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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
1/6/21	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	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 corporatitle of the subsidiary, not that of the parent corporation.	te
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 submi single statement of account and royalty fee payment covering the entire accounting period.	ta
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63356
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Sharon Telephone Company	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	100 E Main ST PO BOX 280 (Number, street, rural route, apartment, or suite number)	
	Hills IA 52235 (City, town, state, zip)	
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the sys ames already appear in space B. In line 2, give the mailing address of the system, if different from the address give	
System	IDENTIFICATION OF CABLE SYSTEM:	
	same as block b	
	MAILING ADDRESS OF CABLE SYSTEM:	
	same as block b (Number, street, rural route, apartment, or suite number)	
	same as block b (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.

		FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
	Sharon Telephone Company	633					
	Instructions: List each separate community served by the cable system. A						
D	"a separate and distinct community or municipal entity (including uninco						
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification he						
	as the "first community." Please use it as the first community on all futur						
Area	Note: Entities and properties such as hotels, apartments, condominiums,	or mobile home parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First							
Community							
l Rows as Necessary							
,							

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63356

Sharon Telephone Company

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken 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 at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service 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 and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	104	98.00	DVR service add'l sets	70	7.00		
Service to additional set(s)	70	5.00					
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	1	150.00					
Converter			commercial #2	1	30.00		
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RA	TE	
Continuing Services:		Installation: Non-residential			
• Pay cable	19.95	Motel, hotel			
 Pay cable—add'l channel 	15.00	Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 	30.00		

Accounting Period: 2 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63356

Sharon Telephone Company

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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, except (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.

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:

- Do *not* 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 *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: 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.

Column 3: 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.

Column 4: 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
iptvdt 11.3	340	E-M	DES MOINES IA
kcrg	9	N	CEDAR RAPIDS IA
kcrgdt1 9.1	334	N-M	CEDAR RAPIDS IA
kdin	335	N-M	CEDAR RAPIDS IA
kdindt1 11.1	11	E	DES MOINES IA
kdindt2 11.2	338	E-M	DES MOINES IA
kcrgdt23 9.3	339	E-M	DES MOINES IA
kfxa	336	N-M	CEDAR RAPIDS IA
kfxadt1 28.1	15	l	CEDAR RAPIDS IA
kfxadt2 28.2	345	I-M	CEDAR RAPIDS IA
kgan	346	I-M	CEDAR RAPIDS IA
kgandt1 2.1	2	N	CEDAR RAPIDS IA
kgandt2 2.2	320	N-M	CEDAR RAPIDS IA
kpxr	321	N-M	CEDAR RAPIDS IA
kpxrdt1 48.1	4	l	CEDAR RAPIDS IA
kpxrdt1 48.2	323	I-M	CEDAR RAPIDS IA
kpxrdt1 48.3	324	I-M	CEDAR RAPIDS IA
kwkb	325	I-M	CEDAR RAPIDS IA
kwkbdt 20.1	12	l	IOWA CITY IA
kwwl	341	I-M	IOWA CITY IA
kwwldt1 7.l1	7	N	WATERLOO IA
kwwldt2 7.2	329	N-M	WATERLOO IA
kwwldt2 7.2	330	N-M	WATERLOO IA
kwwldt3 7.3	331	N-M	WATERLOO IA

Accounting Period: 2 2020/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63356 Sharon Telephone Company PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (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 Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: Do not 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 only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: 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. Column 3: 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. Column 4: 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
KCRG DT4	337	N-M	CEDAR RAPIDS IA
KGANDT3	3	N-M	CEDAR RAPIDS IA
KGANDDT2	5	N-M	CEDAR RAPIDS IA
KCRG 9.2	10	N-M	CEDAR RAPIDS IA
KWWF	14	N-M	WATERLOO IA
KCRG DT5	333	N-M	CEDAR RAPIDS IA

Accounting Period: 2020/2	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Sharon Telephone Company

63356

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
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Accounting Perio	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:							FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Sharon Telephone Co										63356
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the programm	itify every no accounting p ming that mu	nnetwork telev period, under sp est be included	risio pec in t	on program, broadcast by ific present and former Fishis log, see page (v) of the	a <i>distant</i> CC rules,	regi	ulations, d	or auth	norizatio	ns. For a further
Special	1. SPECIAL STATEMEN	_				_:		4 4 .			
Statement and											
Program Log	broadcast by a distant sta									YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age	blank. If your answer is	s "Yes," yo	ou r	nust com	plete	the pro	gram
	log in block 2.										
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." In was broad a sign of the badcast statination and day ive "5/7." In es when the Example: "ter "R" if the and regulate mming that	am on a separadd additional add additional and that your authorizatio ovies" or "bask addast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	Il ro evisions. cetti ter ' the e co stee rogi rried m w	ows to the tables. ion program ("substitute r cable system substitut See page (v) of the ger call." List specific progra "Yes." Otherwise enter " ting the substitute progra community to which the community with which the com carried the substitute ram was carried by your d by a system from 6:01 was substituted for progra ing the accounting perio	e programed for the neral instrum titles, for the neral instrum titles, for the neral instrument in th	") the production of the state	nat, durin ogrammir ions for fu example, censed by entified). se numer m. List th. :28:30 p.	g the ng of a urther "I Lov y the lals, we time me time the late t	accoun another informa e Lucy" FCC or, vith the r es accur ould be vas requilisted pr	ting station stion. or in month ately
		UDCTITUT	T DDOODAA	_				N SUBS			7. REASON FOR
			E PROGRAM 3. STATION'S	1		5. MON		AGE OC	TIME		DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN		. STATION'S LOCATION	AND DA		FROM	_	ТО	
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Accounting Period:	2020/2	FORM SA1-	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sharon Telephone Company	SYS	63356
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 transic (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.	mission service amount, se	136.07
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross	
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 \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	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	his 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 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
	o. moreot sharge. Enter the amount from the 4, space Q, page 6		
	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
	EFT Trace # or TRANSACTION ID # 75919963984		
	<u>Important:</u> 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 more		

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O Sharon Telepho	WNER OF CABLE SYSTEM: one Company			SYSTEM ID# 63356
M Channels	to its subscribers. Enter the total system carried to the total on which the care.	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television I		ng the accounting period.	29
N Individual to Be Contacted		BE CONTACTED IF FURTHI	ER INFORMATION IS NEEDED (Ident	ify an individual to whom	
for Further Information	Name	Michelle Marsh		Telephone	319-679-2211
	Address	100 E MAIN ST PO BO (Number, street, rural route, apartm			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HILLS IA 52235 (City, town, state, zip)			
	Email	SHARONTC@S	SHARONTC.NET	Fax (optional) 319-679-220	00
0	CERTIFICATION (This statement of account mu	st be certified and signed in accordance	ce with Copyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, but only one, of the boxes.)		
	(Owner	r other than corporation or pa	artnership) I am the owner of the cable	system as identified in line 1 of space	B; or
		-	tion or partnership) I am the duly authorner is not a corporation or partnership;	•	system as identified
		er or partner) I am an officer (ine 1 of space B.	f a corporation) or a partner (if a partner	ship) of the legal entity identified as ov	wner of the cable system
		e, and correct to the best of my	nereby declare under penalty of law that knowledge, information, and belief, and		n
			X /s/ Michelle Marsh		
			Enter an electronic signature on the line Enter signature using an "/s/ signature" (
		Typed or printed	name: Michelle Marsh		
		Title: (Title of off	CFO icial position held in corporation or partnership)	
		Date:		01/06/2021	

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.

Accounting Period: 2020/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63356 Sharon Telephone Company SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"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 Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs 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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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 First community served Accounting period

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.