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:	
-	ry Transmissions by	DATE RECEIVED	AMOUNT	_	
Cable Syste	ms (Short Form)			<u>coplicsoa@copyright.gov</u>	
Conoral instru	ctions are located	02/23/2021	\$	For additional information, contact the U.S. Copyright	
-	of this workbook	02/23/2021	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150	
				-	
A	ACCOUNTING PERIOD COV	/ERED BY THIS STATEMENT: (Y	YYY/(Period))		
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		Barcode Data Filing Period (optiona	I - see instructions)		
Accounting					
Period					
_	Instructions: Give the full legal name of the o	owner of the cable system. If the owner is a subs	idiary of another corporation, give the full co	rporate title	
B	of the subsidiary, not that of th	e parent corporation.			
Owner	List any other name or names u	nder which the owner conducts the business of	the cable system.		
		during the accounting period, only the owner on d royalty fee payment covering the entire accourt		submit a	
				61412	
		's first filing. If not, enter the system's ID number	assigned by the Licensing Division.		
	LEGAL NAME OF OWNER	R/MAILING ADDRESS OF CABLE SYSTEM			
	CANNON VALLEY CABLE	/ISION. INC.			
		WNER OF CABLE SYSTEM (IF DIFFERENT	")		
	BEVCOMM				
	MAILING ADDRESS OF OV	VNER OF CABLE SYSTEM			
	123 W 7TH ST (Number, street, rural route, apartme	nt. or suite number)			
	BLUE EARTH, MN				
	(City, town, state, zip)	any business or trade names used to ide	ntify the business and operation of the	a system unless these	
C		3. In line 2, give the mailing address of th			
System	1	YSTEM:			
	MAILING ADDRESS OF CABL	E SYSTEM:			
	2 (Number, street, rural route, apartme	nt, 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 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	CANNON VALLEY CABLEVISION, INC.	61412
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	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	BLUE EARTH	STATE MN
Community		
Add Rows as Necessary		

	1							FORM SA1-		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SYSTEM ID		
	CANNON VALLEY CAB	LEVISION,	INC.						6141	
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in s	-		-		•				
Secondary	system, that is, the retransmission about other services (including p									
Secondary Transmission	last day of the accounting period						unose exist	ang on the		
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ble system	ı, broken		
scribers and	down by categories of secondar					•				
Rates	each category by counting the n			0,0		•		charged		
	separately for the particular serv Rate: Give the standard rate of							ne and the		
	unit in which it is generally billed	-	-				-	-		
	category, but do not include disc									
	Block 1: In the left-hand block	•		•		•				
	systems most commonly provide									
	that applies to your system. Not			•		0				
	categories, that person or entity subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system					service that are	e different f	rom those		
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in th	e right-ł	nand block. A tv	vo- or thre	e-word descript	tion of the s	service is		
		OCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	000001110			0,111			CODOCINE LING		
	Service to first set		24	45.95	Expand	ded Basic		132	86.9	
	 Service to additional set(s) 					L 2 STAR		134	91.9	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	te (not subscril	ber) info	ormation with re	spect to a	all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, those services that are not offered in combination with any secondary transmission									
Comisso	service for a single fee. There are	•			•			,		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		usually	blice. If any fa				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.					1				
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE	
	Continuing Services:		Install	ation: Non-resi	dential					
	• Pay cable		• Mo	tel, hotel						
	 Pay cable—add'l channel 		• Co	mmercial						
	Fire protection		• Pa	y cable						
	 Burglar protection 		• Pa	y cable-add'l ch	annel					
	Installation: Residential		• Fire	e protection						
	• First set	35.00	• Bu	rglar protection						
		[Other	eorvicoe:					[
	 Additional set(s) 			Services.						
	Additional set(s)FM radio (if separate rate)		• Re	connect		25.00				
						25.00				
	• FM radio (if separate rate)		• Dis	connect		25.00 45.00				
	• FM radio (if separate rate)		• Dis • Ou	connect connect	ess					

				FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
-	CANNON VALLEY CA			61412
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination I with a station according to its over-th	<i>t</i> (1) stations carried only on a part-time carriage of certain network program 51(e)(2) and (4))]; and (2) certain stationarried by your cable system on a substitute basis and also be special Statement and Program Ledd both on a substitute basis and also program services such as HBO, ESPP e-air designation. For example, reportexision station for broadcasting over the station, an independent station, or a network multicast), "I" (for independent station in the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KYIN	2	E	MASON CITY, IA
	wcco	4	N	MINNEAPOLIS/ST. PAUL, MN
···· ee Nocoscanu	KSTP	5	Ν	MINNEAPOLIS/ST. PAUL, MN
ows as Necessary				
	KAAL	6	Ν	AUSTIN, MN
	KAAL WFTC	6 29	N I	AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC	29	I	MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP	29 9	l I	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP KARE	29 9 11	I I N	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP KARE KEYC	29 9 11 12	I I N	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MANKATO, MN
	WFTC KMSP KARE KEYC KSTC	29 9 11 12 45	I I N N I	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MANKATO, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP KARE KEYC KSTC KTCA	29 9 11 12 45 2	I I N N I	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MANKATO, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP KARE KEYC KSTC KTCA	29 9 11 12 45 2	I I N N I	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MANKATO, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP KARE KEYC KSTC KTCA	29 9 11 12 45 2	I I N N I	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MANKATO, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP KARE KEYC KSTC KTCA	29 9 11 12 45 2	I I N N I	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MANKATO, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP KARE KEYC KSTC KTCA	29 9 11 12 45 2	I I N N I	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MANKATO, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP KARE KEYC KSTC KTCA	29 9 11 12 45 2	I I N N I	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MANKATO, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP KARE KEYC KSTC KTCA	29 9 11 12 45 2	I I N N I	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MANKATO, MN MINNEAPOLIS/ST. PAUL, MN
	WFTC KMSP KARE KEYC KSTC KTCA	29 9 11 12 45 2	I I N N I	MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MANKATO, MN MINNEAPOLIS/ST. PAUL, MN

EGAL NAME OF								SYSTEM I 614
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of i 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 abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recei t the Co sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes 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 pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	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		S. LE SIGN		5,0		

Accounting Peric	Ju. 2020/2						FUR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CANNON VALLEY CA	BLEVISION	N, INC.					61412
	SUBSTITUTE CARRIAG	E: SPECIAI	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every noni	network televi	sion program, broadcast by	y a <i>distant</i> sta	tion, that y	our cable sys	stem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that must	t be included	in this log, see page (v) of t	he general in	structions i	n the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did your	r cable syster	n carry, on a substitute ba	asis, any noni	network te	levision prog	gram
Statement and Program Log	broadcast by a distant sta	-	2				YES	NO
Program Log							-	
	Note: If your answer is "No	o", leave the r	rest of this pa	ge blank. If your answer is	s "Yes," you	must com	plete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if	their meanin	ig is
	clear. If you need more spa			rows to the tables. vision program ("substitute	o program") t	hat during	the accourt	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego	ries like "mov						
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter '				
				asting the substitute progr he community to which the		consod by	the ECC or	in
	the case of Mexican or Car							,
				stem carried the substitute			als, with the	month
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				
	to the nearest five minutes.		program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.r	n. should be	
	stated as "6:00-6:30 p.m."			n was substituted for prog	ramming that	t vour svst	em was rea	uired
	Column 7: Enter the left	ter "R" if the I	listed prodrar				cini was regi	
	Column 7: Enter the lett to delete under FCC rules						f the listed p	rogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program	and regulatio	ons in effect d	uring the accounting perio	od; enter the	letter "P" i		rogram
	to delete under FCC rules a	and regulatio mming that yo	ons in effect d	uring the accounting perio	od; enter the	letter "P" i		rogram
	to delete under FCC rules a was substituted for program	and regulatio mming that yo	ons in effect d	uring the accounting perio	od; enter the der FCC rules	letter "P" i s and regu	lations in	rogram
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatio mming that yo	ons in effect d	uring the accounting period as permitted to delete und	od; enter the der FCC rules WHE	letter "P" i	Iations in	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatio mming that yo UBSTITUTE	ons in effect d our system w	uring the accounting period as permitted to delete und	od; enter the der FCC rules WHE	letter "P" r s and regu N SUBST	Iations in	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatio mming that yo UBSTITUTE	ons in effect d our system w	uring the accounting period as permitted to delete und	od; enter the der FCC rules WHE CARRI	letter "P" r s and regu N SUBST	Iations in TITUTE CURRED	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatio mming that yo UBSTITUTE	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting periods as permitted to delete und	bd; enter the der FCC rules WHE CARRI 5. MONTH	etter "P" i s and regu N SUBST AGE OCC	Iations in TITUTE CURRED TIMES	7. REASON FOR
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CANNON VALLEY CABLEVISION, INC.	SI	/STEM ID# 61412
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	6,535.45
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 • 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	\$263,80(
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t	his 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		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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>1,319.00</u> 0.00	
	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	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 Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CANNON VALLEY CABLEVISION, INC.	SYSTEM ID# 61412
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations .	11
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	194
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name GLORIA PEDERSON Telephone	507-526-3252
	Address 123 W 7TH ST (Number, street, rural route, apartment, or suite number) BLUE EARTH, MN 56013 (City, town, state, zip)	
	Email gpederson@bevcomm.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent 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 (Officer 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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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)] 	system as identified /ner of the cable system
	X /s/Arlette Dutton 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: Arlette Dutton	
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	Date: February 23, 2021	
Briveou Act Notice	: Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) rec	weated on this

Privacy Act Notice: Section 111 of title 17 of the United States Code autmorizes 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.

NNON VALLEY CABLEVISION, INC. 61 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 carrier(s) below. Image Maming Address Maining Address Maining Address Maining Address Maining Address You must complete this worksheet for those royally 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.	unting Period: 2020/2	FORM SA1-2E. PAG
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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 Image Image Name Maing Address Image Address Name Maing Address Image Address INTEREST ASSESSMENT You must complete this worksheet for those royally 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. Image Address Line 2 Multiply line 1 by the interest rate* and enter the sum here x	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-	Special Statemen Concerning Gross
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Maing 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. Line 2 Multiply line 1 by the interest rate* and enter the sum here. x 0.00274 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 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 <i>wwx copyright goviliensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing/@copyright.gov. * This is the decimal equivalent of 1/355, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the orginal filing. Owner Address ID number First community served		Receipts Exclusio
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