## 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: coplicsa@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

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

# Page 6 – Spaces K-L

- $\cdot$  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

- $\cdot$   $\;$  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

· 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

by email to: FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) 7-22-20 For additional information, \$ contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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
		SJOBERGS CABLEVISION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)
		THIEF RIVER FALLS, MN 56701-1905
		(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:
		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.

Return completed workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	SJOBERGS CABLEVISION INC	77
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t	
	as the "first community." Please use it as the first community on all future	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	i mobile nome parks should be reported in parentneses below the
Served		
	CITY OR TOWN	STATE
First	RED LAKE FALLS	MN
Community		
d Rows as Necessary		
a nows as necessary		

	LEGAL NAME OF OWNER OF O							FORM SA1	TEM IC			
Name	SJOBERGS CABLEVIS		•					515	77			
Е	SECONDARY TRANSMISSION In General: The information in s					ny transmission	convice of	the cable				
-	system, that is, the retransmissi	•		-		•						
Secondary	about other services (including											
Transmission	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken											
Service: Sub- scribers and		•										
Rates	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	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 of	-						-				
	unit in which it is generally billed category, but do not include dise			,	iy standa	ard rate variation	is within a	particular rate				
	Block 1: In the left-hand block				es of sec	condary transmis	ssion servi	ce that cable				
	systems most commonly provid											
	that applies to your system. Not			-		-						
	categories, that person or entity subscriber who pays extra for ca						•					
	first set" and would be counted											
	Block 2: If your cable system	-		•								
	printed in block 1 (for example,						,.					
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-i	nanu Diock. A tw	0- or the	ee-word descript		Service is				
		OCK 1					BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI			
	Residential:											
	Service to first set		247	82.75	MOTEL	EXTRA SE	Г	34	1.50/			
	<ul> <li>Service to additional set(s)</li> </ul>	N/A										
	• FM radio (if separate rate)	N/A										
	Motel, hotel		1	82.75								
	Commercial		2	82.75								
	Converter	N/A										
	Residential	N/A										
	Non-residential	N/A										
								•				
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all vour cable sv	stem's serv	vices that were				
F	not covered in space E, that is,	•	,		•	• •						
	service for a single fee. There a		,		0		0 (	/				
Services Other Than	furnished at cost or (2) services amount of the charge and the u											
Secondary	enter only the letters "PP" in the		usualiy	/ billed. If any fat	les are ci	narged on a van	able per-p	rogram basis,				
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	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.											
		•										
		BLO					0.175.0	BLOCK 2	<b>-</b> • <b>- -</b>			
	CATEGORY OF SERVICE	RATE	-	GORY OF SERV	-	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:     Pay cable	17.00/MO		ation: Non-resid otel, hotel	uentiai	T+M						
	• Pay cable—add'l channel	N/A		mmercial		T+M						
	Fire protection	N/A		y cable		N/C						
	·	N/A		y cable-add'l cha	annel	N/C						
	<ul> <li>Burdlar protection</li> </ul>	10/24				N/A						
	•Burglar protection		•	e protection			1					
		N/C		e protection rglar protection		N/C						
	Installation: Residential		• Bu	e protection rglar protection <b>services:</b>		N/C						
	Installation: Residential • First set		• Bu Other	rglar protection		N/C N/C						
	Installation: Residential • First set • Additional set(s)		•Bu Other •Re	rglar protection services:								
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	35.00	• Bu Other • Re • Dis	rglar protection services: connect		N/C						

ccounting Period:	2020/1			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:									
Maine	SJOBERGS CABLEV	SION INC		773						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	<ul> <li>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.</li> <li>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:</li> <li>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.</li> </ul>									
	basis. For further information <b>Column 1:</b> List each station multicast stream associated	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each						
	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 ter Column 4: Give the location	"WETA-2" as the same on the form. <b>Column 2:</b> 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. <b>Column 3:</b> 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. <b>Column 4:</b> 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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	КХЈВ	4	N	FARGO, ND						
	КСРМ	5	I	GRAND FORKS, ND						
ows as Necessary	WDAZ	8	Ν	DEVILS LAKE, ND						
	СВЖТ	12	I	WINNIPEG, MANITOBA						
	KVLY	11	N	GRAND FORKS, ND						
	KBRR	10	I	THIEF RIVER FALLS, MN						

SJOBERGS	F OWNER OF (							SYSTEM I 7
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.								
eceivable if (1) on the basis of a 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 rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be receint t the Co sign of the he static ion's sign g a check n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived 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 ant his point, see pa ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, tated 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	
		5,0				3,0		
							·	

	od: 2020/1						FO	RM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#	
Name	SJOBERGS CABLEVI	SION INC						773	
					0				
1	SUBSTITUTE CARRIAG				-				
I	In General: In space I, ident								
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMEN				ie general in		in the puper		
Special	During the accounting per				sis anv noni	network te	levision nro	oram	
Statement and	broadcast by a distant sta	-		n ourly, on a substitute ba	olo, any nom			-	
Program Log	broaucast by a distant sta						YES	NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	olete the pr	ogram	
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs				s wherever p	ossible, if	their meani	ing is	
	clear. If you need more spa			i rows to the tables. vision program ("substitute	nrogram") t	hat during	the accou	nting	
	period, was broadcast by a								
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fu	rther inform	nation.	
	Do not use general categor		ovies" or "bask	etball." List specific progra	im titles, for e	example, "	I Love Lucy	y" or	
	"NBA Basketball: 76ers vs.				NI- 2				
				er "Yes." Otherwise enter ' casting the substitute progr					
				the community to which th		censed by	the FCC o	r, in	
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).			
			when your sy	stem carried the substitute	e program. U	se numera	als, with the	e month	
	first. Example: for May 7 gi		a aubatituta ar	arrow was carried by you	a a bla avata	m listthe	times see	uratalı.	
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01					
	stated as "6:00-6:30 p.m."		a program our		. 10 p to c			•	
	Column 7: Enter the lett			n was substituted for prog					
	to delete under FCC rules							program	
	was substituted for program		your system w	as permitted to delete und	er FCC rules	s and regu	lations in		
	effect on October 19, 1976	•							
					WHEN SUBSTITUTE				
	S	UBSTITUT	E PROGRAM	1					
	1. TITLE OF PROGRAM	2. LIVE?			<b>UCTIVI</b>	AGE OCC	JUKKED	7. REASON FOR	
		Z. LIVE?	3. STATION'S		5. MONTH		TIMES	7. REASON FOR DELETION	
		2. LIVE? Yes or No	3. STATION'S CALL SIGN						
					5. MONTH	6.	TIMES		
					5. MONTH	6.	TIMES		
					5. MONTH	6.	TIMES		
					5. MONTH	6.	TIMES		
					5. MONTH	6.	TIMES		
					5. MONTH	6.	TIMES		
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					5. MONTH	6.	TIMES		
					5. MONTH	6.	TIMES		
					5. MONTH	6.	TIMES		
					5. MONTH	6.	TIMES		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	S	STEM ID# 773
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 transmit (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.	ission service amount, see	5,159.92 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.	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 you must pay for t accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	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		
	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			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: ABLEVISION INC				SYSTEM ID# 773
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	u must give (1) the number of , and (2) the cable system's number of channels on whic television broadcast stations number of activated channe ble system carried television ast services	total number of activ th the cable  Is n broadcast stations	ated channels during the ac	ccounting period.	6 180
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou		IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Richard J Sjoberg			Telephone	218-681-3044
	Address	315 Main Ave N (Number, street, rural route, apar Thief River Falls, MI (City, town, state, zip)				
	Email	rsjoberg@mnc	able.net		Fax (optional) 218-681-680	11
O Certification	I, the undersigned     (Owne     (Agenting     (Agenting     (Afficial     (Official     in I     )     I have examined	(This statement of account m ed, hereby certify that (Check r other than corporation or ine 1 of space B and that the er or partner) I am an officer ine 1 of space B. the statement of account and a, and correct to the best of m in 1001(1986)]	one, <i>but only one</i> , of partnership) I am the ration or partnership owner is not a corpor (if a corporation) or a d hereby declare unde	he boxes.) e owner of the cable system a of a m the duly authorized ag ation or partnership; or partner (if a partnership) of t er penalty of law that all state	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ov ements of fact contained herei	system as identified vner of the cable system
			Enter an electronic	nard J Sjoberg ignature on the line above to g an "/s/ signature" (e.g., /s/		
		Typed or printe Title: (Title of o	d name: Richa President	rd J Sjoberg		
		Date:			07/23/2020	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
OBERGS CABLEVISION INC	77
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: <ul> <li>"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.</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter 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 \$ -	_
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Privacy Act Notice: Section 111 of the 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 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.

C	Cab Wor	le ksheet	Total amount of remittance	Num	Number of SAs rec'd		Initials	
			Date of remittance	Check	EFT		G FEES	
Cable ID #						Amount	Initials	
Examined by	R	eviewed by	Date examination completed	Allocatio	n number			
Space A Accounting Period								
	🔲 January	y 1 - June 30, 2017	[	July 1 - Decem	ber 31, 2017			
	Letter s	sent	Γ	Information rec	reived			
	Accepte	ed	Ε	Phone call/Date	e/Contact			
Space B Owner								
	Letter s	sent	C	Information rec	eived			
	Accepte	ed	C	Phone call/Date	e/Contact			
Space D Area Served								
	Letter s	sent	Ľ	Information rec	reived			
	Accepte	ed	E	Phone call/Date	e/Contact			
Space E Secondary Transission								
Service Subscribers:	Letter s	sent	Γ	Information rec	reived			
and Rates	Accepte	ed	Γ	Phone call/Date	e/Contact			
Space G Primary Transmitters:								
Television	Letter s	sent	[	Information re	ceived			
	Accepte	ed	Γ	Phone call/Dat	e/Contact			
Space H Primary Transmitters:								
Radio	Accepte	ed	[	Phone call/Dat	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	