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

STATEME		FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ctions are located of this workbook	03/06/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20192	Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent co		idiary of another corporation, give the full corp	porate title
Owner	List any other name or names under which	the owner conducts the business of t	he cable system.	
	If there were different owners during the a single statement of account and royalty fee		the last day of the accounting period should su ting period.	bmit a
	Check here if this is the system's first filing.	. If not, enter the system's ID number	assigned by the Licensing Division.	63760
	LEGAL NAME OF OWNER/MAILING			
	VALU-NET LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF O	4		
	(Number, street, rural route, apartment, or suite nu EMPORIA, KS, 66801 (City, town, state, zip)	imber)		
С	INSTRUCTIONS: In line 1, give any busine names already appear in space B. In line 2			
Svstem	IDENTIFICATION OF CABLE SYSTEM:			

 1
 Image: Section Control of Order Contro of Order Control of Order Control of Order Control of O

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	VALU-NET LLC	63760
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or n	ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter knownings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	EMPORIA	KS
Community	BALDWIN CITY	KS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM I
Name	VALU-NET LLC	ADLE STOTEM						010	637
E	SECONDARY TRANSMISSION In General: The information in s	pace E should	cover all	categories of se	econdar	•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	, , ,	,		,		those exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv		0			•	0	s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed				standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc				,				
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system					service that ar	a different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.								
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		1,803	35.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		34	41.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for ra				ect to a	ll your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There are furnished at cost or (2) services	•	-	•			•	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		2		C		5 ,	
ransmissions:	Block 1: Give the standard rat	• •				••			
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip		-						
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIC	CE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installat	ion: Non-reside	ential				
	• Pay cable	19.95	• Mote	l, hotel			NFL Ne	etwork	64
	1	15.99	• Com	mercial					I
	 Pay cable—add'l channel 		• Pay o	ahle					I
	Pay cable—add'l channel Fire protection		,	Jubic			1		
	-		-	cable-add'l chan	nel				
	Fire protection		• Pay o		nel				
	Fire protection Burglar protection		• Pay o • Fire j	cable-add'l chan	nel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay o • Fire j	cable-add'l chan protection ar protection	nel				
	 Fire protection Burglar protection Installation: Residential First set 		• Pay o • Fire p • Burg	cable-add'l chan protection ar protection prvices:	nel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay o • Fire p • Burg Other se • Reco	cable-add'l chan protection ar protection prvices:	nel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay o • Fire (• Burg • Burg • Reco • Disco	cable-add'l chan protection ar protection p rvices: nnect	nel				

	2019/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	VALU-NET LLC			6376
G Primary nsmitters: elevision	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 m • 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	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations c: ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. 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	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each
	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 FCC. For Mexican or Cana	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t	station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. It the community to which the station he community with which the station	a noncommercial pendent), "I-M" tional multicast). n is licensed by the m is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WIBW	13	N	Topeka, KS
	KTMJ	43	N	Topeka, KS
ws as Necessary	KSNT	27	N	Topeka, KS
s as Necessary	KSNT KTKA	27 49	N I	Topeka, KS Topeka, KS
rs as Necessary				
s as Necessary	КТКА	49		Topeka, KS
s as Necessary	KTKA KSMO	49 32	 	Topeka, KS Kansas City, MO
s as Necessary	KTKA KSMO WDAF	49 32 34	 	Topeka, KS Kansas City, MO Kansas City, MO
s as Necessary	KTKA KSMO WDAF KCTV	49 32 34 24	I I N N	Topeka, KS Kansas City, MO Kansas City, MO Kansas City, MO
rs as Necessary	KTKA KSMO WDAF KCTV KMBC	49 32 34 24 29	I I N N N	Topeka, KS Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO
vs as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB	49 32 34 24 29 36	I I N N N	Topeka, KSKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MO
ws as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI	49 32 34 24 29 36 25	I I N N N	Topeka, KS Kansas City, MO Lawrence, KS
vs as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI KPXE	49 32 34 24 29 36 25 30	I I N N N I I	Topeka, KS Kansas City, MO Lawrence, KS Kansas City, MO
ws as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI KPXE KTWU	49 32 34 24 29 36 25 30 11	I I N N N N I I I E	Topeka, KSKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MOLawrence, KSKansas City, MOTopeka, KS
ws as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI KPXE KTWU KTWU-DT2	49 32 34 24 29 36 25 30 11 11.2	I I N N N I I I E E-M	Topeka, KSKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MOLawrence, KSKansas City, MOTopeka, KSTopeka, KS
ws as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI KPXE KTWU KTWU-DT2 KTWU-DT3	49 32 34 24 29 36 25 30 11 11.2 11.3	I I N N N I I I E E E-M E-M	Topeka, KS Kansas City, MO Lawrence, KS Kansas City, MO Topeka, KS Topeka, KS Topeka, KS
ws as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI KPXE KTWU KTWU-DT2 KTWU-DT3 KTKA-DT2	49 32 34 24 29 36 25 30 11 11.2 11.3 49.2	I I N N N I I I E E E-M E-M I-M	Topeka, KS Kansas City, MO Lawrence, KS Kansas City, MO Topeka, KS Topeka, KS Topeka, KS Topeka, KS Topeka, KS Topeka, KS
ws as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI KPXE KTWU KTWU-DT2 KTWU-DT3 KTKA-DT2 WIBW-DT2 KTKA-DT3	49 32 34 24 29 36 25 30 11 11.2 11.3 49.2 13.2 49.3	I I N N N I I I E E E-M E-M I-M I-M I-M	Topeka, KSKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MOLawrence, KSKansas City, MOTopeka, KSTopeka, KS
ws as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI KPXE KTWU KTWU-DT2 KTWU-DT2 KTWU-DT3 KTKA-DT2 WIBW-DT2	49 32 34 24 29 36 25 30 11 11.2 11.3 49.2 13.2	I I N N N I I I E E E-M E-M I-M I-M	Topeka, KS Kansas City, MO Lawrence, KS Kansas City, MO Topeka, KS Topeka, KS Topeka, KS Topeka, KS Topeka, KS Topeka, KS
ws as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI KPXE KTWU KTWU-DT2 KTWU-DT3 KTKA-DT2 WIBW-DT2 KTKA-DT3	49 32 34 24 29 36 25 30 11 11.2 11.3 49.2 13.2 49.3	I I N N N I I I E E E-M E-M I-M I-M I-M	Topeka, KSKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MOLawrence, KSKansas City, MOTopeka, KSTopeka, KS
ws as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI KPXE KTWU KTWU-DT2 KTWU-DT3 KTKA-DT2 WIBW-DT2 KTKA-DT3	49 32 34 24 29 36 25 30 11 11.2 11.3 49.2 13.2 49.3	I I N N N I I I E E E-M E-M I-M I-M I-M	Topeka, KSKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MOLawrence, KSKansas City, MOTopeka, KSTopeka, KS
ws as Necessary	KTKA KSMO WDAF KCTV KMBC KSHB KMCI KPXE KTWU KTWU-DT2 KTWU-DT3 KTKA-DT2 WIBW-DT2 KTKA-DT3	49 32 34 24 29 36 25 30 11 11.2 11.3 49.2 13.2 49.3	I I N N N I I I E E E-M E-M I-M I-M I-M	Topeka, KSKansas City, MOKansas City, MOKansas City, MOKansas City, MOKansas City, MOLawrence, KSKansas City, MOTopeka, KSTopeka, KS

EGAL NAME OF		JABLE 5	YSTEM:					SYSTEM 637
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes 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 his point, see par ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral in parate a	be expected, ated 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	

Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	VALU-NET LLC							63760
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	DG			
	In General: In space I, ident	ifv everv no	nnetwork telev	<i>ision program.</i> broadcast b	v a <i>distant</i> sta	ition. that vo	ur cable svs	tem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	pecific present and former l	CC rules, reg	ulations, or	authorization	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute b	asis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer	ie "Vee " vouu	must compl	-	
	-			age blank. If your answer	is 103, your	inusi compi	ete tile prog	jram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	neir meaning	g is
	clear. If you need more spa	ice, please	add additiona	I rows to the tables.				-
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.				,,	, -	,	
				er "Yes." Otherwise enter				
				casting the substitute prog				·
	the case of Mexican or Car			the community to which the community with which the			ine FCC or,	IN
				stem carried the substitut			s, with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to t	5:28:30 p.m	. should be	
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your syste	m was requ	iired
	to delete under FCC rules							
	was substituted for program	•	your system w	as permitted to delete un	der FCC rules	s and regula	ations in	
	effect on October 19, 1976	•						
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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Accounting Period:	2019/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID 6376
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 c 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, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	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
	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 \$ 378,630.00
	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 \$ 0.61
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 2,467.91
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and	
Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
	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 \$ 2,487.91
	EFT Trace # or TRANSACTION ID # 2602JK7V
	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.

Accounting Period	2019/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: C				SYSTEM ID# 63760
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	You must give (1) the number rs, and (2) the cable system's al number of channels on which t television broadcast stations al number of activated channe cable system carried television cast services	total number of act ch the cable s	ivated channels during the	accounting period.	15 <mark>18</mark>
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accou		DN IS NEEDED (Identify an		
for Further Information	Name	Richard Tidwell			Telepho	ne 620-208-5000
	Address 	2914 W HIGHWAY 5 (Number, street, rural route, apar EMPORIA, KS, 6680 (City, town, state, zip) Rick@myvalu	rtment, or suite number)		
O	I, the undersign (Own X (Ager in (Offic in · I have examine	Typed or printe Title:	a one, <i>but only one</i> , or partnership) I am t iration or partnersh owner is not a corp (if a corporation) or d hereby declare un ny knowledge, inforr X /s/ Ri Enter an electroni Enter signature us ed name: Rich President	of the boxes.) he owner of the cable system ip) I am the duly authorized oration or partnership; or a partner (if a partnership) of der penalty of law that all sta	m as identified in line 1 of spa agent of the owner of the cal of the legal entity identified as atements of fact contained he nade in good faith.	ace B; or ble system as identified s owner of the cable system
		Date:			March 6, 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ALU-NET LLC	63760
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	~
Line 1 Enter the amount of late payment or underpayment	7.30 Interest Assessment
Line 1 Enter the amount of late payment or underpayment	4.67
Line 1 Enter the amount of late payment or underpayment	4.67
Line 1 Enter the amount of late payment or underpayment	4.67 /s
Line 1 Enter the amount of late payment or underpayment	4.67 /s 2.06
Line 1 Enter the amount of late payment or underpayment	4.67 /s 2.06
Line 1 Enter the amount of late payment or underpayment	4.67 /s 2.06
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Line 1 Enter the amount of late payment or underpayment	4.67 /s 2.06
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Line 1 Enter the amount of late payment or underpayment	4.67 /s 2.06

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