This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/07/2019	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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
		Mid Century Telephone Cooperative
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Mid Century Communications
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 380 (Number, street, rural route, apartment, or suite number)
		Fairview IL 61432
		(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	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
<u>l</u>		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Mid Century Telephone Cooperative	637
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including singlist will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Gilson	L.
Community	Yates City	IL
	Fairview	IL
d Rows as Necessary	Victoria	L.
	Ellisville	IL
	Table Grove	IL
	Bishop Hill	IL
	Williamsfield	IL
	Summum	IL
	Lafayette	IL
	Maquon	IL
	Marietta	IL
	Smithfield	IL
	Altona	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM.							-2E. PAGE
Name	Mid Century Telephone	Cooperativ	е						6372
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or D blocks in spar / transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc	JBSCRIE cover all and radi acce F, n eccember ce E call service. gs in that indicated h catego 20/mth"). for advar e form lis ribers. G	categories of o broadcasts b ot here. All the 31, as the cas for the numbe In general, you category (the —not the num ry of service. I Summarize ar nce payment. ts the categori ive the numbe	secondary by your sy- facts you se may be r of subsc u can com number of ber of sets nclude bo ny standar es of seco r of subsc	stem to subscrib state must be th). ribers to the cab pute the numbe persons or org. s receiving servi th the amount or d rate variations ondary transmise ribers and rate f	pers. Give i nose existi nose existi nose existi subscr anizations ce). f the charg swithin a p sion servic or each lis	information ng on the broken ibers in charged e and the particular rate e that cable ted category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a nce again und nas rate catego ers of services	nted as a additiona er "Servi pries for s s that incl	subscriber in I sets would be ce to additiona secondary tran ude one or mo	each appl e included Il set(s)." Ismission ore second	cable category. in the count un service that are lary transmissio	Example: der "Servic different fr ns), list the on of the s	a residential ee to the om those em, together ervice is	
	BLC	DCK 1	·				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential: • Service to first set		526	43.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter		405	15.05					
	Residential		195	45.95					
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services t e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) inform that are r ns: you c nished to usually t he cable stem furr ge was m	mation with res not offered in c do not need to nonsubscriber billed. If any rai system for each ished or offere ade or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco nformation cond formation should arged on a varia pplicable servic he accounting p	ndary trans ærning (1) d include b able per-pro es listed. æriod that	smission services oth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:	40.00		tion: Non-resi	dential		Evpore	lad Cable	64.4
	Pay cable Pay cable—add'l channel	18.00		el, hotel nmercial				led Cable led Digital	61.0 61.0
	• Fire protection			cable			LApant		01.0
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential		-	protection					
	First set			lar protection					
	 Additional set(s) 			ervices:					
	 FM radio (if separate rate) 		• Rec	onnect					
	Converter		• Disc	onnect					
			Outl	et relocation					

				FORM SA1-2E. P/	
Name	LEGAL NAME OF OWNER OF			SYSTEN 63	
	Mid Century Telepho	-			
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station here station was carried <i>only</i> or List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination p d with a station according to its over-the-	(1) stations carried only on a part- ne carriage of certain network program (e)(2) and (4))]; and (2) certain state arried by your cable system on a sum the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct arogram services such as HBO, ES -air designation. For example, reprovision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WMBD	2	N	PEORIA, IL	
	WHBF	4	Ν	ROCK ISLAND, IL	
Rows as Necessary	WEEK	5	Ν	PEORIA, IL	
	KWQC	6	Ν	DAVENPORT, IL	
	KLJB	7	Ν	DAVENPORT, IL	
	NLJD				
	WQAD	8	Ν	MOLINE, IL	
			N N-M		
	WQAD	8		MOLINE, IL	
	WQAD WQAD-DT4	8 10	N-M	MOLINE, IL MOLINE, IL	
	WQAD WQAD-DT4 KQIN	8 10 11	N-M E	MOLINE, IL MOLINE, IL DAVENPORT, IL	
	WQAD WQAD-DT4 KQIN WQPT	8 10 11 12	N-M E E	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL	
	WQAD WQAD-DT4 KQIN WQPT KGCW	8 10 11 12 13	N-M E E	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA	
	WQAD WQAD-DT4 KQIN WQPT KGCW WAOE	8 10 11 12 13 14	N-M E E	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL	
	WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ	8 10 11 12 13 14 15	N-M E E i i i i	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL	
	WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2	8 10 11 12 13 14 15 16	N-M E E i i i i N-M	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL	
	WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2	8 10 11 12 13 14 15 16 19	N-M E E i i i N-M N-M	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL	
	WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WTVP	8 10 11 12 13 14 15 16 19 21	N-M E E i i i i N-M N-M E	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL	
	WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WTVP KWQC-DT2	8 10 11 12 13 14 15 16 19 21 22	N-M E E I I I I N-M E N-M	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL DAVENPORT, IL	
	WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WTVP KWQC-DT2 WQAD-DT3	8 10 11 12 13 14 15 16 19 21 22 23	N-M E E 1 1 1 1 1 1 E N-M E N-M N-M	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL DAVENPORT, IL MOLINE, IL	
	WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WTVP KWQC-DT2 WQAD-DT3 KLJB-DT2	8 10 11 12 13 14 15 16 19 21 22 23 24	N-M E E I I I N-M E E N-M N-M N-M	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL DAVENPORT, IL MOLINE, IL	
	WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WEEK-DT2 WTVP KWQC-DT2 WQAD-DT3 KLJB-DT2 WYZZ-DT2	8 10 11 12 13 14 15 16 19 21 22 23 24 25	N-M E E 1 1 1 1 1 N-M E E N-M N-M N-M N-M N-M	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL DAVENPORT, IL MOLINE, IL DAVENPORT, IL	
	WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WTVP KWQC-DT2 WQAD-DT3 KLJB-DT2 WYZZ-DT2 WMBD-DT2	8 10 11 12 13 14 15 16 19 21 22 23 24 25 26	N-M E I I I I N-M	MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL BLOOMINGTON, IL PEORIA, IL	

Accounting P							FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
Mid Century	relephone	e coop	erative					63725
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during ce ge (v) of the ge system as a se) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2019/1					FC	DRM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Mid Century Telephon	e Cooper	ative				63725
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi					ion. that vour cable svs	stem carried on a
-	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN						
Special Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonne	twork television progra	
Program Log	broadcast by a distant star	tion?				YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete the progi	ram
	log in block 2.						
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their meaning	is
	clear. If you need more spa Column 1: Give the title			sion program ("substitute	orogram") tha	t during the accounti	na
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another s	tation
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informat	ion.
	Do not use general categori "NBA Basketball: 76ers vs.		vies of baske	toall." List specific program	i titles, for exa	ample, "I Love Lucy" of	Dr
			dcast live, ente	"Yes." Otherwise enter "N	lo."		
				sting the substitute progra			-
	the case of Mexican or Can			e community to which the			n
				tem carried the substitute			onth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your o			tely
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						gram
	effect on October 19, 1976.		our system wa				
	s	UBSTITUT	E PROGRAM	l		N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
]			_	
						_	
						_	
						_	

Accounting Period:	2019/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	Mid Century Telephone Cooperative			63725
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation or 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 receipting	em's secondary tra f how to compute t	nsmission servio his amount, see	9,444.90
	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 I Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more infor 	less than \$527,600		
	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 22.00	that you must pay f	or this six-month	
	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 than \$13	7,100)	
	1. Base amount under statutory formula	263,800.00	<u>)</u>	
	2. Enter amount of gross receipts from space K	219,444.90)	
	3. Subtract line 2 from line 1	44,355.10)	
	4. Enter the amount of gross receipts from space K	\$	219,444.90	
	5. Enter the amount from line 3	\$	44,355.10	
	6. Subtract line 5 from line 4	\$	175,089.80	
	7. Multiply line 6 by .005 (enter figure here)		\$	875.45
	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	8	\$	875.45
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$5	27,600)	
	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		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, ar	nd 6		
	FILING FEE AND TOTAL REMITTANCE DUE			
	FILING FEE AND TOTAL REWITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	875.45	
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		\$	895.45
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			ghts!

Accounting Period:	2019/1							FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Telephone Cooperative						SYSTEM ID# 63725
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot on which the	You must give (1) the number of ers, and (2) the cable system's t al number of channels on which d television broadcast stations al number of activated channel cable system carried television	total numb h the cabl s broadcas	nber of ble 	f activated channels during t	the a	ccounting period.	29
N Individual to	INDIVIDUAL T	O BE CONTACTED IF FURTH t about this statement of accourt	IER INFO					
Be Contacted for Further Information	Name	Christina Grigsby					Telephon	e <u>(309) 778-8611</u>
	Address	285 Mid Century Lan (Number, street, rural route, apart Fairview IL 61432 (City, town, state, zip)	ment, or su	Box 3 uite nun	380 mber)			
	Email	christin@midce	entury.co	om			Fax (optional)	
O Certification	 I, the undersigned (Own (Age in the constraint of the	N (This statement of account m ned, hereby certify that (Check or ner other than corporation or p nt of owner other than corpora n line 1 of space B and that the o icer or partner) I am an officer (i n line 1 of space B. ed the statement of account and I ete, and correct to the best of my tion 1001(1986)]	ne, <i>but oni</i> artnershij ition or pa wwner is no f a corpora hereby de	nly one ip) I ar partner not a co ration) eclare i ge, info	e, of the boxes.) am the owner of the cable syst ership) I am the duly authorize corporation or partnership; or) or a partner (if a partnership) e under penalty of law that all s	tem a ed age) of th	s identified in line 1 of space ent of the owner of the cable he legal entity identified as ow nents of fact contained hereir	B; or system as identified ner of the cable system
		Typed or printed Title: (Title of c Date:	Enter sig name: CEO	gnatur Ja	tronic signature on the line abo re using an "/s/ signature" (e.g. ames Broemmer eld in corporation or partnership)			

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 telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

unting Period: 2019/1		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
Century Telephone Cooperative		6372
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrilowing sentence: "In determining the total number of subscribers and the gross amounts paid to the car service of providing secondary transmissions of primary broadcast transmitters, the services and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (vii) of the glocated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners? NO 	right Act by adding the fol- able system for the basic system shall not include sub- pursuant to section 119." general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late		
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located	d in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x - x - x - x - x 0.00274 \$ - (interest charge)	Q Interest Assessme
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