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@copyright.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

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- · 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.
- Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

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). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

· 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					
8-28-20	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		yondoo Broadband LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 22467 (Number, street, rural route, apartment, or suite number)
		Baltimore MD 21203 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		yondoo Broadband Canton
		MAILING ADDRESS OF CABLE SYSTEM: PO Box 22467
	2	(Number, street, rural route, apartment, or suite number) Baltimore MD 21203 (City, town, state, zip code)
		(ony, one, zp odd)

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#					
Name	yondoo Broadband LLC	63747					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the						
Area Served	identified city.	or mobile nome parks should be reported in parentneses below the					
		OTATE					
First	CITY OR TOWN Canton	STATE					
Community							
dd Rows as Necessary							

									SA1-2E	
Name	LEGAL NAME OF OWNER OF C		:					3	YSTE P	=1VI IL 6374
	yondoo Broadband LLC									001-
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIE	BERS AND R	ATES					
E	In General: The information in s	•		-		•				
Secondary	system, that is, the retransmission about other services (including particulation)									
Transmission	last day of the accounting period	, , ,	,		,					
Service: Sub-	Number of Subscribers: Both	•								
scribers and	down by categories of secondar					•				
Rates	each category by counting the n separately for the particular serv			•••		•		charged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	. (Example: "\$	20/mth").	Summarize a	ny standa	rd rate variatior	s within a	particular rate		
	category, but do not include disc				ing of any			a that askis		
	Block 1: In the left-hand block systems most commonly provide	•		-		-				
	that applies to your system. Not							0,		
	categories, that person or entity	should be cou	nted as a	subscriber in	each app	licable category	. Example	a residential		
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t									
	with the number of subscribers a									
	sufficient.	0014.4			1		D 1 0 01			
	BLC	OCK 1 NO. OF					BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBER	s	RAT
	Residential:									~~
	Service to first set		35	84.95	Starter				6	26.
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential Non-residential									
	• Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		IONS: RATE	s					
F	In General: Space F calls for ra	te (not subscril	ber) infor	mation with re	spect to a	Il your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t	hose services		not offered in	oombinatic					
							ondary trar			
Sarvicas	service for a single fee. There are furnished at cost or (2) services	•		lo not need to	give rate	information cor	ondary tran cerning (1)) services		
Services Other Than	service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur	or facilities fur	nished to	lo not need to nonsubscribe	give rate ers. Rate ir	information cor	ondary trar cerning (1) ld include) services both the		
	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furn nit in which it is rate column.	nished to usually t	lo not need to nonsubscribe billed. If any ra	give rate ers. Rate ir ates are ch	information cor nformation shou narged on a var	ondary trar cerning (1) Id include able per-p) services both the		
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat	or facilities furn hit in which it is rate column. te charged by t	nished to usually t the cable	lo not need to nonsubscribe billed. If any ra system for ea	give rate ers. Rate ir ates are ch ach of the a	information con oformation shou narged on a var applicable servi	ondary tran cerning (1) Id include able per-p ces listed.) services both the rogram basis,		
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	or facilities furn hit in which it is rate column. te charged by t t your cable syst	hished to usually t the cable stem furr	lo not need to nonsubscribe pilled. If any ra system for ea ished or offer	give rate ers. Rate in ates are ch ach of the ed during	information con nformation shou narged on a var applicable servi the accounting	ondary tran cerning (1) Id include able per-p ces listed. period that) services both the rogram basis, were not		
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nting Period:	2020/1			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	yondoo Broadband L	LC		63747					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary ansmitters: relevision	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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 								
		on concerning substitute basis stations,							
	multicast stream associated "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. a case whether the station is a network pring the letter "N" (for network), "N-M"	e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe	rt multistream he air in its community noncommercial endent), "I-M"					
		, "E" (for noncommercial educational), o erms, see page (iv) of the general instru		onal multicast).					
	Column 4: Give the locatio	n of each station. For U.S. stations, list	t the community to which the station i						
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station	is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KHQA	7	Ν	Hannibal MO					
	KHQA	7.1	N	Hannibal MO					
Necessary	KIIN PBS	12	E	lowa					
	KIIN PBS Create	12.4	E-M	lowa					
	KIIN PBS World	12.3	E-M	lowa					
	WTJR	16.1	l	Hannibal MO					
	WGEM	10.1	Ν	Hannibal MO					
	WGEM	10.4	N-M	Hannibal MO					
	WGEM	10.2	N-M	Hannibal MO					
	WGEM	10.3	N	Hannibal MO					

EGAL NAME OI								SYSTEM 637
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C item whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	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 enna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	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 Period: 2020/1 FORM SA1-2E. PAGE 5.								
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	yondoo Broadband LL	.C						63747
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	-	-			tion that you	r cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in t	he paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE						
Special Statement and	 During the accounting per 	uring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program						
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this no	an blonk. If your answer i	- "V " vouu		-	
	Note: If your answer is "No	, leave the	e rest or this pa	ige blank. If your answer i	s res, you	must comple	te the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle if the	ir meaning	n is
	clear. If you need more spa				o wherever p		in meaning	J 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		Jues of Dask	etball. List specific progra		example, i L	ove Lucy	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			e FCC or,	in
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi				o program o			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour system	n was requ	ired
	to delete under FCC rules							
	was substituted for program							5
	effect on October 19, 1976							
					WHF	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO	
						_		
							-	
							-	
						_		
						_		
						_		
						=		
						_		
						_		
1								

Accounting Period:	2020/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:
	yondoo Broadband LLC 6374
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 from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(• 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 \$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	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
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
	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 \$ 67.00
	EFT Trace # or TRANSACTION ID # M&T Transaction ID 586
	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:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF yondoo Broa	F OWNER OF CABLE SYSTEM: adband LLC	SYSTEM ID# 63747
M Channels	 to its subscribe 1. Enter the to system carrie 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	10 204
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	Robert Steffen Telephone	410-727-8250
	Address	PO Box 22467 (Number, street, rural route, apartment, or suite number) Baltimore MD 21203 (City, town, state, zip)	
	Email	Fax (optional)	
O Certification	I, the undersig (Ow (Age (Age i X (Off i i I have examinare true, completion	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. Hed 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. ction 1001(1986)]	system as identified vner of the cable system
		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: Robert Steffen Title: Vice President of Finance (Title of official position held in corporation or partnership)	
		Date: 8/28/2020	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ndoo Broadband LLC	6374
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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C	Cable Worksheet		Total amount of remittance	Num	ber of SAs rec'd	Initials	
			Date of remittance	Check	EFT	G FILIN	G FEES
Cable ID #						Amount	Initials
Examined by	Re	viewed by	Date examination completed	Allocation	n number		
Space A Accounting Period							
	☐ January 1	- June 30, 2017	E	July 1 - Decemi	per 31, 2017		
	Letter ser	nt	E	Information rec	eived		
	Accepted		E	Phone call/Date	/Contact		
Space B Owner							
	Letter ser	ht	C	Information rec	eived		
	Accepted		Phone call/Date/Contact				
Space D Area Served							
	Letter ser	ıt	C	Information rec	eived		
	Accepted		E	Phone call/Date	/Contact		
Space E Secondary Transission							
Service Subscribers:	Letter ser	ıt	E	Information rec	eived		
and Rates	Accepted		E	Phone call/Date	/Contact		
Space G Primary Transmitters:							
Television	Letter ser	ıt	Γ	Information rec	eived		
	Accepted			Phone call/Date	e/Contact		
Space H Primary Transmitters:							
Radio	Accepted		[Phone call/Date	e/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 Fee
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	