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 COPYRIG	Return completed workbook by email to:	
for Seconda	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
	uctions are located o of this workbook	2/24/2021	\$ 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)	(YY/(Period))	
	2020/2	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
		FT RANDALL CABLE SYSTEMS INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1104 19TH AVE SW #B (Number, street, rural route, apartment, or suite number)
		WILLMAR, MN 56201
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	FT RANDALL CABLE SYSTEMS INC	1952
D Area Served	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	unities within unincorporated areas and including single, discrete re as a form of system identification hereafter known as the "first
Serveu		
	CITY OR TOWN	STATE
First	LUCAN	MN
Community		
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	STEM ID			
Name	FT RANDALL CABLE S	STEMS INC	;						195			
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RAT	ES							
E	In General: The information in s											
Secondary	system, that is, the retransmission about other services (including p	on of television	and radio	broadcasts by	your sys	stem to subscrib	ers. Give i	nformation				
Secondary Fransmission	last day of the accounting period							ig on the				
Service: Sub-	Number of Subscribers: Both	h blocks in spac	e E call	for the number o	of subsci	ribers to the cab	•					
scribers and	down by categories of secondary			0 / 1								
Rates	each category by counting the nu separately for the particular serv							cnarged				
	Rate: Give the standard rate c							e and the				
	unit in which it is generally billed.				standaro	d rate variations	within a p	articular rate				
	category, but do not include disc Block 1: In the left-hand block				s of seco	ndary transmis	sion servic	e that cable				
	systems most commonly provide											
	that applies to your system. Note	e: Where an inc	dividual o	r organization is	s receivir	ng service that f	alls under	different				
	categories, that person or entity											
	subscriber who pays extra for ca					in the count und	der "Servic	e 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 a sufficient.	and rates, in the	right-ha	nd block. A two-	or three	e-word description	on of the s	ervice is				
		OCK 1					BLOC	K 2				
	CATEGORY OF SERVICE	NO. OF		RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RATE			
	Residential:				UAI			GOBOORIBERG				
	Service to first set		10	80.50								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial											
	Converter				••••••							
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	ONS: RATES								
F	In General: Space F calls for rat											
•	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the un	iit in which it is u										
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable	evetom for each	of the a	nnlicable servic	es listed					
Rates	Block 2: List any services 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) descrip	otion and includ	e the rate	e for each.								
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			tion: Non-resid	ential							
	• Pay cable	10.95		el, hotel								
	Pay cable—add'l channel Fire protection	12.00		imercial								
	Fire protection		• Pay		anel							
	Burglar protection		-	cable-add'l chai protection	IIIEI							
	Installation: Residential		- File	PIOLECIION								
	Installation: Residential	20.00	• Rure	lar protection								
	• First set	20.00		lar protection								
	• First set • Additional set(s)	20.00	Other s	ervices:		20.00						
	• First set • Additional set(s) • FM radio (if separate rate)	20.00	Other s	ervices: onnect		20.00 N/A						
	• First set • Additional set(s)	20.00	Other s • Reco • Disc	ervices:		20.00 N/A 20.00						

NI	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE				
Name	FT RANDALL CABLE	SYSTEMS INC						
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary nsmitters: elevision	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> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct ogram services such as HBO, ES air designation. For example, rep vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for indep r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the				
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCA							
	W56EL	56	E	REDWOOD FALLS, MN				
	K62AA	62	N	REDWOOD FALLS, MN				
dd Rows as Necessary	KRWF	27	N	REDWOOD FALLS, MN				
	K60BB	60	N	REDWOOD FALLS, MN				
	K68BJ	68	N	REDWOOD FALLS, MN				
	K19CV	19	N	REDWOOD FALLS, MN				
	K2511	25	I	REDWOOD FALLS, MN				
	KSFY	11	N	SIOUX FALLS, SD				
	KELO	13	N	SIOUX FALLS, SD				
	ĸwcw	10.4	E	APPLETON, MN				
	KEYC	12.1	N	MANKATO, MN				
	KEYC	12.2	N	MANKATO, MN				

FT RANDAL	OWNER OF C								SYSTEM ID# 1952
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: Co	it is carried b monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be rece It the Co I sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. ion (the community to which the the community with which the	at e s n tl	the system's he system's FM ant nis point, see pa ed by the cable s e station is licen	eadend, and (enna, during o ge (v) of the g system as a s sed by the FC	2) it can certain s 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	L	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				-					
				-					
				-					
				-					
							·		
				1					
				-					

Accounting Perio	d: 2020/2					F	ORM SA1-2E. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	
Name	FT RANDALL CABLE S	SYSTEMS	INC				1952	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi	fv everv non	network televis	<i>ion program.</i> broadcast by	a <i>distant</i> statio	on. that vour cable svs	stem carried on a	
	substitute basis during the ad	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorization	ns. For a further	
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper S	A1-2 form.	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ır cable system	carry, on a substitute bas	sis, any nonne	etwork television prog	gram	
Program Log	broadcast by a distant stati	on?				YES	× NO	
	Note: If your answer is "No	' loovo tho	rest of this nac	e blank. If your answer is	"Ves" vou m		-	
	-	, leave life	rest of this pag	je blatik. Il your allswei is	res, you m	usi complete the pro	gram	
	log in block 2. 2. LOG OF SUBSTITUTE	DDOCDA	MS					
	In General: List each subst			te line. Use abbreviations	wherever po	ssible, if their meanir	na is	
	clear. If you need more spa	ce, please a	add additional	rows to the tables.				
				ision program ("substitute				
	period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or							
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "I				
				asting the substitute progra ne community to which the		anal by the ECC or	in	
	the case of Mexican or Can						, 111	
				tem carried the substitute			month	
	first. Example: for May 7 giv							
				gram was carried by your				
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m. should be	2	
		er "R" if the	listed program	was substituted for progra	amming that	your system was <i>req</i>	uired	
	to delete under FCC rules a	and regulation	ons in effect du	iring the accounting period	d; enter the le	tter "P" if the listed p		
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	and regulations in		
	effect on October 19, 1976.							
					WHE	EN SUBSTITUTE		
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCURRED	7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TC	DELETION	
		163 01 110	CALL SIGN				,	
						_		
						_		
						_		

Accounting Period:	2020/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	YSTEM ID# 1952
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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	5,694.85
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 this accounting period is \$52.00	s six-month	
	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 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		
	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 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
	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 for more information		nts!

Namo	Accounting Period:	2020/2						FORM SA1-2E. PAGE 7
M Channels Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subcribers, and (2) the cable system is total number of activated channels during the accounting period. 1: Enter the total number of activated channels on which the cable system carried television broadcast stations and noninconduct services. 36 N Number of activated channels on which the cable system carried television broadcast stations and noninconduct services. 36 N Number of activated channels on which the cable system carried television broadcast stations and noninconduct services. 36 N Nume KRISTI HILRANDS Telephone 320-847-7104 Nume KRISTI HILRANDS Telepho	Name							SYSTEM ID 1952
Individual to Be Contacted for Further information Name KRISTI HILRANDS Telephone 320-847-7104 Address 1104 19TH AVE SW, SUITE B (Patters, street, num runk, apartment, or sule number)		 Instructions: You must g to its subscribers, and (2 1. Enter the total number system carried televisi 2. Enter the total number on which the cable system) the cable system's of channels on whi on broadcast statio of activated chann stem carried televisi 	s total nur ich the ca ins iels ion broad	umbe cable 	er of activated channels during the a	accounting period.	
for Further Information Name KRISTI HILRANDS Telephone 320-847-7104 Address 1104 19TH AVE SW, SUITE B (Runnes, steel, road toole, apadiment, or sule number) Intel 19TH AVE SW, SUITE B (Runnes, steel, road toole, apadiment, or sule number) WILLMAR, MN 56201 (Clp, tow, state, rop) Intel 19TH AVE SW, SUITE B (Runnes, steel, road toole, apadiment, or sule number) O Email Kristlh@hcinet.net Fax (optional 320-847-7123 O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the than corporation or partnership) 1 am 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 the legal entity identified as owner of the cable system in line 1 of space B. Image: Not subset of the total and thereby declare under penalty of taw that all statements of fact contained herein are true, complet, and correct and hereby declare under penalty of law that all statements of fact contained herein are total. Complet., and correct to the best of my knowledge, information, and belef, and are made in good falth. [18 U.S.C., Section 1001(1986)] Teter an electronic signature on the line above to certify this statement. Enter an electronic signature (e.g., /s/ John Smith)	Individual to				IFOR	MATION IS NEEDED (Identify an i	ndividual to whom	
(Number, steer, rual route, apatterent, or sulfe number) WILLUAR, INN 56201 (City, town, state, zp) Email Fax (optional 320-847-7123 O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) X (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; 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. [18 U.S.C., Section 1001(1986)] Mile 1 of space B K /s/ Bruce Hanson Life an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	for Further	Name KRIST	TI HILRANDS				Telephone 32	20-847-7104
O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) X (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; or (Officer or partner) I am an officer (if a corporation or partnership) or a partner; fig a 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. [18 U.S.C., Section 1001(1986)] Image: All systems and ell systems are used. Systems and ell systems are used in good faith. [18 U.S.C., Section 1001(1986)] Image: All systems are used. Systems and ell systems are used in good faith. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)		(Number,	street, rural route, apar MAR, MN 56201	rtment, or s		number)		
O Certification • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) X (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. [18 U.S.C., Section 1001(1986)] Image: Delta Complex: D		Email	kristih@hcinet.	.net			Fax (optional <u>320-847-7123</u>	
Title: TREASURER (Title of official position held in corporation or partnership) Date: 02/23/2021	•	X (Owner other th (Agent of owner in line 1 o (Officer or part in line 1 o • I have examined the stater are true, complete, and co	an corporation or p r other than corpora f space B and that th ner) I am an officer (f space B. ment of account and rrect to the best of m [986)] Typed or printed Title:	ation or p the owner is (if a corport hereby de ty knowled	hip) partm is no ooratio declarm edge, / an ele signat	am the owner of the cable system as hership) I am the duly authorized age t a corporation or partnership; or on) or a partner (if a partnership) of the re under penalty of law that all stateme information, and belief, and are made 's/ Bruce Hanson ectronic signature on the line above to ture using an "/s/ signature" (e.g., /s/. BRUCE HANSON JRER	nt of the owner of the cable system e legal entity identified as owner of ents of fact contained herein e in good faith. certify this statement. John Smith)	

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.

unting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RANDALL CABLE SYSTEMS INC	195
 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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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	
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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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