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

STATEME	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to	
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
	ctions are located of this workbook.	8/25/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		

		2021/1 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 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
		Runestone Telephone Assn
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Runestone Telecom Association
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 336 (Number, street, rural route, apartment, or suite number)
		Hoffman MN 56339
		(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 s 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)

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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Runestone Telephone Assn	274
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
001104		
	CITY OR TOWN	STATE
First	Barrett	MN
Community	Cyrus	MN
	Donnelly	MN
Add Rows as Necessary	Hoffman	MN
	Kensington	MN
	Lowry	MN
	Norcross	MN
	Tintah	MN
	Wendell	MN
	Elbow Lake	MN
	Herman	MN

							FORM SA1-	TEM ID
Name	LEGAL NAME OF OWNER OF C Runestone Telephone		:				313	2746
		45511						
Е	SECONDARY TRANSMISSION					and a of the	abla	
-	In General: The information in s system, that is, the retransmission	•		-	•			
Secondary	about other services (including p							
Transmission	last day of the accounting period							
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	vice at the rate	indicated-no	ot the number of s	ets receiving serv	ice).		
	Rate: Give the standard rate of	-	• •			-		
	unit in which it is generally billed category, but do not include disc	· · ·	,		dard rate variation	s within a part	icular rate	
	Block 1: In the left-hand block				econdary transmis	sion service tl	nat cable	
	systems most commonly provide	e to their subso	ribers. Give t	he number of sub	scribers and rate	for each listed	category	
	that applies to your system. Not			-	-			
	categories, that person or entity subscriber who pays extra for ca					•		
	first set" and would be counted of							
	Block 2: If your cable system	Ű		•				
	printed in block 1 (for example, t				•	,	0	
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-nand b	NOCK. A two- of th	ree-word descript	ion of the serv	ice is	
		OCK 1				BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		ATE CA	TEGORY OF SEF		NO. OF UBSCRIBERS	RATI
	Residential:	SOBOCIVID					OBSCITIBEITS	1.7411
	Service to first set			Broad	lcast		233	34.2
	 Service to additional set(s) 			Basic			766	79.8
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC		NSMISSION	S: RATES				
F	In General: Space F calls for ra	te (not subscri	ber) informatio	on with respect to	all your cable sys	tem's services	s that were	
Г	not covered in space E, that is, t							
Services	service for a single fee. There and furnished at cost or (2) services	•		•		• • •		
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the							
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						re not	
Nates	listed in block 1 and for which a							
	brief (two- or three-word) descrip	ption and inclu	de the rate for	each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEGORY	OF SERVICE	RATE
	Continuing Services:			Non-residential				
	• Pay cable		• Motel, ho					
	Pay cable—add'l channel		Commerce					
	Fire protection		Pay cable Day cable					
	•Burglar protection Installation: Residential		 Pay cable Fire prote 	e-add'l channel				
	• First set	35.00	• Burglar p					
	Additional set(s)	55.00	Other servic					
	• FM radio (if separate rate)		• Reconne		35.00			
	• Converter		Disconne		-			
			Outlet rel		60.00			
			000000					
			Move to r	new address	35.00			

	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTE
Name	Runestone Telephor			
	PRIMARY TRANSMITTERS			
-		dentify every television station (including	translator stations and low power	television stations)
G	carried by your cable syst	em during the accounting period, excep	$\dot{b}t$ (1) stations carried only on a par	t-time basis under
rimary		s in effect on June 24, 1981, permitting t (e)(2) and (4), or 76.63 (referring to 76.0		
smitters:	substitute program basis,	as explained in the next paragraph.		
levision		IS: With respect to any distant stations of rules, regulations, or authorizations:	arried by your cable system on a s	ubstitute program
		ere in space G—but do list it in space I (i	the Special Statement and Program	n Log)—if the
	station was carried only o	on a substitute basis. I also in space I, if the station was carrie	al both on a substitute basis and al	
		tion concerning substitute basis stations		
		on's call sign. <i>Do not</i> report origination		-
	"WETA-2" as the same or	ed with a station according to its over-th n the form.	e-air designation. For example, re	port multistream
		nel number the FCC assigned to the tele	evision station for broadcasting over	er the air in its community
		VRC is channel 4 in Washington, D.C. ch case whether the station is a network	station, an independent station, or	a noncommercial
	educational station, by en	tering the letter "N" (for network), "N-M"	(for network multicast), "I" (for inde	ependent), "I-M"
	· ·	t), "E" (for noncommercial educational), terms, see page (iv) of the general instr		ational multicast).
	Column 4: Give the locat	ion of each station. For U.S. stations, lis	t the community to which the statio	-
	FCC. For Mexican or Can	adian stations, if any, give the name of	the community with which the station	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFTC	4	l	Minneapolis MN
	KSTP-TV	5	Ν	St Paul MN
	WCCO-TV	7	Ν	Minneapolis MN
ws as Necessary				
ws as necessary	KMSP-TV	9	l	Minneapolis MN
ws as Necessary		9 10	l E	
ws as necessary	KMSP-TV		I E N	Minneapolis MN
ws as necessary	KMSP-TV KWCM-TV	10		Minneapolis MN Appleton MN
ws as necessary	KMSP-TV KWCM-TV KARE	10 11		Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as necessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN
vs as necessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as necessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as necessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as necessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as necessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as necessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as necessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as necessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as necessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as inecessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as inecessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as inecessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as inecessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as inecessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
vs as inecessary	KMSP-TV KWCM-TV KARE KSTC-TV	10 11 12	N	Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN

Runestone	F OWNER OF		YSTEM:					SYSTEM ID#
	Telephone	Assn						27469
PRIMARY TRA			arried on a separate and discr	ete basis and list	those EM sta	tions ca	rried on an	н
			nerally receivable by your cat					••
Special Instru	ctions Conce	rnina A	II-Band FM Carriage: Under (Copyright Office	regulations, ar	n FM sid	inal is generally	Primary
receivable if (1)) it is carried by	y the sys	stem whenever it is received a	it the system's he	eadend, and (2	2) it can	be expected,	Transmitters:
	-		ived at the headend, with the	•	-			Radio
paper SA1-2 fo		It the Co	pyright Office regulations on t	nis point, see pa	ge (v) of the g	eneral li	istructions in the.	
• •		l sign of	each station carried.					
			on is AM or FM.				and dia anata	
		-	nal was electronically process k mark in the "S/D" column.	sed by the cable s	system as a s	eparate	and discrete	
Column 4: C	Give the station	n's locat	ion (the community to which th			C or, in	the case of	
Mexican or Car	nadian stations	s, if any,	the community with which the	e station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KJJK	FM		Fergus Falls MN					

Name	LEGAL NAME OF OWNER OF						FOR	M SA1-2E. PAGE 5	
			STEM:					SYSTEM ID#	
	Runestone Telephone	ASSI						27469	
	SUBSTITUTE CARRIAGE	-	-						
I	In General: In space I, ident substitute basis during the a								
Substitute	explanation of the programm								
Carriage: Special	1. SPECIAL STATEMEN	-							
Statement and	 During the accounting per broadcast by a distant star 		ur cable syster	m carry, on a substitute ba	isis, any noni	network telev	- · ·		
Program Log	broadcast by a distant sta				<i>(</i>) <i>(</i>)		YES	× NO	
	Note: If your answer is "No log in block 2.	," leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	nust comple	te the prog	gram	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	distant star gulations, c ies like "mo Bulls." m was broa sign of the adcast statii adian statii th and day ve "5/7." es when the Example: a er "R" if the and regulati	tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (1 ons, if any, the when your sy e substitute pro a program carr e listed program ions in effect d	ns. See page (v) of the ge tetball." List specific progra er "Yes." Otherwise enter asting the substitute progra the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:07 m was substituted for prog luring the accounting period	ted for the pro- neral instruct am titles, for e "No." ram. e station is live station is live station is id e program. U r cable syste 1:15 p.m. to 6 ramming that od; enter the l	ogramming c ions for furth example, "I L censed by th entified). se numerals m. List the til 5:28:30 p.m. t your systen letter "P" if th	of another a ner informa ove Lucy" he FCC or, , with the n mes accura should be n was <i>requ</i> ne listed pro-	station ition. or in nonth ately <i>iired</i>	
			was substituted for programming that your system was permitted to delete under FCC rules and regulation effect on October 19, 1976.						
	s								
		2. LIVE?	E PROGRAM			N SUBSTIT AGE OCCU 6. TII	IRRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM				CARR	AGE OCCU	IRRED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	JRRED MES		

Accounting Period:	2021/1 FORM SA1-2E. PA	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
	Runestone Telephone Assn 27	469
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	
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 \$263,800 • 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 this six-month accounting period is \$52.00. Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	_
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 2,479.5	7
	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)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 2,499.5	7
	EFT Trace # or TRANSACTION ID # 26T4KJ7G	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: Iephone Assn	SYSTEM ID# 27469
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable I television broadcast stations	8 69
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	Pam Randt Telephone 3	20-986-2013
	Address	PO Box 336 (Number, street, rural route, apartment, or suite number) Hoffman MN 56339 (City, town, state, zip)	
	Email	pam@runestone.net Fax (optional) 320-986-2050	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examine	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ied, hereby certify that (Check one, but only one, of the boxes.) ar other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy line 1 of space B and that the owner is not a corporation or partnership; or ser or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)] X /s/ Kent Hedstrom 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: Kent Hedstrom	ystem as identified ner of the cable system
		Title: General Manager/CEO	
		(Title of official position held in corporation or partnership) Date: 08/24/2021	

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 filing, a determination that would be made by a court of law.

counting Period: 2021/1		FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
nestone Telephone Assn		2746
lowing sentence: "In determining the total number of subscril service of providing secondary transmissio	GROSS RECEIPTS EXCLUSIONS Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- bers and the gross amounts paid to the cable system for the basic ons of primary broadcast transmitters, the system shall not include sub- cribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these ar located in the paper SA1-2 form.	mounts, see the note on page (vii) of the general instructions	Receipts Exclusion
made by satellite carriers to satellite dish owners?	n exclude any amounts of gross receipts for secondary transmissions	
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 royal	ty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see pa	age (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see pa		L Interest Assessmen
		L Interest Assessmen
Line 1 Enter the amount of late payment or unde	x	L Interest Assessmen
	x	L Interest Assessment
Line 1 Enter the amount of late payment or unde	x	L Interest Assessmen
Line 1 Enter the amount of late payment or unde	ter the sum here	L Interest Assessmen
Line 1 Enter the amount of late payment or under Line 2 Multiply line 1 by the interest rate* and en	ter the sum here	L Interest Assessmen
Line 1 Enter the amount of late payment or under Line 2 Multiply line 1 by the interest rate* and en	and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274	L Interest Assessmen
Line 1 Enter the amount of late payment or under Line 2 Multiply line 1 by the interest rate* and ent Line 3 Multiply line 2 by the number of days late	arpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or under Line 2 Multiply line 1 by the interest rate* and enter Line 3 Multiply line 2 by the number of days late Line 4 Multiply line 3 by 0.00274** and enter here	erpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or under Line 2 Multiply line 1 by the interest rate* and ent Line 3 Multiply line 2 by the number of days late Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block	and enter the sum here x x	L Interest Assessmen
Line 1 Enter the amount of late payment or under Line 2 Multiply line 1 by the interest rate* and enter Line 3 Multiply line 2 by the number of days late Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block * To view the interest rate chart click on <i>www</i> .	and enter the sum here - x - x - x days and enter the sum here - x 0.00274 e - ck 2, line 8, or block 3, line 6 \$ (interest charge) - copyright.gov/licensing/interest-rate.pdf. For further assistance please 8150 or licensing@copyright.gov. -	Q Interest Assessmen
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