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 RECEIVED	AMOUNT			
8/22/2019	\$			
	ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@loc.gov

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

	1								
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		20182 Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
		Ladau Maria							
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.								
		T							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		RURAL BURLEIGH CABLE INCORPORTED							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO BOX 113 (Number, street, rural route, apartment, or suite number)							
		MENOKEN ND 58558 (City, town, state, zip)							
		Political Control Cont							
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:							
		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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	RURAL BURLEIGH CABLE INCORPORTED	63298
	Instructions: List each separate community served by the cable	e system. A "community" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (include	ling unincorporated communities within unincorporated areas and including single,
U		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	
Area		ominiums, or mobile home parks should be reported in parentheses below the
Served	identified city.	
30.754		
	CITY OR TOWN	STATE
First	WING	ND
Community	BISMARCK	ND
	HAZELTON	ND
Add Rows as Necessary	STEELE	ND
	MENOKEN	ND
	WILTON	ND
	MOFFIT	ND
	LINTON	ND

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63298

RURAL BURLEIGH CABLE INCORPORTED

E

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.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,318	61.50				
Service to additional set(s)	80	65.00				
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
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

SYSTEM ID# 63298

RURAL BURLEIGH CABLE INCORPORTED

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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
KBME-TV	22.1	E	PBS - BISMARCK, ND
KBME-TV	22.2	E-M	PBS WORLD - BISMARCK, ND
KBME-TV	22.3	E-M	PBS MN CH - BISMARCK, ND
KBME-TV	22.4	E-M	PBS LIFELONG - BISMARCK, ND
KFYR-TV	31.1	N	NBC - BISMARCK, ND
KFYR-TV	31.2	N-M	FOX - BISMARCK, ND
KFYR-TV	31.3	I-M	ME-TV - BISMARCK, ND
КВМҮ	17.1	N	ABC - BISMARCK, ND
КВМҮ	17.2	I-M	KBMY XTRA - BISMARCK, ND
КВМҮ	17.3	I-M	JUSTICE - BISMARCK, ND
КХМВ	12.1	N	CBS - BISMARCK, ND
КХМВ	12.2	I-M	CW -BISMARCK, ND
KXMB	12.3	I-M	LAFF - BISMARCK, ND
КХМВ	12.4	I-M	ESCAPE - BISMARCK, ND
KNDB	26.1	<u>l</u>	KNDB - BEK
KNDB	26.2	I-M	BEK SPORTS PLUS WEST - BISMARCK, ND
KNDB	26.3	I-M	GRIT
KNDB	26.4	I-M	COZI
KNDB	26.5	I-M	BOUNCE
KNDB	26.6	I-M	QUEST
KNDB	26.7	I-M	COMET
KNDB	26.8	I-M	GET TV
KNDB	26.12	I-M	JEWELRY TV
KFME	13	E	PBS - FARGO, ND

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63298

RURAL BURLEIGH CABLE INCORPORTED

PRIMARY TRANSMITTERS: TELEVISION

G

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFME	13.1	E-M	PBS MN CH - FARGO, ND
KFME	13.2	E-M	PBS LIFELONG - FARGO, ND
KFME	13.3	E-M	PBS WORLD - FARGO, ND
KVRR	19	N	FOX
KVRR	19.1	I-M	ANTENNA
KVLY-TV	11.1	N	NBC - FARGO, ND
KVLY - TV	11.2	N-M	CBS - FARGO, ND
KVLY -TV	11.3	I-M	ME-TV - FARGO, ND
KVLY-TV	11.4	I-M	HEROES & ICONS - FARGO, ND
KVLY-TV	11.5	I-M	CW - FARGO, ND
WDAY-TV	21	N	ABC - FARGO, ND
WDAY-TV	21.2	I-M	WDAY XTRA - FARGO, ND
WDAY-TV	21.3	I-M	JUSTICE - FARGO, ND
KRDK-TV	4.1	I	KRDK - COZI - FARGO, ND
KRDK-TV	4.2	I-M	BEK SPORTS EAST PLUS - FARGO, ND
KRDK-TV	4.3	I-M	GRIT - FARGO, ND
KRDK-TV	4.4	I-M	ESCAPE - FARGO, ND
KRDK-TV	4.5	I-M	BOUNCE - FARGO, ND
KRDK-TV	4.6	I-M	LAFF - FARGO, ND
KRDK-TV	4.7	I-M	COMET TV - FARGO, ND
KRDK-TV	4.8	I-M	BUZZR - FARGO, ND
KRDK-TV	4.9	I-M	QUEST
KRDK-TV	4.1	I-M	GET TV
KRDK-TV	4.12	I-M	JEWLERY TV

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

RURAL BURLEIGH CABLE INCORPORTED

63298

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
							
							
	 						
							
	 						
							
							
							
	T						
	T						
	T						
	T	1		T	T		

A	-1-2040/4						5001	10110E B10E E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STFM:				FORM	SYSTEM ID#
Name	RURAL BURLEIGH CA)				63298
Substitute Carriage: Special Statement and Program Log	substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN During the accounting pe broadcast by a distant state of the programm of the proadcast by a distant state of the period, was broadcast by a distant state of the period, was broadcast by a under certain FCC rules, redumn 1: Give the title period, was broadcast by a under certain FCC rules, redumn 2: If the programm of the case of Mexican or Calumn 3: Give the call Column 4: Give the broadcast by a column 5: Give the broadcast of the case of Mexican or Calumn 5: Give the monofirst. Example: for May 7 grant of the case of Mexican or Calumn 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let	ify every no accounting pring that mu T CONCEPTION, did you tion? ", leave the E PROGRA titute prograce, please of every no distant state gulations, in was broasign of the adcast statinadian statinth and day ve "5/7." es when the Example: ter "R" if the and regulation that and regulation in the and regulations in the and the end that the end that in the and regulation in that the end regulation in that that in the and regulation in that that in the and regulation in that the end in the end in that that the end in that the end in	RNING SUBS The rest of this paradd additional onnetwork televition and that y por authorization broadcon's location (tons, if any, the y when your sy e substitute program carries itsed program carries in effect disparents in e	ision program, broadcast by secific present and former F in this log, see page (v) of the triple of triple of the triple of triple of triple of the triple of	y a distant station, that your cable system carried on a CCC rules, regulations, or authorizations. For a further the general instructions in the paper SA1-2 form. It is any nonnetwork television program YES NO Se "Yes," you must complete the program Se wherever possible, if their meaning is the program in the program. Use numerals, with the month in the program in the program in the program in the program in the program. Use numerals, with the month in the program in the prog			
	ellect off October 19, 1970	•						
		I IBSTITI IT	E PROGRAM	1		N SUBSTITU AGE OCCUF		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM		DELETION
					AND DAT			
							-	
							-71111111111111111111111111111111111111	

Accounting Period:	2019/1				6A1-2E. PAGE 6.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RURAL BURLEIGH CABLE INCORPORTED				63298		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipt	m's seconda how to com	ary transmi pute this a	ssion service mount, see			
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 accounting period is \$52.00	that you mu	ist pay for t	his 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					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	out more that	an \$137,10	00)			
	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)		-		0.00		
	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 t	han \$527,6	600)			
	Enter the amount of gross receipts from space K	517	,542.00				
	2. Base amount under statutory formula		,800.00				
	3. Subtract line 2 from line 1		,742.00				
	4. Multiply line 3 by .01		,	2,537.42			
	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, a	nd 6		\$	3,856.42		
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and							
Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>		3,856.42			
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	Г	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[\$	3,876.42		
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo		-		ghts!		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RURAL BURLEIGH CABLE INCORPORTED	SYSTEM ID# 63298
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.	48
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	141
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 PAUL ERDELT Telephone Address PO BOX 113 (Number, street, rural route, apartment, or sulte number)	701-673-3309
	MENOKEN, ND 58558 (City, town, state, zip) Email ruralburleighcable@yahoo.com 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, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as over 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 herein 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)] X /s/ Paul Erdelt 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: PAUL ERDELT Title: GENERAL MANAGER	system as identified oner of the cable system
	(Title of official position held in corporation or partnership) Date:	20-Aug-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.

ounting Period: 2019/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RAL BURLEIGH CABLE INCORPORTED	63298
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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P
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 transmission made by satellite carriers to satellite dish owners? NO	s
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	ıt. 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	
	lays
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
x 0.00274	
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 plea contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	se
** 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, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	;e
Owner	
Address	
ID number	
First community served	
Accounting period	

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.