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@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook	3/2/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Reporte Data Filing Pariod (antional Lago instructions)	
Accounting		20181 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.	
		6 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	53662
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TRI-CO TECHNOLOGIES LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 70 (Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip)	
-	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl	less these
С		is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
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 sufficiency 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	TRI-CO TECHNOLOGIES LLC	63662
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	CROSSLAKE	MN
Community		
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA						FORM SA1	TEM II
Name	TRI-CO TECHNOLOGIES						515	6366
Е	SECONDARY TRANSMISSION							
–	In General: The information in s system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both					, ,		
scribers and Rates	down by categories of secondary each category by counting the nu							
Rates	separately for the particular servi						charged	
	Rate: Give the standard rate c						e and the	
	unit in which it is generally billed.				rd rate variations	within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ondary transmiss	tion convic	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 o				d in the count und	der "Servic	e to the	
	Block 2: If your cable system I				service that are	different fr	om those	
	printed in block 1 (for example, ti							
	with the number of subscribers a	ind rates, in the	e right-hand block. A	two- or thre	e-word description	on of the s	ervice is	
	sufficient.	DCK 1				BLOCK	`	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB			EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:	643	106	8				
	Service to first set							
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RA	TES				
F	In General: Space F calls for rat	•		•	• •			
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						-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						woro not	
Rales	listed in block 1 and for which a s							
	brief (two- or three-word) descrip							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	RVICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installation: Non-					
			 Motel, hotel 					
	• Pay cable		 Commercial 					
	• Pay cable • Pay cable—add'l channel		Commercial					
			Pay cable					
	• Pay cable—add'l channel		-	channel				
	Pay cable—add'l channel Fire protection		• Pay cable	channel				
	 Pay cable—add'l channel Fire protection Burglar protection 		Pay cablePay cable-add'					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		 Pay cable Pay cable-add' Fire protection Burglar protecti Other services: 					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Pay cable Pay cable-add' Fire protection Burglar protect Other services: Reconnect 					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		 Pay cable Pay cable-add' Fire protection Burglar protection Other services: Reconnect Disconnect 	on				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Pay cable Pay cable-add' Fire protection Burglar protect Other services: Reconnect 	on				

				EVETEM ID
me				SYSTEM ID 6366
	TRI-CO TECHNOLOG			
hary nitters: rision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie 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	<i>bt</i> (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP le-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station in	me basis under ims [sections ions carried on a postitute program iog)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSTP	5	N	ST PAUL MN
		-		
	WCCO	4	N	MINNEAPOLIS MN
essary	WECCO	4 29	N N	MINNEAPOLIS MN MAPLEWOOD MN
essary		•		
ssary	WFTC	29	N	
sary	WFTC	29	N	MAPLEWOOD MN
	KARE	11	N	MINNEAPOLIS MN
ssary	WFTC	29	N	MAPLEWOOD MN
	KARE	11	N	MINNEAPOLIS MN
	KMSP	9	N	EDEN PRAIRIE MN
essary	WFTC	29	N	MAPLEWOOD MN
	KARE	11	N	MINNEAPOLIS MN
	KMSP	9	N	EDEN PRAIRIE MN
	KAWB	22	E	BRAINERD MN
essary	WFTC	29	N	MAPLEWOOD MN
	KARE	11	N	MINNEAPOLIS MN
	KMSP	9	N	EDEN PRAIRIE MN
	KAWB	22	E	BRAINERD MN
cessary	WFTC	29	N	MAPLEWOOD MN
	KARE	11	N	MINNEAPOLIS MN
	KMSP	9	N	EDEN PRAIRIE MN
	KAWB	22	E	BRAINERD MN
cessary	WFTC	29	N	MAPLEWOOD MN
	KARE	11	N	MINNEAPOLIS MN
	KMSP	9	N	EDEN PRAIRIE MN
	KAWB	22	E	BRAINERD MN
ecessary	WFTC	29	N	MAPLEWOOD MN
	KARE	11	N	MINNEAPOLIS MN
	KMSP	9	N	EDEN PRAIRIE MN
	KAWB	22	E	BRAINERD MN
ecessary	WFTC	29	N	MAPLEWOOD MN
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	KAWB	22	E	BRAINERD MN
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	KAWB	22	E	BRAINERD MN
Necessary	WFTC	29	N	MAPLEWOOD MN
	KARE	11	N	MINNEAPOLIS MN
	KMSP	9	N	EDEN PRAIRIE MN
	KAWB	22	E	BRAINERD MN

EGAL NAME OI								SYSTEM I 636
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
eceivable if (1) in the basis of cor detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under 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 proces k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM anto this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		3/0	LOOATION OF STATION	GALL SIGN		3/0	LOOATION OF STATION	
		+						
		+						
		+						

Accounting reno	d: 2019/2						FOF	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	TRI-CO TECHNOLOGI	ES LLC						63662
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every nor	nnetwork televis	sion program, broadcast by	a distant stati	on, that you	ir cable syste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or au	uthorizations	. For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	1-2 form.
Carriage:	1. SPECIAL STATEMEN	-						
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televi	sion prograi	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	S
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	orogram") tha	t durina th	e accounting	a
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	ation
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lo	ove Lucy" or	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra			FOO in	
	the case of Mexican or Can			ne community to which the			e FCC or, in	
	Column 5: Give the mor	th and day	when your sys	tem carried the substitute	program. Use	numerals,	with the mo	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ely
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.2	0.00 p.m. 3		
				was substituted for progra				
	to delete under FCC rules a	and redulation	ons in effect du	iring the accounting period	; enter the let	ter "P" if the	e listed prog	ram
	was substituted for program				r ECC rules a	nd regulation	one in	
	was substituted for program effect on October 19, 1976.	nming that y			r FCC rules a	nd regulatio	ons in	
		nming that y				-		1
	effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	WHE	N SUBST	ITUTE	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	
	effect on October 19, 1976.	UBSTITUT	our system wa	s permitted to delete unde	WHE	N SUBST AGE OCC 6.	ITUTE URRED	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST	ITUTE URRED TIMES	7. REASON FOR

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRI-CO TECHNOLOGIES LLC	SI	STEM ID# 63662
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 transmit (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	, <mark>611.30</mark>
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 \$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. 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		
	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 \$137,10		32.00
	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)	
	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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: HNOLOGIES LLC	SYSTEM ID# 63662
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	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. tal number of channels on which the cable ed television broadcast stations	7 137
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	SHEILA HELLER Telephone	218-692-5081
	Address	PO BOX 70 (Number, street, rural route, apartment, or suite number)	
		CROSSLAKE MN 56442-0070 (City, town, state, zip)	
	Email	sheller@emilytel.com Fax (optional)	
O	I, the undersig (Ow X (Ag (Of I have examinare true, comp	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, but only one, of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; ent 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) of the legal entity identified as owner in line 1 of space B. refer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. refer 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. totin 1001(1986)] Image: A system 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. totin 1001(1986)] Image: A system as identified in a more system as identified in line 1 of space B. Typed or printed name: SHEILA HELLER Title: OFFICE MANAGER / ACCOUNTANT Check of official position held in corporation or partnership) Date: 03/02/2020	stem as identified

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 fing, a determination that would be made by a court of lave.

unting Period: 2019/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
-CO TECHNOLOGIES LLC	630
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not into scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmismade by satellite carriers to satellite dish owners? NO	basic clude sub- n 119." Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment see page (viii) of the general instructions located in the paper SA1-	
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