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

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable Syste General instru in the first tab	ctions	are located	08/15/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
			Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2019/1	renoù i - January i - June 30	Fendu z – July 1 - December 31	
			Dense de Data Filler a Davia d'anti-		
		39552	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent co		liary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	the owner conducts the business of the	e cable system.	
		If there were different owners during the a single statement of account and royalty fee		ne last day of the accounting period should s ng period.	submit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	39552
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Lakeland Communications Group, L			
		BUSINESS NAME(S) OF OWNER OF			
		Lakeland Communications			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 40 (Number, street, rural route, apartment, or suite nu			
		Milltown, WI 54858-0040 (City, town, state, zip)	,		
С		RUCTIONS: In line 1, give any busing already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
1	1				

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 filing, a determination that would be made by a court of law.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	Lakeland Communications Group, LLC	395
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w as the "first community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Luck Village	WI
Community	Balsam Lake Village	WI
	Cushing	WI
d Rows as Necessary	Frederic Village	WI
	Milltown Village	WI
	Apple River Township	WI
	Balsam Lake Township	WI
	Beaver Township	WI
	Bone Lake Township	WI
	Eureka Township	WI
	Georgetown Township	WI
	Johnstown Township	WI
	Laketown Township	WI
		WI
	Luck Township	
	McKinley Township	WI
	Milltown Township	WI
	St. Croix Falls Township	WI
	Sterling Township	WI
	Trade Lake Township	WI
	West Sweden Township	WI
	City of St. Croix Falls	WI

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	
	Lakeland Communicati	ons Group,	LLC						3955
-	SECONDARY TRANSMISSION	I SERVICE: SU	IBSCRIB	ERS AND R	ATES				
Ε	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	<i>,</i> , ,	,				litose exis	ung on the	
Service: Sub-	Number of Subscribers: Bot						ble systen	n, broken	
scribers and	down by categories of secondar	y transmission	service. I	n general, yo	ou can con	npute the numbe	er of subso	ribers in	
Rates	each category by counting the n			•••				s charged	
	separately for the particular serv Rate: Give the standard rate of							ac and the	
	unit in which it is generally billed	-	-	-				-	
	category, but do not include disc	· ·	,				5 within a		
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	iers of services	that inclu	ide one or m	ore secon	idary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-hai	nd block. A t	wo- or thre	ee-word descript	ion of the	service is	
	sufficient.			I	1		BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		4.50						
	Service to first set	1	,158	44.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		212	8.00					
	Commercial								
	Converter								
	Residential								
	Non-residential								
								•	
	SERVICES OTHER THAN SEC In General: Space F calls for ra						tom's cor	vices that were	
F	not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually b	illed. If any ra	ates are cl	harged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		ha cabla i	evetem for e	ach of the	applicable servi	cae listad		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and includ	le the rate	e for each.					
		BLOO	CK 1					BLOCK 2	
				RY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	CATEGORY OF SERVICE	RATE		oni Non roa	idential				
	CATEGORY OF SERVICE Continuing Services:		Installati	on: Non-res					
			Installati • Motel			50.00			
	Continuing Services:			, hotel		50.00			
	Continuing Services: • Pay cable		Motel	, hotel nercial		50.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Motel • Comr • Pay c	, hotel nercial	nannel	50.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Motel • Comr • Pay c • Pay c	, hotel nercial able	nannel	50.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		 Motel Comr Pay c Pay c Fire p 	, hotel nercial able able-add'l cł rotection		50.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	50.00	 Motel Comr Pay c Pay c Fire p 	, hotel nercial able able-add'l ch rotection ar protection		50.00			
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	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	50.00	• Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco • Disco	, hotel nercial able able-add'l ch rotection ar protection rvices: nnect nnect		50.00			
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Name Lakeland Communications Group, LLC Primary Transmitting Primary Entropy Primary Transmitting Primary Entropy Transmitting Primary Entropy Statule Status Primary Entropy Status Primary Entropy		LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM				
G Privacy Testes State Sta	Name				39				
General by your cable system during the accounting perior accounting perior accounted only on a part-lime basis under periods of the section of the system									
General by your cable system during the accounting perior accounting perior accounted only on a part-lime basis under periods of the section of the system				translator stations and low power	r television stations)				
Primary Transmitter: The Static (c) and (c), Tr 63 (c) c) Tr 63 (c) (c) and (c) centain stations cannod on instruction provide set of the static program to any static program to any static program to any statistic program to any static provide set of the static program to any static program to any top static program to any static program to any static program to any static program to any static program to any static program to any static pr	G	carried by your cable syst	em during the accounting period except	(1) stations carried only on a part-	-time basis unde				
statistic program basis, as esplandom, or authorization Terevision Terevision Settistic Basis Statistics With Response (In Bigecial Statement and Program Log)—If 9 Late to be appendice - Division or authorization To be table actions with the space of Division or program services such as HBO, ESPN, etc., Identify eac multitude tasks and with the space I. If the station was carried both on a substitute basis at and also on some of a same table action as a substitute basis at statum social sing. Dr not report origination program services such as HBO, ESPN, etc., Identify eac multitude at stream associated with a statum associating to surver-haid resignation. For example, report multitude in the statum is a network station, an independent station, or a noncommer electronic sectorability of the openeral instructions in the paper AL - Division at the statum is the statum in a network station, an independent station, or a noncommer electronic sectorability of the openeral instructions in the paper AL - Division at the statum is the statum in a network station, an independent station, or a noncommer electronic sectorability of the openeral instructions in the paper AL - Division at the statum is identify the sectorability of the openeral instructions in the paper AL - Division at the statum is identify the sectorability of the openeral instructions in the paper AL - Division at the statum is identify the sectorability of the openeral instructions in the paper AL - Division at the statum is identify the sectorability of the openeral instructions in the paper AL - Division at the statum is identify the sectorability of the openeral instructions in the paper AL - Division at the statum is identify the sectorability of the openeral instructions in the p									
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-Do not latt be station here in space (but do list if in space (the Special Statement and Program Log)If it stats e station examples up and show an audefluide basis and also on some of basis. - Latt be station here, and also in space (, if the station was carried both on a substitute basis and also on some of the set of hutter information concerning stational basis. Since a special () the special () the station is the station according to be over-basir designation. For example, report multister of lower-basir designation for the station is a network station, and the station is concerning of the station is an encode station. If of an operation is a statistic station, or a noncommer of lower-basir designation of the station is station. The station is designed to the theoremult () which the station is lower-basir designation of the station is designed to the station	levision			arried by your cable system on a s	substitute progra				
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Column 1: List each station's call sign. ⁵⁰ not report origination program services such as HBO, ESPN, etc. Identify each multistres WETA-2: as the same on the form. Column 2: Over the dramme number the FCC assigned to the felevision station for broadcasting over the air in its commar of formes. For example, INFC is channel 4 in Washington, D.C. Column 2: Over the dramme number the FCC assigned to the felevision station for broadcasting over the air in its commar of formes. For example, INFC is channel 4 in Washington, D.C. Column 4: Column				d both on a substitute basis and a	also on some oti				
multical stream associated with a station according to its over-the-air designation. For example, report multistre ("YEA-2" as the same on the form. Column 2: (ive the channel number the FCC assigned to the television station for breadcasting over the air in its community of longene. For example, WC is channel in Washington, DC. Column 3: (ive the channel number the station is a network station, an independent station, or a noncommere educational station, by for network, 71 MC (the network number), T (to independent), T-1 (to indepen									
Column 2: (but the chamel number the FCC assigned to the television station for broadcasting over the air in its commune of license. For example, WCG is chamel is a network station, an independent station, or a noncommerce aducational station, by entering the letter 'V for network's MT (for network multicas), "T (for linedge-indent multicas)," (for linedge-indent multicas)," (for linedge-indent multicas), "T (for linedge-indent multicas)," (for linedge-indent multicas)," (for linedge-indent multicas), "T (for linedge-indent multicas)," (for multicas)," (for linedge-indent multicas)," (for linedge-indent multicas)," (for linedge-indent multicas)," (for linedge-indent multicas)," (for multicas), and the common multicas), multicas, and the common multicas, and the common multicas, and the common multicas, and the common multicas, and the multicas, and the common multicas, and the common multicas, and the									
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educational station, by entering the letter 'Pr' (or network), "N-Mr' (for network), "T' (for independent multicas), "E' (for				evision station for broadcasting ov					
Iter independent multical). E ⁺ (for noncommercial educational), or "E-M" (for noncommercial educational multicas For the meaning of these terms, see page (v) of the general instructions in the pager SA1-2 (for Column 4: Give the location of each station. For U.S. stations, list the community to which the station is identified Image: Column 4: Give the location of each station. For U.S. stations, list the community to which the station is identified Image: Column 4: Give the location of each station. Si column 4: Give the name of the community with which the station is identified Image: Column 4: Give the location of each station. Si column 4: Give the name of the community of which the station is identified Image: Column 4: Give the location of each station. Si column 4: Give the name of the community of which the station is identified Image: Column 4: Give the location of each station. Si column 4: Give the name of the community of which the station is identified Image: Column 4: Give the name of the community of which the station is identified Image: Column 4: Give the name of the community with which the station is identified Image: Column 4: Give the name of the community of which the station is identified Image: Column 4: Give the name of the community with which the station is identified Image: Column 4: Give the name of the community with which the station is identified Image: Column 4: Give the name of the community with which the station is identified Image: Column 4: Give the name of the community with									
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_akeland Co	OWNER OF C							SYSTEM 395
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (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 his point, see pa ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio							FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Lakeland Communica	tions Gro	up, LLC					39552
	SUBSTITUTE CARRIAG)G			
	In General: In space I, ident				-	tion that you	r ooblo ovo	tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	vision prog	ram
Statement and Program Log	broadcast by a distant sta	-			-		YES	× NO
r rogram Log	-				() () I		_	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. Lisa abbroviation	s whorover p	occiblo if the	ir moonin	n ic
	In General: List each subs clear. If you need more spa				s wherever p		an meaning	J 15
				vision program ("substitute	e program") t	hat, during th	ne account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming o	of another s	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
			dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerals	, with the n	nonth
			e substitute pr	ogram was carried by you	r cable syste	m List the ti	nes accur	atelv
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regulat		
					r 1			1
						N SUBSTIT		
	S	1	E PROGRAN			AGE OCCU 6. TI		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 –		-
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1								

Accounting Period:	2019/1		FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		ę	SYSTEM ID#
Naille	Lakeland Communications Group, LLC			39552
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transm to compute this a	ission service amount, see \$ 29	
	COPYRIGHT ROYALTY FEE			
L 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 th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600 n.	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 y accounting period is \$52.00	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	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	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but me	ore than \$137,1	00)	
	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	291,082.47		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	27,282.47		
	4. Multiply line 3 by .01	. \$	272.82	
	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.		\$	1,591.82
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Foc and				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,591.82	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,611.82
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lakeland Communications Group, LLC	SYSTEM ID# 39552
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . system carried television broadcast stations .	31
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	93
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Crystal Morley Telephone	715-825-5105
	Address 825 Innovation Avenue (Number, street, rural route, apartment, or suite number) Milltown, WI 54858 (City, town, state, zip) Email crystalm@lakeland.ws Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified ner of the cable system
	Image: Second system X /s/ John K. Klatt 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: John K. Klatt Title: President/CEO (Title of official position held in corporation or partnership) Date: 02/18/19	

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 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 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.

unting Period: 2019/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
eland Communications Group, LLC	395
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 YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statemen Concerning Gros Receipts Exclusio
	_
Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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