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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Convright

General instruin the first tab				ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
	01 1113	WORDOOK	02/18/2020	ALLOCATION NOMBER	
Α	ACC	DUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting			Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		ary of another corporation, give the full corpor	ate title
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 a single statement of account and royalty fee		e last day of the accounting period should subn g period.	nit a
		Check here if this is the system's first filing	. If not, enter the system's ID number as	signed by the Licensing Division.	33793
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		FT RANDALL CABLE SYSTEMS INC BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		1104 19TH AVE SW #B (Number, street, rural route, apartment, or suite no	umber)		
		WILLMAR, MN 56201			
		(City, town, state, zip)	ess or trade names used to iden	tify the business and operation of the s	system unless these
С				e system, if different from the address of	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
L					
-		111 of title 17 of the United States Code aut		personally identifying information (PII) requested	d on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	FT RANDALL CABLE SYSTEM:	33793 33793
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobilidentified city.	ne nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First		MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	FT RANDALL CABLE S	YSTEMS INC	C						3379
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIE	BERS AND RA	ATES				
E	In General: The information in s		-	-	-	y transmission s	ervice of t	he cable	
_	system, that is, the retransmission								
Secondary	about other services (including p						nose exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	in that	category (the	number o	f persons or org	anizations		
	separately for the particular serv							na and tha	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny standa				
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categor					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system I								
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tw	vo- or thre	e-word description	on of the s	service is	
		DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		31	67.95					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATES	S				
E	In General: Space F calls for rat	e (not subscrib	er) infor	mation with res	spect to al	ll your cable syst	em's serv	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0 /	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	10.95	• Mote	el, hotel					
	 Pay cable—add'l channel 	11.95	• Con	nmercial					
	Fire protection		• Pay	cable					
			• Pay	cable-add'l ch	annel				
	•Burglar protection		— 1						
	•		• Fire	protection			1		
	•Burglar protection	20.00		protection glar protection					
	•Burglar protection Installation: Residential	20.00	• Burg	•					
	•Burglar protection Installation: Residential • First set	20.00	• Burç Other s	glar protection		20.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)	20.00	• Burg Other s • Rec	glar protection ervices:		20.00 N/A			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	20.00	• Burg Other s • Rec • Disc	glar protection ervices: onnect					

ame	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
inie	FT RANDALL CABLE	SYSTEMS INC		3
	PRIMARY TRANSMITTERS:	TELEVISION		
G mary mitters: vision	In General: In space G, idd 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 r • Do <i>not</i> list the station her 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 t Column 4: Give the location	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, 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- le carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WYCW	23	N	
			IN	MINNEAPOLIS, MN
			N	MINNEAPOLIS, MN MINNEAPOLIS, MN
Vecessarv	WFTC	29	N 	MINNEAPOLIS, MN
ecessary		29 45	N I	MINNEAPOLIS, MN MINNEAPOLIS, MN
ecessary	WFTC KSTC	29	N	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN
ecessary	WFTC KSTC KSAX	29 45 42	N I N	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN
ecessary	WFTC KSTC KSAX KCCO	29 45 42 7	N I N N	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN
cessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9	N I N N N	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
ecessary	WFTC KSTC KSAX KCCO KMSP	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN
lecessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
s Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KSTC KSAX KCCO KMSP KWCM	29 45 42 7 9 10	N I N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN ALEXANDRIA, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN

EGAL NAME OF								SYSTEM II 337
								337
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf bignal, indicate Column 4: Co	it is carried by monitoring, to prmation abou rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co sign of o the static ion's sig g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process a 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 this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D		CALL SIGN	AM or EM	S/D		
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2019/2						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	FT RANDALL CABLE	SYSTEMS	INC					33793
	SUBSTITUTE CARRIAGI	E: SPECIA			3			
I	In General: In space I, identi	-	-			on that you	ır cahla svet	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did your	r cable system	carry, on a substitute basi	s, any nonnet	work televi	sion prograi	m
Statement and	broadcast by a distant star	tion?	-				YES	× NO
Program Log	-			- Islanda de servicio antes de la	V		-	
	Note: If your answer is "No'	", leave the r	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations v	wherever nos	sible if the	r meaning i	e
	clear. If you need more spa				vileievei pos		i meaning i	5
				sion program ("substitute p	program") tha	t, during th	e accounting	g
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categori "NBA Basketball: 76ers vs.		les" or "baske	tball." List specific program	i titles, for exa	ampie, "I Lo	ive Lucy" or	
	_		lcast live, enter	"Yes." Otherwise enter "N	0."			
	Column 3: Give the call	sign of the s	tation broadca	sting the substitute program	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can	adian station	ns, if any, the o	community with which the steem carried the substitute p	station is iden	tified).	with the me	nth
	first. Example: for May 7 give		when your sys		logram. Use	numerais,	with the mo	1101
			substitute pro	gram was carried by your o	able system.	List the tin	nes accurate	elv
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."							
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							Iam
	effect on October 19, 1976.		,			5		
						N SUBST		7 REASON FOR
			E PROGRAM 3. STATION'S			AGE OCC		7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM			4. STATION'S LOCATION	CARRI	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	STEM ID# 33793
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	, 581.20
L 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 • 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.	\$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 you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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,	100)	
	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	7,600)	
	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)	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	1. 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 informat		nts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: L CABLE SYSTEMS INC	SYSTEM ID# 33793
M Channels	to its subscrib	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period.	
		ed television broadcast stations	8
	on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	43
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	KRISTI HILBRANDS Telephone 32	20-847-7104
	Address	1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number)	
		WILLMAR, MN 56201 (City, town, state, zip)	
	Email	kristih@hcinet.net Fax (optional) 320-847-7123	
	CERTIFICATIO	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification		gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
		mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste in line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
	(Of	ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B.	of the cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
		X /s/ Bruce Hanson	
		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: BRUCE HANSON	
		Title: TREASURER (Title of official position held in corporation or partnership)	
		Date: 02/17/2020	
	I		

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

unting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RANDALL CABLE SYSTEMS INC	3379
 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 	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	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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