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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable System General instruct in the first table	ctions	are located	8/5/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optiona	ıl - see instructions)	
		Instructions:			
В		Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full co	rporate title
Owner				the achie sustant	
Owner		List any other name or names under which	the owner conducts the business of t	the cable system.	
				the last day of the accounting period should sting period should sting period.	submit a
		single statement of account and royalty fe	e payment covering the entire accour	iting period.	334
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
		Manning Municipal Utilities			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	Γ)	
			Υ.	,	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		321 Center Street			
		(Number, street, rural route, apartment, or suite n Manning, IA 51455	umber)		
		(City, town, state, zip)			
С				ntify the business and operation of the ne system, if different from the addres	
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)			

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Nume	Manning Municipal Utilities	334
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowr gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	buile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Manning	lowa
Community		
Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID	
Name	Manning Municipal Utili		•					515	33	
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable		
-		•		-		•				
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Bot	•					,			
scribers and Rates	down by categories of secondar each category by counting the n	•				•				
nutoo	separately for the particular serv			0,0		•		onargou		
	Rate: Give the standard rate of									
	unit in which it is generally billed				ny standa	rd rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondary transmis	ssion servi	ce that cable		
	systems most commonly provide	•		•						
	that applies to your system. Not	e: Where an ir	ndividua	l or organizatior	is receiv	ing service that	falls unde	r different		
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	nder "Servi	ce to the		
	Block 2: If your cable system					service that are	different	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-ł	nand block. A tw	o- or thre	e-word descript	ion of the	service is		
	sufficient.	OCK 1					BLOC	(2		
		NO. OF		D 4 T 5				NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI	
	Service to first set		299	70.45						
	Service to additional set(s)		233	70.45						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATES	6					
F	In General: Space F calls for ra	•	,		•	• •				
•	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services	•			•		0 (,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not		
Nates	listed in block 1 and for which a									
	brief (two- or three-word) descrip	ption and inclue	de the r	ate for each.						
		PI O	CK 1					BLOCK 2		
		DLU								
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services:	1		GORY OF SER	-	RATE	CATEG	ORY OF SERVICE	RATE	
		1	Installa		-	RATE	CATEG	DRY OF SERVICE	RATE	
	Continuing Services:	1	Installa • Mo	ation: Non-resi	-	RATE	CATEG	DRY OF SERVICE	RATE	
	Continuing Services: • Pay cable	1	Installa • Mo • Co	ation: Non-resi tel, hotel	-	RATE	CATEG	DRY OF SERVICE	RATI	
	Continuing Services: • Pay cable • Pay cable—add'l channel	1	Installa • Mo • Co • Pay	ation: Non-resi tel, hotel mmercial	dential	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	Installa • Mo • Col • Pay • Pay • Fire	ation: Non-resi tel, hotel mmercial y cable y cable-add'l cha e protection	dential	RATE	CATEG	DRY OF SERVICE	RATI	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	1	Installa • Mo • Col • Pay • Pay • Fire	ation: Non-resi tel, hotel mmercial y cable y cable-add'l cha	dential	RATE	CATEG	DRY OF SERVICE	RATI	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	1	Installa • Mo • Col • Pay • Pay • Fire • Bui	ation: Non-resi tel, hotel mmercial y cable y cable-add'l cha e protection	dential	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	1	Installa • Mo • Col • Pay • Pay • Fire • Bui Other	ation: Non-resi tel, hotel mmercial y cable y cable-add'l ch: e protection rglar protection	dential	RATE	CATEGO	DRY OF SERVICE	RATI	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	Installa • Mo • Col • Pay • Pay • Fire • Bui Other	ation: Non-resi tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection services:	dential	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	1	Installa • Mo • Co • Pa • Pa • Fire • Bu • Bu • Cther • Re • Dis	ation: Non-resi tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection services: connect	dential	RATE	CATEGO	DRY OF SERVICE	RATI	

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Manning Municipal U			334
G Primary ansmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> 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 to Column 4: Give the location	TELEVISION entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (th 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 the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s tring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state 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 program services such as HBO, ESI e-air designation. For example, repo- rision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations 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 eendent), "I-M" ional multicast).
	FCC. For Mexican or Canar	dian stations, if any, give the name of th	he community with which the station	4. LOCATION OF STATION
	II OALL OIGH			
	KMTV	3	N	OMAHA, NE
	WOI	5	N	DES MOINES, IA
Rows as Necessary	WOI KETV	5 7	N N	DES MOINES, IA OMAHA, NE
ows as Necessary	WOI KETV KCCI	5 7 8	N N N	DES MOINES, IA
ows as Necessary	WOI KETV	5 7	N N	DES MOINES, IA OMAHA, NE
ws as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
ws as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
ows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
vs as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
iws as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
ows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
ows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
ows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
Rows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
Rows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
Rows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
Rows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
tows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
ows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
Rows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
Rows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA
Rows as Necessary	WOI	5	N	DES MOINES, IA
	KETV	7	N	OMAHA, NE
	KCCI	8	N	DES MOINES, IA
	WHO	13	N	DES MOINES, IA
	KDSM	17	N	DES MOINES, IA

EGAL NAME OF			YSTEM:					SYSTEM
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper 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. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	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 his point, see pa ed by the cable s e station is licens	adend, 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, ated intervals. nstructions in the. and discrete	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							FOR	VI SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Manning Municipal Ut	ilities						334
	SUBSTITUTE CARRIAG				G			
1		-	-			tion that was		town convict on a
•	In General: In space I, ident substitute basis during the a			10,		· ·	,	
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	 During the accounting per 				sis. anv noni	network tele	evision proa	ram
Statement and	broadcast by a distant sta		,	,	, ,			X NO
Program Log						L	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must compl	ete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if th	neir meaning	g is
	· ·			vision program ("substitute	e program") t	hat. during	the account	ina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pr	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
			dcast live ent	er "Yes." Otherwise enter	"No "			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
				the community to which th			he FCC or,	in
	the case of Mexican or Car						o with the r	nonth
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. O	se numerai	s, with the r	nonun
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m. List the t	times accur	ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming the	t vour eveto	m was rogu	irod
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
	s	UBSTITUT	E PROGRAM	1		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
1								

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Manning Municipal Utilities	334
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you p all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	transmission service
	COPYRIGHT ROYALTY FEE	
L 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 equ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 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 pa accounting period is \$52.00	y for this six-month
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$	137,100)
	1. Base amount under statutory formula \$ 263,800	0.00
	2. Enter amount of gross receipts from space K \$ 147,625	5.18
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	116,174.82
	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	\$ 157.25
	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	0.00
	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	0.00
	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)	157.25
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 177.25
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Manning Municipal Utilities	SYSTEM ID# 334
M Channels	CHANNELS 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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	120 81
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		12-655-2660
	Address 321 Center Street (Number, street, rural route, apartment, or suite number) Manning, IA 51455 (City, town, state, zip) Email Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 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; X (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 owner 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)] 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: Elizabeth Swearingen	stem as identified
	Title: Administrative Asst. (Title of official position held in corporation or partnership)	
	Date: 8/5/2020	

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.

bunting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
nning Municipal Utilities	33
 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? X NO Y ES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
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 Interest Assessmer
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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