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				
08/19/2019	\$ 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	
A	ACCO	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		
		Instructions:
В		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
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
	-	(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:
	'	
		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.

• · · · · · · · · · · · · · · · · · · ·	2040/4	
Accounting Period:	2019/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	63704
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 ho	t will serve as a form of system identification hereafter known
Area Served	identified city.	onie parks snould be reported in parentneses below the
	CITY OR TOWN	STATE
First	MEAD	CO
Community		
Add Rows as Necessary		
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		0.0000
		011111111111111111111111111111111111111
		010111111111111111111111111111111111111

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 63704

TDS Broadband Service LLC

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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	150	\$35.70/Mo.			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel		6.28-14.13			
Commercial					
Converter					
Residential	8	\$5.95/ M o.			
Non-residential					

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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	7.40-19.99	Motel, hotel			
 Pay cable—add'l channel 	10.00	Commercial			
Fire protection		Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	0-49.95	Burglar protection			
Additional set(s)	0-49.95	Other services:			
• FM radio (if separate rate)		Reconnect	0-25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63704

4. LOCATION OF STATION

TDS Broadband Service LLC

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION
KMGH	7.1	N	Denver, CO
KMGH-DT2	7.2	N-M	Denver, CO
KMGH-DT3	7.3	N-M	Denver, CO
KCNC	4.1	N	Denver, CO
KCNC-DT2	4.2	N-M	Denver, CO
KUSA	9.1	N	Denver, CO
KUSA-DT2	9.2	N-M	Denver, CO
KUSA-DT3	9.3	N-M	Denver, CO
KDVR	31.1	l	Denver, CO
KDVR-DT2	31.2	I-M	Denver, CO
KRMA	6.1	E	Denver, CO
KBDI	12.1	E	Broomfield, CO
KBDI-DT2	12.2	E-M	Broomfield, CO
KBDI-DT3	12.3	E-M	Broomfield, CO
KPXC	59.1	<u> </u>	Aurora, CO
KWGN	2.1	<u>l</u>	Denver, CO
KWGN-DT2	2.2	I-M	Denver, CO
KWGN-DT3	2.3	I-M	Denver, CO
KTVD	20.1	<u> </u>	Denver, CO
KTVD-DT2	20.2	I-M	Denver, CO
KQCK	39	<u> </u>	Cheyenne, WY

3. TYPE OF STATION

Add Rows as Necessary

No	2019/1			FORM SA1-2E. PAGE 3.				
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	TDS Broadband Servi	ce LLC		63704				
	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 fo							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

63704

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).

0411 010::	l	0/0		T 0411 01011	l	0.10	L 004TION 05 0T: T: 0:
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	nd: 2019/1						FORI	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		STEM:				1 014	SYSTEM ID#
Name	TDS Broadband Servi				63704			
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant state of the programm of	ify every no coounting phing that mu r CONCERTION, did you tion? ", leave the PROGRA titute prograte, please	period, under spirit be included RNING SUBS ur cable system e rest of this pa AMS am on a separadd additional	ision program, broadcast by becific present and former F in this log, see page (v) of the second program, see page (v) of the second program, on a substitute base ge blank. If your answer is ate line. Use abbreviations	or a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r	ulations, on structions in the twork te must compossible, if	r authorization the paper Selevision prog	ram NO gram
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	gulations, or ies like "mo Bulls." m was broad sign of the adcast statinadian statinhth and day ove "5/7." ees when th Example: er "R" if the and regulation ming that	or authorization or authorization ovies" or "bask ideast live, enti-station broadd on's location (ions, if any, the when your sy e substitute pra program carriens in effect di	ns. See page (v) of the general section. It is the specific program of the community to which the community with which the stem carried the substitute or carried the substitute or carried by you ried by a system from 6:01 m was substituted for proglating the accounting periodetestall.	neral instruct am titles, for e 'No." ram. e station is lid e program. Us r cable systel :15 p.m. to 6 ramming that d; enter the I ler FCC rules	censed by entified). se numera . List the ::28:30 p.r. tyour systetter "P" it sand regu	orther informant of Love Lucy" The FCC or, als, with the rest times accurate, should be term was required the listed problem in	tion. or in nonth ately
	s	UBSTITUT	E PROGRAM	1		N SUBST AGE OC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION

Accounting Period:	2019/1		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SY	63704
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	,131.83 ss 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 \$2 • 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
1	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 \$137,1	00)	
	1. Base amount under statutory formula		
	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)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: d Service LLC				SYSTEM ID# 63704
M Channels	to its subscribers 1. Enter the total system carried	, and (2) the cable system's t number of channels on which	otal number	on which the cable system carried television broadcaer of activated channels during the accounting period.		21
		ble system carried television ast services		stations		80
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		RMATION IS NEEDED (Identify an individual to whom	1	
for Further Information	Name	Stephanie Weber			Telephone (608) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apart Madison, WI 53717 (City, town, state, zip)	ment, or suite	number)		
	Email	finance@tdstel	ecom.con	Fax (optional)		
0	CERTIFICATION (This statement of account m	ust be cert	ified and signed in accordance with Copyright Office r	regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check o	one, <i>but onl</i>	y one, of the boxes.)		
				 a) I am the owner of the cable system as identified in lin 		
	in li	ine 1 of space B and that the c	owner is no	urtnership) I am the duly authorized agent of the owner t a corporation or partnership; or	·	
	in li	ine 1 of space B.		ation) or a partner (if a partnership) of the legal entity ide clare under penalty of law that all statements of fact cor		ier or the cable system
		e, and correct to the best of my		e, information, and belief, and are made in good faith.	named herein	
			X	/s/ Amanda K. Moore		
				electronic signature on the line above to certify this statem ature using an "/s/ signature" (e.g., /s/ John Smith)	nent.	
		Typed or printed	d name:	Amanda K. Moore		
		Title: (Title of o		ant Treasurer held in corporation or partnership)		
		Date:		August 19, 2	019	

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.

counting Period: 2019/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Broadband Service LLC	63704
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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instructionated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners?	the basic of include subction 119." Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 ur For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S	
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	
	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 \$	-
•	st charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assist contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance please
** 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 Clist below the owner, address, first community served, ID number, and accounting period as given in the or	-
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.