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						
02/23/2021	\$ 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

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
Accounting		Barcode Data Filing Period (optional - see instructions)									
Period											
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.									
Owner		List any other name or names under which the owner conducts the business of the cable system.									
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.									
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
		Midcontinent Communications									
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
		PO Box 5040									
		(Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040									
		(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 are 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:									
		Alden/Waseca, MN									
		MAILING ADDRESS OF CABLE SYSTEM:									
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)									
		Sioux Falls, SD 57117-5040									
		(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.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Midcontinent Communications	85
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commu	
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	e as a form of system identification hereafter known as the "1
	community." Please use it as the first community on all future filings.	an annua aka udal ka anana aka diin annua ka ana kalandiin da ka da
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	ne parks should be reported in parentheses below the identi-
Served	city.	
	OUTV OR TOWN	07475
	CITY OR TOWN	STATE
First Community	Alden/Waseca	MN
ommunity	Claremont	MN
	Clarks Grove	MN
ows as Necessary	Ellendale	MN
	Geneva	MN
	Glenville	MN
	Le Center	MN
	Mapleton	MN
	Medford	MN
	New Richland	MN
	St Clair	MN
	Waterville/Elysian	MN

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8516

Midcontinent Communications

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,188	22.95	Business Accounts	54	22.95		
Service to additional set(s)			High Def Converter	1,179	8.00		
• FM radio (if separate rate)			Nursing Homes	170	21.00		
Motel, hotel							
Commercial	187	72.95					
Converter	1,426	3.00					
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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	16.00	Motel, hotel	50.00	Digital 1	10.00
Pay cable—add'l channel		Commercial	50.00	Cinemax	16.00
Fire protection		• Pay cable		Showtime	16.00
Burglar protection		Pay cable-add'l channel		Starz!&Encore	16.00
Installation: Residential		Fire protection		Dig Sports & Variety	9.00
• First set	50.00	Burglar protection			
Additional set(s)	25.00	Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8516

G

Primary Transmitters: Television

Midcontinent Communications
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
KAAL-DT	36	N	ROCHESTER, MN (ABC)
KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
KEYC-DT2	12.2	N	MANKATO, MN (FOX)
KARE-DT3	11.3	I-M	MINNEAPOLIS, MN (TrueCrime)
KEYC-DT	12	N	MANKATO, MN (CBS)
KMSP-DT	9	l	MINNEAPOLIS, MN (FOX)
KMSP-DT4	9.4	I-M	MINNEAPOLIS, MN (BUZZR)
KSMQ-DT	20	Е	AUSTIN, MN (PBS)
KSTC-DT	30	I	MINNEAPOLIS, MN (IND-45)
KSTC-DT4	30.4	I-M	MINNEAPOLIS,MN(ANTENNA)
KSTC-DT3	30.3	I-M	MINNEAPOLIS, MN (ME TV)
KSTC-DT6	30.6	I-M	MINNEAPOLIS, MN(THIS TV)
KSTP-DT	35	N	ST PAUL, MN (ABC)
KSTP-DT7	35.7	I-M	ST PAUL, MN (HEROES)
KTCA-DT	34	E	ST PAUL, MN (PBS)
KTCA-DT4	34.4	E-M	ST PAUL , MN (PBS TPT NOW HD)
KTCA-DT2	34.2	E-M	ST PAUL, MN (PBS KIDS HD)
KTTC-DT	10	N	ROCHESTER, MN (NBC)
KTTC-DT2	10.2	I-M	ROCHESTER, MN (CW)
KTTC-DT4	10.4	I-M	ROCHESTER, MN (Court TV)
KTTC-DT5	10.5	I-M	ROCHESTER, MN (TRUE CRIME)
WCCO-DT	32	N	MINNEAPOLIS, MN (CBS)
WCCO-DT2	32.2	I-M	MINNEAPOLIS, MN (StartTV)
WFTC-DT	29	I	MINNEAPOLIS, MN (MNT)

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 8516 **Midcontinent Communications** 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 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 **Primary** 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 WFTC-DT4 29.4 I-M MINNEAPOLIS, MN (MOVIES!) WCCO-DT3 32.3 MINNEAPOLIS, MN (DABL) I-M

I-M

I-M

I-M

MINNEAPOLIS, MN (THE GRIO)

MINNEAPOLIS, MN (DECADES)

MINNEAPOLIS, MN (QUEST)

9.5

9.6

11.4

KMSP-DT5

KMSP-DT6

KARE-DT4

FORM SA1-2E. PAGE 4.

Midcontinent Communications

8516

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
3, 122 01014	7 31 1 171	1		5. 122 51514	7 31 1 141		
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Accounting Perio	d: 2020/2 LEGAL NAME OF OWNER OF (ADI E QVQT	EM.						FORI	M SA1-2E. PAGE 5.	
Name	Midcontinent Commun		EIVI.							SYSTEM ID# 8516	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO)G						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation 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	CONCER	NING SUBST	ITUTE CARRIAGE							
Special					asis	any nonne	twork telev	ision i	program	1	
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station?										
Program Log	·	roadcast by a distant station? Ote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.										
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program.										
	Column 4: Give the broa the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	adian statio th and day e "5/7." es when the	ns, if any, the owner systems and the systems are substitute programmer.	community with which th tem carried the substitut gram was carried by you	ne st te pr ur ca	ation is ider ogram. Use able system	itified). numerals, List the tir	, with t	the mon		
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulatio	ons in effect du	ring the accounting period	od; e	enter the let	ter "P" if th	e liste	d progra		
	SUBSTITUTE PROGRAM						WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY	6. FROM	TIMES	TO	DELETION	
								_			
								_			
								_			
								_			

Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications				SYSTEM ID: 8516					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fil all amounts (gross receipts) paid to your cable system by subscribers for t (as identified in space E) during the accounting period. For a further expla 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	the system's s nation of how s)	secondary transn to compute this	nission service amount, see						
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, Use block 3 if the amount of gross receipts in space K is more than \$263,8 See page (vi) of the general instructions located in the paper SA1-2 form for more	100 but less t 800 but less t	han \$527,600	263,800						
	BLOCK 1: GROSS RECEIPTS OF	\$137,100 OF	R LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the ro accounting period is \$52.00			his six-month						
	Line 1. Royalty fee for accounting period				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 r	more than \$137,	100)						
	Base amount under statutory formula	<u>\$</u>	263,800.00	_						
	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									
	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)									
	Enter the amount of gross receipts from space K	\$	280,001.45							
	2. Base amount under statutory formula	\$	263,800.00	_						
	3. Subtract line 2 from line 1	\$	16,201.45	_						
	4. Multiply line 3 by .01		\$	_ 162.01						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula	a)	\$	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 lin	nes 4, 5, and 6	· · · · · · · · · · · · · · · · · · ·	. \$	1,481.01					
	FILING FEE AND TOTAL REMITTANCE	E DI IE								
	TILING FEE AND TOTAL NEWITTANGE	<u> </u>								
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) .		\$	1,481.01	-					
Due	2. Filing Fee (See the instructions for more information on filing fee calculation	าร)	\$	20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	s		\$	1,501.01					
	Important: Your remittance must be in the form of an electronic See page i of the general instructions in the paper				ghts!					

Accounting Period: 2	2020/2						FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: ommunications					SYSTEM ID# 8516
M Channels	Enter the total system carried Enter the total on which the control of t	s, and (2) the cable system's number of channels on which d television broadcast station number of activated channels cable system carried television	total numl ch the cabl ns		he accounting perion		381
N Individual to Be Contacted		BE CONTACTED IF FURTI		DRMATION IS NEEDED (Identify	an individual to who	om	
for Further Information	Name Address	Wynne Haakenstad 3600 Minnesota Driv	ve, STE	700		Telephone	952-844-2622
		(Number, street, rural route, apart Edina, MN 55435 (City, town, state, zip)					
	Email	wynne.haakens	stad@mid	dco.com	Fax (option	nal	
	CERTIFICATION (This statement of account m	ust be cert	rtified and signed in accordance w	ith Copyright Office	regulations)	
O Certification		d, hereby certify that (Check or		ily one, of the boxes.) ip) I am the owner of the cable systems.	em as identified in li	ne 1 of space B	· or
	(Agent	of owner other than corpora	ation or pa	artnership) I am the duly authorizes not a corporation or partnership; o	d agent of the owne		
	X (Office			ration) or a partner (if a partnership)		lentified as own	er of the cable system
		e, and correct to the best of m		clare under penalty of law that all st lge, information, and belief, and are			
			X Enter an e	/s/ Wynne Haakenstad	e to certify this state:	ment.	
				nature using an "/s/ signature" (e.g.,	•		
		Typed or printed	d name:	Wynne Haakenstad			
		Title:		tor of Programming Il position held in corporation or partnersh	ip)		
		Date:			2/18/2	11	

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communications	8516
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."	P Special Statement 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.	Noosipto Excitorion
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	
X NO YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please 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 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.