U.S. COPYRIGHT OFFICE

INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT The SA1-2E is a U.S. Copyright Office Form

Email completed workbook to:

coplicsoa@loc.gov Submitting the form

- · This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).
- · When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@loc.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

- · Alphabetization: Alphabetization is NOT required for any spaces.
- · Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.
- · Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.
- · Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at:

https://www.copyright.gov/forms/sa1-2.pdf

Page 1 - Spaces A-C

- · Space A fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., "2017/1").
- · Space B If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- · Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.
- · Barcode Data In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.
- For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 – Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 – Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

 $\cdot \quad \text{Section 2-Information can be manually entered into the highlighted areas where applicable.}$

Page 6 - Spaces K-L

- $\cdot\quad$ Space K input the total gross receipts for the cable system in the highlighted box.
- · Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.

Page 7 – Spaces M-O

- · Manually enter information into highlighted spaces as applicable.
- · The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith).

Page 8 – Spaces P-Q

 \cdot $\;$ Manually enter information into highlighted spaces as applicable.

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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
7-11-20	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1	
A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20201 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Laboration .
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
		ALPINE CABLE TELEVISION LC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1008 (Number, street, rural route, apartment, or suite number)
		ELKADER, IA 52043
		(City, town, state, zp)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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		IDENTIFICATION OF CABLE SYSTEM:
	1	
		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 suffciency of the fling, a determination that would be made by a court of law.

A	2020/4	
Accounting Period	: 2020/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ALPINE CABLE TELEVISION LC	63226
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 hotels.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ELKADER	IA
Community		
Add Rows as Necessary		

Accounting Period: 2020/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63226

ALPINE CABLE TELEVISION LC

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable 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 last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:									
 Service to first set 	52	42.45	ESSENTIALS PACKAGE	140	60.00				
 Service to additional set(s) 			PREMIER PACKAGE	78	70.00				
 FM radio (if separate rate) 									
Motel, hotel									
Commercial									
Converter									
 Residential 									
Non-residential									

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		CINEMAX	16.00
• Pay cable—add'l channel		Commercial		HBO	18.00
Fire protection		• Pay cable		SHOWTIME	17.00
•Burglar protection		Pay cable-add'l channel		STARZ	15.00
Installation: Residential		Fire protection			
First set	124.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63226

ALPINE CABLE TELEVISION LC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCRG	9	N	CEDAR RAPIDS, IA
KFXA	27	<u> </u>	CEDAR RAPIDS, IA
KGAN	51	N	CEDAR RAPIDS, IA
KPXR	47	<u> </u>	CEDAR RAPIDS, IA
KRIN	35	E	WATERLOO, IA
KWKB	25	<u> </u>	IOWA CITY, IA
KWWF	22	<u> </u>	WATERLOO, IA
KWWL	7	N	WATERLOO, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63226

ALPINE CABLE TELEVISION LC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KCTN	FM		Garnavillo, IA				
	 						
			 				
			 				
	-						
	 						
			 				
	-						
	 						
			 				
	-		 				
	-						
	 						
	-						

Associating Dovid	.d. 2020/1						FORM	ACA4 OF DACE F
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#
Name	ALPINE CABLE TELE							63226
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ify every no accounting pring that multiple pring that multiple pring that multiple pring the programmer. It is a principle programmer to the programmer of every not a distant state egulations, or ies like "more prings like "mor	nnetwork televineriod, under spist be included RNING SUBS ur cable system e rest of this paramon a separadd additional onnetwork televion and that your authorizatio	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute base age blank. If your answer is rate line. Use abbreviations I rows to the tables. vision program ("substitute our cable system substitutes. See page (v) of the ger	a distant starce regeneral instructions and instructions	network telemust compossible, if the hat, during ogramming tions for fur	authorization the paper S evision prog YES lete the prog their meaning the account of another ither informa	ns. For a further A1-2 form. ram X NO gram g is ing station tion.
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	sign of the adcast statinadian statinath and day we "5/7." es when the Example: er "R" if the and regulatinming that	station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect of your system w	estem carried the substitute ogram was carried by your ried by a system from 6:01 m was substituted for programment during the accounting perion was permitted to delete und	ram. e station is lie e station is id e program. U r cable syste :15 p.m. to 6 ramming that d; enter the l er FCC rules	lentified). se numeral m. List the 6:28:30 p.m t your syste letter "P" if s and regula	Is, with the nation of times accurate should be seen was required the listed practices in	nonth ately <i>iired</i> ogram
	S	UBSTITUT	E PROGRAM	1	CARRI	7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
							_	

Accounting Period:	2020/1			A1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC		S	YSTEM ID# 63226							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amall amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see	1,580.56 pss receipts)							
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 the Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	nan \$527,600	263,800								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS									
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	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										
	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 m										
	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		141,580.56								
	5. Enter the amount from line 3		122,219.44								
	6. Subtract line 5 from line 4										
	7. Multiply line 6 by .005 (enter figure here)			96.81							
	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		\$	96.81							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	t less than \$527	,600)								
	A Fatable annual of annual state from annual V										
	1. Enter the amount of gross receipts from space K	000 000 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	·	0.00								
	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)	\$	96.81								
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		\$	116.81							
	Important: Your remittance must be in the form of an electronic payment pay. See page i of the general instructions in the paper SA1-2 form for	-		hts!							

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF OV	VNER OF CABLE SYSTEM: TELEVISION LC			SYSTEM ID# 63226			
M Channels	to its subscribers, and to its subscribers, and the system carried to the cabon to its subscribers.	and (2) the cable system's total number of channels on which the elevision broadcast stations number of activated channels alle system carried television br	tal numb	t stations	343			
N Individual to	INDIVIDUAL TO E		R INFO	RMATION IS NEEDED (Identify an individual to whom				
Be Contacted for Further Information	Name	MARGARET CORLET	T	Telephone	(563) 245-4481			
	· (PO BOX 1008 (Number, street, rural route, apartme ELKADER, IA 52043 (City, town, state, zip) MCORLETT@AL		COMMUNICATIONS.COM 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; 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 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 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.							
		Typed or printed n	Enter sign name:	/s/ Chris Hopp electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) CHRIS HOPP F OPERATING OFFICER on held in corporation or partnership)				

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
PINE CABLE TELEVISION LC	63226
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 Mailing Address	
INTEDEST ASSESSMENT	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served Accounting period	

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CONTROL #: REMITTANCE #:

(F	Ca	ble rksheet	Total amount of remittance	Numb	per of SAs rec'd Initials			
	Wo	rksheet						
			Date of remittance	Check	☐ EFT	☐ FILIN	IG FEES	
Cable ID#						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocation	number			
Space A Accounting Period								
	☐ Janu	ary 1 - June 30, 2017]	July 1 - December	r 31, 2017			
	☐ Lette	er sent]	☐ Information receiv	ved			
	☐ Acce	pted	☐ Phone call/Date/Contact					
Space B Owner								
	☐ Lette	er sent]	☐ Information receiv	ved			
	☐ Acce	pted	☐ Phone call/Date/Contact					
Space D Area Served								
	☐ Lette	er sent]	☐ Information receiv	ved			
	☐ Acce	pted]	☐ Phone call/Date/C	Contact			
Space E Secondary Transission								
Service Subscribers:	Lette	er sent]	☐ Information receiv	ved			
and Rates	☐ Acce	pted	[☐ Phone call/Date/C	Contact			
Space G Primary Transmitters:								
Television	Lette	er sent	ı	☐ Information recei	ved			
	☐ Acce	pted		☐ Phone call/Date/0	Contact			
Space H Primary Transmitters:								
Radio	☐ Acce	pted		☐ Phone call/Date/0	Contact			

		Space I Substitute Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐ Information received	(SA3 only)
Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Letter sent	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐ Information received	
Accepted	☐ Phone call/Date/Contact	
		Space O Certification
Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact	