							
	Willow City	ND							
	Bisbee	ND							
	Kramer	ND							
	Dunseith	ND							
	Belcourt	ND							

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

United Telephone Mutual Aid Corp

37039

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	3,203	19.95	Expanded	2,843	74.90
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	129	50.00	Expanded	77	90.00
Converter					
 Residential 					
Non-residential					
		1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37039

United Telephone Mutual Aid Corp

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGFE	2	E	Grand Forks, ND
KXJB	4	N	Fargo, ND
WDAZ	8	N	Grand Forks, ND
WDAY	6	I	Fargo, ND
KNRR	12	l	Pembina, ND
кмот	10	N	Minot, ND
KXMC	13	N	Minot, ND
KXND	24	I	Minot, ND
KVLY	11	N	Fargo, ND
KRDK	4	N	Fargo, ND
KNDB	26	N	Minot, ND
KXMY	14	I	Minot, ND

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

United Telephone Mutual Aid Corp

37039

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	57 LL 01014	7 1111 31 1 111	5,5	200/11/01/01/01/11/01	57 LL 01014	7 11 01 1 11	5,5	200/11/01/01/01/11/01
		 	 					
		 	 					
			 					
							 	
			 					
			 					
		 	 					
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orp					SYSTEM ID#	
					37039	
nnetwork televis eriod, under spe at be included in ENING SUBST r cable system	sion program, broadcast be ecific present and former F i this log, see page (v) of the FITUTE CARRIAGE carry, on a substitute base	y a distant stat CC rules, regul ne general instr sis, any nonne	ations, or au uctions in th twork televi	uthorizations. le paper SA1 sion progran YES	For a further -2 form.	
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete und						
3. STATION'S		5. MONTH	IAGE OCC	URRED TIMES	7. REASON FOR DELETION	
Test I Linerian V decon I co	nnetwork televiseriod, under spets be included in the included	nnetwork television program, broadcast be beriod, under specific present and former Fest be included in this log, see page (v) of the RNING SUBSTITUTE CARRIAGE or cable system carry, on a substitute base and additional rows to the tables. In on a separate line. Use abbreviations add additional rows to the tables. Innetwork television program ("substitute in authorizations. See page (v) of the gervies" or "basketball." List specific program decast live, enter "Yes." Otherwise enter "bestation broadcasting the substitute program on's location (the community with which the when your system carried the substitute esubstitute program was carried by your approarm carried by a system from 6:01 listed program was substituted for programs in effect during the accounting periorour system was permitted to delete und	eriod, under specific present and former FCC rules, regulated be included in this log, see page (v) of the general instrict RNING SUBSTITUTE CARRIAGE In cable system carry, on a substitute basis, any nonner rest of this page blank. If your answer is "Yes," you must a substitute basis, any nonner rest of this page blank. If your answer is "Yes," you must a substitute program the substitute program the substitute program the substitute program on a separate line. Use abbreviations wherever posted additional rows to the tables. Innetwork television program ("substitute program") that ion and that your cable system substituted for the program authorizations. See page (v) of the general instruction vies" or "basketball." List specific program titles, for explain the substitute program. On's location (the community to which the station is lice ons, if any, the community with which the station is identified by your system carried the substitute program. Use the substitute program was carried by your cable system a program carried by a system from 6:01:15 p.m. to 6:2 listed program was substituted for programming that your system was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitute program was permitted to delete under FCC rules a substitut	mnetwork television program, broadcast by a distant station, that you eriod, under specific present and former FCC rules, regulations, or aut to be included in this log, see page (v) of the general instructions in the RNING SUBSTITUTE CARRIAGE r cable system carry, on a substitute basis, any nonnetwork televiterest of this page blank. If your answer is "Yes," you must complete add additional rows to the tables. nnetwork television program ("substitute program") that, during the logical distriction and that your cable system substituted for the programming of r authorizations. See page (v) of the general instructions for further vies" or "basketball." List specific program titles, for example, "I Logicast live, enter "Yes." Otherwise enter "No." station broadcasting the substitute program. Son's location (the community to which the station is licensed by the long, if any, the community with which the station is identified). When your system carried the substitute program. Use numerals, a substitute program was carried by your cable system. List the time program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. son's in effect during the accounting period; enter the letter "P" if the low rour system was permitted to delete under FCC rules and regulation of the program was permitted to delete under FCC rules and regulation of the program was permitted to delete under FCC rules and regulation of the program was permitted to delete under FCC rules and regulation of the program was permitted to delete under FCC rules and regulation of the program was permitted to delete under FCC rules and regulation of the program was permitted to delete under FCC rules and regulation of the program was permitted to delete under FCC rules and regulation of the program was permitted to delete under FCC rules and regulation of the program was permitted to delete under FCC rules and regulation of the program was permitted to delete under FCC rules and regulation of the program and the program and the program and the program and	mnetwork television program, broadcast by a distant station, that your cable systemerical, under specific present and former FCC rules, regulations, or authorizations. It be included in this log, see page (v) of the general instructions in the paper SA1-RINING SUBSTITUTE CARRIAGE Treable system carry, on a substitute basis, any nonnetwork television program YES Treat of this page blank. If your answer is "Yes," you must complete the program and additional rows to the tables. The program ("substitute program") that, during the accounting ion and that your cable system substituted for the programming of another state and the program of the program titles, for example, "I Love Lucy" or deast live, enter "Yes." Otherwise enter "No." The station broadcasting the substitute program. Use numerals, with the more assubstitute program was carried by your cable system. List the times accurated a program was carried by your cable system. List the times accurated a program was substituted for programming that your system was require to program was permitted to delete under FCC rules and regulations in the paper SA1. WHEN SUBSTITUTE CARRIAGE OCCURRED TE PROGRAM 3. STATION'S STATION'S A distant station, that your cable system. List the listed program our system was permitted to delete under FCC rules and regulations in the paper SA1. The program is the substitute program and regulations in the paper SA1. WHEN SUBSTITUTE CARRIAGE OCCURRED 5. MONTH 6. TIMES	

Accounting Period:	2019/1 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: United Telephone Mutual Aid Corp 37039
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. ST779.00 IMPORTANT: You must complete a statement in space P concerning gross receipts.
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 \$263,800 • 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. 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 this six-mon accounting period is \$52.00 Line 1. Royalty fee for accounting period
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	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
	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)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	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)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CAR United Telephone Mutual A			SYSTEM ID: 37039
M Channels	to its subscribers, and (2) the common to its subscribers, and (2) the common to its system carried television broad 2. Enter the total number of act on which the cable system carried television broad to its system carried television broad television broad television to its subscribers, and (2) the common television broad telev	cable system's total number annels on which the cable adcast stations		. 12
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this state		RMATION IS NEEDED (Identify an individual to whon	ı
for Further Information	Name Tara Mikk	kelsen		Telephone (701)256-5156
	(Number, street	t, rural route, apartment, or suit	te number)	
		aram@corp.utma.com	Fax (optional	
O Certification	(Owner other than complete (Agent of owner other in line 1 of space X (Officer or partner) in line 1 of space I have examined the statement are true, complete, and correct to [18 U.S.C., Section 1001(1986)]	orporation or partnership er than corporation or partnership B and that the owner is not I am an officer (if a corpora B. of account and hereby decoor the best of my knowledge Enter an enter sign Typed or printed name: General	tified and signed in accordance with Copyright Office of one, of the boxes.) (a) I am the owner of the cable system as identified in line of the owner of the capture agent of the owner of the acorporation or partnership; or stiton) or a partner (if a partnership) of the legal entity identition) or a partner (if a partnership) of the legal entity identition) or a partner (if a partnership) of the legal entity identition) or a partner (if a partnership) of the legal entity identition), and belief, and are made in good faith. //s/Perry Oster electronic signature on the line above to certify this statemature using an "/s/ signature" (e.g., /s/ John Smith) Perry Oster al Manager/CEO on held in corporation or partnership)	1 of space B; or If the cable system as identified Intified as owner of the cable system Interior of the cable system Inte
	U	vale.	08/26/201	9

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 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

ounting Period: 2019/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ited Telephone Mutual Aid Corp	37039
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	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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