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				
2/17/2021	\$ ALLOCATION NUMBER				

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

_	1	
A	ACCO	DUNTING 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		
		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
		SJOBERGS CABLEVISION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)
		THIEF RIVER FALLS, MN 56701-1905
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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		IDENTIFICATION OF CABLE SYSTEM:
	1	
		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.

Accounting Period:	2020/2	FORMON OF PAGE (I
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	SJOBERGS CABLEVISION INC	775
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nome parks snould be reported in parentneses below the
	CITY OR TOWN	STATE
First	WARREN	MN
Community		
Add Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SJOBERGS CABLEVISION INC

SYSTEM ID#

775

E

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	332	82.75	MOTEL EXTRA SET	28	1.50/MC	
Service to additional set(s)	N/A	N/C				
• FM radio (if separate rate)	N/A					
Motel, hotel	1					
Commercial	12					
Converter	N/A					
Residential	N/A					
Non-residential	N/A					

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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.00/MO	Motel, hotel	T+M		
 Pay cable—add'l channel 	17.00/MO	Commercial	T+M		
Fire protection	N/A	• Pay cable	N/C		
Burglar protection	N/A	 Pay cable-add'l channel 	N/C		
Installation: Residential		Fire protection	N/A		
• First set	N/C	 Burglar protection 	N/A		
Additional set(s)	35.00	Other services:			
 FM radio (if separate rate) 		Reconnect	N/C		
Converter	N/A	Disconnect	N/C		
		 Outlet relocation 	N/C		
		 Move to new address 	T+M		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

775

SJOBERGS CABLEVISION INC

PRIMARY TRANSMITTERS: TELEVISION

G

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
KGFE	2	E	GRAND FORKS, ND
KXJB	4	N	VALLEY CITY/FARGO, ND
WDAZ	8	N	DEVILS LAKE, ND
KCPM	5	I	GRAND FORKS, ND
KVLY	11	N	GRAND FORKS, ND
KVRR	10	l	THIEF RIVER FALLS, MN
CBWT	12	l	WINNIPEG, MANITOBA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SJOBERGS CABLEVISION INC

775

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
	 						
	 						
	 						
	 						
							
							
							
	T						
	T						
						l	
	T						
	T						
						<u> </u>	

Accounting Perio							FUR	RM SA1-2E. PAGE 5	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				. 3.,	SYSTEM ID#	
Name	SJOBERGS CABLEVI	SION INC						775	
	SUBSTITUTE CARRIAG	_	-			ion, that y	our cable sy	stem carried on a	
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fuexplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.							gram	
Statement and Program Log	broadcast by a distant sta		,	, ,	, ,		YES	XNO	
Program Log	Note: If your answer is "No		root of this no	ago blank. If your answer is	s "Voc " vou r	nuet comi	_		
	log in block 2.	, icave tric	rest of this pe	ige blank. If your answer is	3 103, your	nust com	note the pro	gram	
	2. LOG OF SUBSTITUT	E PROGRA	AMS						
	In General: List each subs	titute progra	am on a separ		s wherever po	ossible, if	their meanir	ng is	
	clear. If you need more spa				W\ (1			C	
	period, was broadcast by a under certain FCC rules, re	a distant sta	tion and that y		ted for the pro	grammin	g of another	station	
	Do not use general catego "NBA Basketball: 76ers vs	. Bulls."				xample, "	I Love Lucy	" or	
				er "Yes." Otherwise enter ' casting the substitute progr					
	Column 4: Give the bro	adcast stati	on's location (the community to which th	e station is lic		the FCC or	, in	
	the case of Mexican or Ca			e community with which the estem carried the substitute			ale with the	month	
	first. Example: for May 7 g		when your sy	stem carned the substitute	e program. Us	se numera	ais, with the	monun	
	Column 6: State the time	es when th		ogram was carried by you					
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should be	;	
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	listed prograr	n was substituted for prog	ramming that	your syst	em was reg	uired	
	to delete under FCC rules	and regulat	ions in effect d	luring the accounting perio	od; enter the I	etter "P" if	the listed p		
	was substituted for program	•	your system w	as permitted to delete und	lar ECC rulas	and roau	lations in		
	effect on October 19, 1976			•	iei i oo iules	and regu	iddollo III		
		i.		•	iei i oo iules	and regu			
		i.		•	П	N SUBST			
	S	UBSTITUT	E PROGRAM		WHE CARRI	N SUBST	TITUTE CURRED	7. REASON FOR	
	S 1. TITLE OF PROGRAM	UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR DELETION	
		UBSTITUT			WHE CARRI	N SUBST	TITUTE CURRED		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		
		UBSTITUT	3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES		

Accounting Period:	2020/2			A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC		S	YSTEM ID# 775
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmi o compute this a	ission service amount, see	2,543.87 pss receipts)
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 that Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	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 y accounting period is \$52.00	ou must pay for t	this six-mon	
	Line 1. Royalty fee for accounting period			
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo		-	-
	Base amount under statutory formula	263,800.00	/	
	2. Enter amount of gross receipts from space K	•		
	3. Subtract line 2 from line 1			
			00 540 07	
	4. Enter the amount of gross receipts from space K		92,543.87	
	5. Enter the amount from line 3	. \$	71,256.13	
	6. Subtract line 5 from line 4	\$ 1	21,287.74	
	7. Multiply line 6 by .005 (enter figure here)		\$	606.44
	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		\$	606.44
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527,	600)	
	4. Enter the amount of group respire from appeal /			
	1. Enter the amount of gross receipts from space K	202 000 00		
	2. Base amount under statutory formula	263,800.00		
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	606.44	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	626.44
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form for	-		hts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 775
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.	
	Enter the total number of channels on which the cable system carried television broadcast stations	7
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	180
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 Richard J Sjoberg Telephone 218-681-	3044
	Address 315 Main Ave N (Number, street, rural route, apartment, or suite number)	
	Thief River Falls, MN 56701 (City, town, state, zip)	
	Email rsjoberg@mncable.net Fax (optional) 218-681-6801	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(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 ide in line 1 of space B and that the owner is not a corporation or partnership; or	entified
	(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 ca in line 1 of space B.	ble system
	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)]	
	X /s/ Richard J Sjoberg	
	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: Richard J Sjoberg	
	Title: President (Title of official position held in corporation or partnership)	
	Date: 02/12/2021	

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.

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? None	ounting Period: 202	20/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite home Viewer Act of 1988 amended Trite 17, section 111(d)(1)(A), of the Copyright Act by adding the following sericince: 'n 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. S 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. Line 2. Multiply line 1 by the interest rate* and enter the sum here.	AL NAME OF OWNE	R OF CABLE SYSTEM:	SYSTEM ID
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 troadcast 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	DBERGS CABL	EVISION INC	77:
Name 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 x Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (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 First community served	The Satellite Hom lowing sentence: "In determ service of scribers at For more informal located in the pape During the account made by satellite X NO	the Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lining the total number of subscribers and the gross amounts paid to the cable system for the basic providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- lining amounts collected from subscribers receiving secondary transmissions pursuant to section 119." tion on when to exclude these amounts, see the note on page (vii) of the general instructions her SA1-2 form. Inting period, did the cable system exclude any amounts of gross receipts for secondary transmissions carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
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	Name	Name	
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			······
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	INTEREST AS	SESSMENT	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-		Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the	amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here		×	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply li	ne 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 (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 First community served	Line 2 Multiply li		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 3 Mulupiy II		_
(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 First community served	Line 4 Multiply li	ne 3 by 0.00274** and enter 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. Owner Address ID number First community served	in space L		_
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 First community served			
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			
Owner Address ID number First community served ID number, and accounting period as given in the original filing.	** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served	•		
Address ID number First community served	Owner		
First community served			
First community served	····		
A conjusting manifed	First community s 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.