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	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	1-20-20	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CLT Communications, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 47 (Number, street, rural route, apartment, or suite number)
		Clear Lake, WI 54005 (City, town, state, zip)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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)
L		

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 fing, 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		_
D Area Served	CLT Communications, LLC Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	prated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
	CITY OR TOWN	STATE
First	Clear Lake	WI
Community		
Add Rows as Necessary		
		กลายอากการการการการการการการการการการการการกา
		กลายอากการการการการการการการการการการการการกา
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	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								313	
	CLT Communications, L	LC							
-	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIB	ERS AND RA	TES				
E	In General: The information in s		-	-	-	y transmission s	ervice of th	e cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existir	ng on the	
Service: Sub-	Number of Subscribers: Both	N		,	,	/	le svstem.	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n							charged	
	separately for the particular serv							and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				iy standa		, within a b		
	Block 1: In the left-hand block				es of seco	ondary transmis	sion service	e that cable	
	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					service that are	different fro	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e right-hai	nd block. A tw	o- or three	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
			119	404 72					
	Service to first set		119	101.73					
	• 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					
-	In General: Space F calls for rat					l your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, t								
Comisso	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		accury o	linea. In arry ra		arged on a vand	and bei bie	gram saolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				nea. List	these other serv	rices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	/ICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE
	Continuing Services:			ion: Non-resi			0,11200		
	• Pay cable			l, hotel					
	Pay cable—add'l channel			mercial					
	• Fire protection		• Pay o						
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential			protection					
	First set			ar protection					
	Additional set(s)		Other se						
	• FM radio (if separate rate)		• Recc						
	· · · /								
	Converter		• 17151-1	nnect					
	Converter			onnect of relocation					
	• Converter		• Outle	onnect et relocation e to new addre	200				

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	CLT Communications	s, LLC		
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Insmitters: elevision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	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	t (1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- ictions in the paper SA1-2 form. the community to which the station	E-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. BPN, etc. Identify each poort multistream er 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
	КТСА	2	E	St. Paul, MN
	WEUX	48		
	1.5		-	Chippewa Falls, WI
ows as Necessary	WCCO	4	N	Minneapolis, MN
ows as Necessary	WCCO KSTP	•	N N	
ows as Necessary		4		Minneapolis, MN
ows as Necessary	KSTP	4 5	N	Minneapolis, MN St. Paul, MN
ows as Necessary	KSTP WFTC	4 5 29	N	Minneapolis, MN St. Paul, MN Minneapolis, MN
ows as Necessary	KSTP WFTC KMSP	4 5 29 9	N 	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN
ows as Necessary	KSTP WFTC KMSP WQOW KARE	4 5 29 9 18 11	N 1 1 N	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN
ows as Necessary	KSTP WFTC KMSP WQOW KARE WEAU	4 5 29 9 18 11 13	N 1 1 N N N N	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN Eau Claire, WI
ows as Necessary	KSTP WFTC KMSP WQOW KARE WEAU WHWC	4 5 29 9 18 11 13 28	N 1 1 N N N	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN Eau Claire, WI Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Menomonie, WI
ows as Necessary	KSTP WFTC KMSP WQOW KARE WEAU	4 5 29 9 18 11 13	N I I N N N E	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN Eau Claire, WI
ows as Necessary	KSTP WFTC KMSP WQOW KARE WEAU WHWC	4 5 29 9 18 11 13 28	N I I N N N E	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN Eau Claire, WI Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Menomonie, WI
ows as Necessary	KSTP WFTC KMSP WQOW KARE WEAU WHWC	4 5 29 9 18 11 13 28	N I I N N N E	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN Eau Claire, WI Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Menomonie, WI
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ows as Necessary	KSTP WFTC KMSP WQOW KARE WEAU WHWC	4 5 29 9 18 11 13 28	N I I N N N E	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN Eau Claire, WI Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Menomonie, WI
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ows as Necessary	KSTP WFTC KMSP WQOW KARE WEAU WHWC	4 5 29 9 18 11 13 28	N I I N N N E	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN Eau Claire, WI Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Menomonie, WI
ows as Necessary	KSTP WFTC KMSP WQOW KARE WEAU WHWC	4 5 29 9 18 11 13 28	N I I N N N E	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN Eau Claire, WI Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Menomonie, WI
ows as Necessary	KSTP WFTC KMSP WQOW KARE WEAU WHWC	4 5 29 9 18 11 13 28	N I I N N N E	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN Eau Claire, WI Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Menomonie, WI
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ows as Necessary	KSTP WFTC KMSP WQOW KARE WEAU WHWC	4 5 29 9 18 11 13 28	N I I N N N E	Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Minneapolis, MN Eau Claire, WI Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Eau Claire, WI Menomonie, WI

EGAL NAME OF			ISTEM:					SYSTEM
PRIMARY TRA	NOMITTODO							
n General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
pecial Instruct eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	ctions Conce it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	rning Al y the sys be receint the Co l sign of the station tion's sig g a chech n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office r at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can eertain si general i eparate	inal is generally be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
						0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

Accounting Peric	d: 2019/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CLT Communications,	LLC						0
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv nor	network televis	<i>ion program.</i> broadcast by	a <i>distant</i> stati	ion. that vour o	cable svster	n carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN	CONCER	NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>isio</u>	on program	
Statement and Program Log	broadcast by a distant sta	tion?					YES	NO
Frogram Log	Note: If your answer is "No'		root of this pag	a blank. If your anowar is "	Voo " vou mi			-
	,	, leave the	rest of this pag	e blatik. Il your allswel is	res, you mu	ist complete t	ne progran	1
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their r	neaning is	
	clear. If you need more spa						ilouning lo	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.					ampio, 12010	, Each of	
				"Yes." Otherwise enter "N				
				sting the substitute progra		need by the F	CC or in	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			th the mon	th
	first. Example: for May 7 giv	/e "5/7."		·	-			
				gram was carried by your o				y
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sho	uld be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as required	1
	to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period	enter the let	ter "P ["] if the li	sted progra	
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulation	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	JTE	
	S	UBSTITUT	E PROGRAM			AGE OCCU		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. TIN FROM —	IES TO	DELETION
		100 01 110	ON LEE OTOIN		THE BITT	TROM	10	
						_		
						_		
		·						

Accounting Period:	2019/2 FORM SA1-2E	E. PAGE 6.
Name		EM ID#
Name	CLT Communications, LLC	0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	
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 \$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 that you must pay for this six-mon accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	2.00
	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 \$ 5	2.00
	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)	
		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 than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	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	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 6	7.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Name CLT Communications, LLC M Channels Channels Channels Instructions: You must give (1) the number of channels on which the cable system carried teachers based and the system carried teachers based and the system carried teachers based and the sale system carried teachers based and the sale system carried teachers based and the sale system carried teachers based teachers based and the sale system carried teachers based teachers baread teachers based teachers based teachers based teache	Accounting Period:	2019/2	FORM SA1-2E. PAGE
M Instructions: You must give (1) the number of channels on which the cable system carried television boadcast stations to its subscripts, and (2) the cable system is total number of activated channels during the accounting period. 11 Channels Internet of division boadcast stations 11 2. Ever the total number of division boadcast stations 68 N Internet of division boadcast stations 10 Internet of division boadcast stations 10 10 Internet of division boadcast statinons 10 10 <th>Name</th> <th></th> <th>SYSTEM ID</th>	Name		SYSTEM ID
Individual to Be Contacted for Further Name		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	
Information Address • Wender, street, tual route, spatment, or sule number)	Individual to	we can contact about this statement of account.)	
(City, town, state, zp) Email Fax (optional) O Certification • 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 B; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • (Officer or partner] am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system in ine to if space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statement. If BU.S.C. Section 1001(1966) • Officer or partnership • Tim Kusilek If U.S.C. Section 1001(1966) • Tim Kusilek • Typed or printed name: Tim Kusilek • Typed or printed name: Tim Kusilek • Time Ceneral Manager • (The of endial presition held in corporation or partnership)		Address	
O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • O • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • I owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • Inter 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system 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)] Typed or printed name: Typed or printed name: Tim Kusilek. Title: Certarial position like in corporation herein partnership)			
O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)		Email Fax (optional)	
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: Tim Kusilek Title: General Manager (Title of official position held in corporation or partnership)	0	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 owned 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. 	stem as identified
Title: General Manager (Title of official position held in corporation or partnership)		Enter an electronic signature on the line above to certify this statement.	
(Title of official position held in corporation or partnership)			
Date: 1/20/2020		Date: 1/20/2020	

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 telephoi 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: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Communications, LLC	
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 a scribers 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 transmission made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the astellite carrier(a) below.	sub- Concerning Gros 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	ent.
Line 1 Enter the amount of late payment or underpayment	
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
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