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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	- coplicsoa@copyright.gov
General instru	ems (Short Form) uctions are located o of this workbook	08/25/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		diary of another corporation, give the full corp	orate title
Owner	List any other name or names under whi	ch the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty f		he last day of the accounting period should sul ing period.	bmit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	63800
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	TDS Metrocom, LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF 525 Junction Road	CABLE STSTEM		
	(Number, street, rural route, apartment, or suite Madison, WI 53717 (City, town, state, zip)	number)		
С	INSTRUCTIONS: In line 1, give any bus			
System	names already appear in space B. In line	e 2 , give the mailing address of the	ie system, it different from the address	s given in space B.
- your	1 TDS Telecom, Inc.			
	MAILING ADDRESS OF CABLE SYSTE	M:		

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.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63800
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community known as the "first community." Please use it as the first community on al Note: Entities and properties such as hotels, apartments, condominiums, o	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter I future filings.
Area Served	identified city.	a mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First Community	Hayden Lake	
,		
Add Rows as Necessary		
	กลางการการการการการการการการการการการการการก	
	การเอาสมารถการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I
Name	TDS Metrocom, LLC	ADEE OT OT EM.						010	638
Е	SECONDARY TRANSMISSION		-	-	-				
_	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	d (June 30 or D	ecembe	r 31, as the ca	se may be).		-	
Service: Sub-	Number of Subscribers: Both						•		
scribers and Rates	down by categories of secondar each category by counting the n								
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate of	charged for eac	h catego	ory of service. I	nclude bo	th the amount o	f the charg		
	unit in which it is generally billed				ny standar	d rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not	e: Where an inc	dividual	or organization	is receivi	ng service that f	alls under o	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servic	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	tiers of services	that inc	lude one or mo	re second	ary transmissio	ons), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A tw	o- or three	e-word descripti	on of the se	ervice is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF		DATE	0.1			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		133	\$25/mo					
	Service to additional set(s)			<i>\$20/110</i>					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	\$55.54/mo					
	Converter								
	Residential		133	\$8/Mo.					
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					l vour cable svs	tem's servi	ces that were	
F	not covered in space E, that is, t	·	,		•				
	service for a single fee. There a	•			0		• • • •		
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	les are ch	arged on a varia	able per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard ra		ne cable	e system for ea	ch of the a	applicable servic	ces listed.		
Rates	Block 2: List any services that	•			-	• •			
Ratee	listed in block 1 and for which a brief (two- or three-word) description				shed. List	these other serv	lices in the	form of a	
Rutoo									
haloo			JK 1				CATEGO	BLOCK 2 DRY OF SERVICE	
		BLO	CATEC			DATE	CATEGO		D۸
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE			RA
	CATEGORY OF SERVICE Continuing Services:	RATE	Installa	ation: Non-res		RATE			RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE	Installa • Mot						RA
	CATEGORY OF SERVICE Continuing Services:	RATE	Installa • Mot • Cor	ation: Non-res tel, hotel		RATE \$0-\$49.95			RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial	dential				RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installa • Moi • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable	dential				RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	dential				RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	RATE 14-19.99/mo \$0-\$49.95	Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection	dential				RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 14-19.99/mo \$0-\$49.95	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel nmercial / cable / cable-add'l ch e protection glar protection	dential				RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 14-19.99/mo \$0-\$49.95	Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Red	ation: Non-res tel, hotel mmercial v cable v cable-add'l ch protection glar protection services:	dential	\$0-\$49.95			RA
	CATEGORY OF SERVICE 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)	RATE 14-19.99/mo \$0-\$49.95	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other • Rec • Dis	ation: Non-res tel, hotel mmercial (cable cable-add'l ch protection glar protection services: connect	dential	\$0-\$49.95			RA

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	TDS Metrocom, LLC			638
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, id 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 r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6' as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, i on's call sign. <i>Do not</i> report origination p id with a station according to its over-the the form. lel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location	h case whether the station is a network s ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th	or network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAYU	28.1	Ν	Spokane, WA
	KAYU-DT2	28.2	N-M	Spokane, WA
dd Rows as Necessary	КСДТ	26.1	Е	Coeur d'Alene, ID
	KCDT-DT2	26.2	E-M	Coeur d'Alene, ID
	KCDT-DT3	26.3	E-M	Coeur d'Alene, ID
	KCDT-DT4	26.4	E-M	Coeur d'Alene, ID
	KCDT-DT5	26.5	E-M	Coeur d'Alene, ID
	кно	6.1	N	Spokane, WA
	KHQ-DT2	6.2	N-M	Spokane, WA
	KREM	2.1	Ν	Spokane, WA
	KREM-DT2	2.2	N-M	Spokane, WA
	KREM-DT3	2.3	N-M	Spokane, WA
	KXLY	4.1	N	Spokane, WA
	KXLY-DT2	4.2	N-M	Spokane, WA
	KXLY-DT3	4.3	N-M	Spokane, WA
	-			

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3
Neme	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	TDS Metrocom, LLC			63800
	PRIMARY TRANSMITTERS:	ELEVISION		
G	carried by your cable system	during the accounting period, except	translator stations and low power tele (1) stations carried only on a part-tin he carriage of certain network progran	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	(2) and (4), or 76.63 (referring to 76. explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain static earried by your cable system on a subs	ons carried on a
	• Do <i>not</i> list the station here station was carried <i>only</i> on a	substitute basis.	the Special Statement and Program Lo	
	basis. For further information Column 1: List each station's multicast stream associated	concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-th	ed both on a substitute basis and also on , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. J, etc. Identify each
	of license. For example, WR	number the FCC assigned to the tell C is channel 4 in Washington, D.C.	evision station for broadcasting over th	
	educational station, by enteri (for independent multicast), " For the meaning of these terr	ng the letter "N" (for network), "N-M" E" (for noncommercial educational), ns, see page (iv) of the general instr		ndent), "I-M" nal multicast).
			t the community to which the station is the community with which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME O		CABLE	SYSTEM:					SYSTEM I 638
	t every radio	station c) arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) in the basis of for detailed infi- aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio sta this by placin Sive the statio	by the sy be rece ut the C Il sign of the stati tion's sig g a chee n's loca	II-Band FM Carriage: Under stem whenever it is received a eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the , the community with which the	at the system's h system's FM an this point, see p sed by the cable he station is lice	neadend, and Itenna, during page (v) of the e system as a nsed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e 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	
I/A								
		1						

Accounting Perio	od: 2020/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	TDS Metrocom, LLC						63800
					0		
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G		
I	In General: In space I, ident	ify every noi	nnetwork televis	<i>sion program,</i> broadcast by	a distant sta	tion, that your cable	system carried on a
					e general inst	tructions in the paper	SA1-2 form.
Special		-				natwork tolovision r	rogram
Statement and		-	a cable system	in carry, on a substitute ba	515, any non		
Program Log	,						
	-	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you	must complete the	program
			MO				
				ate line. Use abbreviation	s wherever n	ossible if their mea	nina is
	clear. If you need more spa	ace, please	add additional	rows to the tables.		·	0
	Do not use general categor	ries like "mo					
			deast live ent	er "Ves " Otherwise enter	"No "		
	Column 4: Give the broa	adcast stati	on's location (t	he community to which th	e station is li		or, in
							he month
			when your sy		e program. O		
	Column 6: State the tim	es when the					
		Example: a	a program carr	ied by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m. should	be
		er "R" if the	e listed progran	n was substituted for prog	ramming tha	t your system was	required
	to delete under FCC rules a	and regulati	ions in effect d	uring the accounting perio	od; enter the	letter "P" if the liste	d program
			your system w	as permitted to delete unc	ler FCC rules	s and regulations in	
		•					
		1					DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	-	0
	N/A					_	
		+					
		+			·		
		+					
						_	
		+					
		+					
		+			·		
						_	
	Statement and Program Log "During the accounting period, du you cable system carry, on a substitute basis, any nonnework terevision program broadcast by a distant station? Image: Tree of the system carry, on a substitute basis, any nonnework terevision program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: TGers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the program was broadcast in any, the community with which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the						
		L					
						_	
		+					

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SI	STEM ID# 63800
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	,824.46 ss 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00		50.00
	Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>	<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	¢	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)		52.00
	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		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	2. base amount under statutory formula φ 203,000.00 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	<u> </u>	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF TDS Metrocom	DWNER OF CABLE SYSTEM:				SYSTEM ID# 63800
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	ou must give (1) the number of cl s, and (2) the cable system's tota number of channels on which th television broadcast stations number of activated channels able system carried television bro	I number of activ	vated channels during the acco	punting period.	15 320
N Individual to Be Contacted		BE CONTACTED IF FURTHER about this statement of account.)	R INFORMATIO	N IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name	Stephanie Weber			Telephone	(608) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apartmer	it, or suite number)			
		Madison, WI 53593 (City, town, state, zip)				
	Email	Finance@tdstelecom.	com		Fax (optional)	
					· · · · · · · · · · · · · · · · · · ·	
O Certification	• I, the undersign	(This statement of account must ed, hereby certify that (Check one, r other than corporation or partr	but only one , of t	he boxes.)		; or
		of owner other than corporation ine 1 of space B and that the owne			of the owner of the cable sy	rstem as identified
		er or partner) I am an officer (if a d ine 1 of space B.	corporation) or a	partner (if a partnership) of the l	egal entity identified as own	er of the cable system
		the statement of account and here e, and correct to the best of my kno on 1001(1986)]				
		-	X /s/ Sha	aron V. Tisdale		
				signature on the line above to cen g an "/s/ signature" (e.g., /s/ Joh	•	
		Typed or printed na	ime: Sharo	n V. Tisdale		
			ssistant Tre	asurer prporation or partnership)		
		Date:			August 25, 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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

	OVOTEN
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 638
Metrocom, LLC	
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gro
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.	Receipts Exclusi
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	
Name Name Mailing Address Mailing Address	
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 Assessm
Line 1 Enter the amount of late payment or underpayment	_ Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm

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 th 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.