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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

Return completed workbook by email to:

## coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20202 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		City of Barnesville Cable TV
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 550 (Number, street, rural route, apartment, or suite number)
		Barnesville, MN 56514 (City, town, state, zip)
	INCTO	$\frac{1}{1}$
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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)
•		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 pro		statement of account. Dillic any personal information that can be used to identify or trace on individual, such as name, address and telenhone

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 sufficiency of the fling, a determination that would be made by a court of law.

## Short

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/18/21

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Nume	City of Barnesville Cable TV	62814
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor 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 f Note: Entities and properties such as hotels, apartments, condominiums, or	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Barnesville	MN
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	
Name	City of Barnesville Cabl								6281
		•••							
Е	SECONDARY TRANSMISSION							h a sabla	
-	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							h ma la an	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv								
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-						
	category, but do not include disc	· ·		,	iny stanua		is within a		
	Block 1: In the left-hand block	t in space E, th	e form	lists the catego		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca				••	• •			
	first set" and would be counted of								
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	0							
	with the number of subscribers a					,	,,	, 0	
	sufficient.				1				
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	<u> </u>
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		372	25.95	Preferr	ed Basic		283	89.
	Service to additional set(s)		250	4.95					
	• FM radio (if separate rate)		4	CO4 00					
	Motel, hotel Commercial		1 2	601.23 788.83					
	Converter		2	/00.03					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		-	• •			
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	or facilities fur	hished t	to nonsubscribe	ers. Rate i	nformation shou	uld include	both the	
Other Than	amount of the charge and the un		usually	/ billed. If any r	ates are cl	narged on a var	iable per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cab	le svstem for ea	ach of the	applicable serv	ices listed.		
Rates	Block 2: List any services that	t your cable sy	stem fu	rnished or offer	ed during	the accounting	period that		
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a							e form of a	
	brief (two- or three-word) description and include the rate for each.								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:     Pay cable			ation: Non-res	idential	49.95	нво		16.
	Pay cable—add'l channel			mmercial		49.95			
	Fire protection			y cable		.0.00	HBO/Ci	nemax	24.
	•Burglar protection			y cable-add'l cl	nannel		Starz/E		7.9
	Installation: Residential			e protection			Remote		12.9
	• First set	49.95	• Bu	rglar protection			Additio	nal Outlet	15.0
	<ul> <li>Additional set(s)</li> </ul>		Other	services:			Service	Call	19.9
	• FM radio (if separate rate)		•Re	connect		19.99			
	• Converter		• Dis	sconnect					
	• Converter			sconnect tlet relocation		19.95			

Period: 2				
ne	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
IE	City of Barnesville Ca	ible TV		628
	PRIMARY TRANSMITTERS:	TELEVISION		
ary itters: sion	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(c substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru	entify every television station (including m 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 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th	(1) stations carried only on a part-tin ne carriage of certain network program 1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub-	me basis under ms [sections ions carried on a stitute program
	station was carried only on	a substitute basis.		
	basis. For further informatio <b>Column 1:</b> List each station	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form.	see page (v) of the general instruction program services such as HBO, ESPI	ons. N, etc. Identify each
	<b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each	el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. a case whether the station is a network string the letter "N" (for network), "N-M" (	station, an independent station, or a	noncommercial
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	"E" (for noncommercial educational), or erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial educatio ictions in the paper SA1-2 form. the community to which the station is	nal multicast). s licensed by the
		2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B CAST CHANNEL NOMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN KXJB	4	3. TYPE OF STATION	4. LOCATION OF STATION FARGO, ND
essary	КХЈВ	4	N	FARGO, ND
essary	KXJB WDAY	4 6	N	FARGO, ND FARGO, ND FARGO, ND
cessary	KXJB WDAY KVRR	4 6 10	N N N	FARGO, ND FARGO, ND FARGO, ND FARGO, ND
ecessary	KXJB WDAY KVRR KVLY	4 6 10 11	N N N N	FARGO, ND FARGO, ND FARGO, ND
cessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
ecessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
lecessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
lecessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Vecessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
Necessary	KXJB	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND

City of Barne	• OWNER OF C		ISIEM:					SYSTEM I 628
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Co sign of e he statio on's sign a check i'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 the each station carried. on 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	the system's he ystem'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	2) it can ertain st eneral ii 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	
		2,0				0,0		
						<u> </u>		
						+		
						<b> </b>		

Accounting Perio							FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	City of Barnesville Ca	ble TV						62814
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	onnetwork telev	<i>ision program</i> , broadcast b	/ a <i>distant</i> sta	tion, that yo	our cable sys	tem carried on a
	substitute basis during the a	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, or	authorization	ns. For a further
Substitute	explanation of the programn	ning that mu	ust be included	in this log, see page (v) of t	he general ins	structions ir	n the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syste	n carry, on a substitute ba	isis, any nonr	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must comp	lete the prog	jram
	log in block 2.							
	2. LOG OF SUBSTITUT			ata lina. Llas abbraviation		aasibla ift	hair maanin	a io
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, ii t	neir meaning	y is
				vision program ("substitute	e program") tl	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	am titles, for e	example, I	Love Lucy	or
			adcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			ls, with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m	n. should be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete und	ter FCC rules	and regul	ations in	
		•						1
	s	UBSTITUT		1				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		TIMES — TO	DELETION
							. <u> </u>	
							_	
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1								

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Barnesville Cable TV	S	YSTEM ID# 62814
<b>K</b> 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 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	3,419.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 six-mon	
	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		32.00
	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 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWI	NER OF CABLE SYSTEM: e Cable TV			SYSTEM ID# 62814
M Channels	to its subscribers, a 1. Enter the total nu system carried tele 2. Enter the total nu on which the cable	nd (2) the cable system's to imber of channels on which evision broadcast stations imber of activated channels e system carried television t	the cable		ns <b>5</b> <b>126</b>
N Individual to Be Contacted		E CONTACTED IF FURTHI ut this statement of account		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name <b>F</b>	Roxi Hacker		Telep	one 320-212-3427
	(N H	30 Birch Avenue We lumber, street, rural route, apartm lector, MN 55342 Sity, town, state, zip)	est nent, or suit	e number)	
	Email	roxih@interstate	etelcom.	com Fax (optional)	
O Certification	<ul> <li>I, the undersigned,</li> <li>(Owner o</li> <li>X (Agent of in line</li> <li>(Officer o in line</li> <li>I have examined th</li> </ul>	hereby certify that (Check or ther than corporation or part fowner other than corpora 1 of space B and that the or or partner) I am an officer (if 1 of space B. e statement of account and I and correct to the best of my	ne, <i>but on</i> <b>artnershi</b> <b>tion or p</b> a wner is no f a corpor hereby de	tified and signed in accordance with Copyright Office regulating <i>y one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system as identified in line 1 of s <b>artnership)</b> I am the duly authorized agent of the owner of the o to a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified reclare under penalty of law that all statements of fact contained type, information, and belief, and are made in good faith.	ace B; or able system as identified is owner of the cable system
				/s/ Guy Swenson electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed	name:	Guy Swenson	
		Title: (Title of of	TEC N	lanager n held in corporation or partnership)	
		Date:		2/18/2021	

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.

A get at the state of the state o		FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Stateline Home Viewer Act of 1988 amended Tile 17, section 111(g)(1)(A), of the Copyright Act by adding the following sections:       The 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 receiving secondary transmissions pursuant to secondary transmissions pursuant to secondary transmissions pursuant to secondary transmissions made by satellite carriers to satellite dish owners?       P         Image       Image       S         Image       Maing Address       S         Interest ASSESSMENT       Yes. Enter the total here and list the satellite carrier(s) below.       S         Image       Name       Maing Address         Interest ASSESSMENT       You must complete this worksheet for hose royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (will) of the general instructions located in the paper SA1-2 form.       Interest Assessment         Line 1       Enter the total here and enter the sum here	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
The Satellite Home Veewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Capyright Act by adding the following sentence: P   The determining the total number of subscribers and the grass amounts paid to the cable system for the basic P   Service of providing sectorality transmission of primary breadcast transmitters, the system shall no include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." P   For more information on when to exclude these amounts, see the note on page (vii) of the general instructions to adding the table system exclude any amounts of grass receipts for secondary transmissions made by satellite carriers to satellite dish owners? P   No P YES. Enter the total here and list the satellite carrier(s) below. \$   Name Maing Address   Name Maing Address   Name Address   Name	of Barnesville Cable TV	628 <sup>-</sup>
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.         Name         Maing Address         Line 1 Enter the amount of late payment or underp	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 Statement Concerning Gross Receipts Exclusion
VES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Maling Address       Name         Maling Address       Marine Maling 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.       ×         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	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?	
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(interest charge)         * 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner         Address         ID number	Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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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.