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						
8/16/2021	\$					
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	2021/1 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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:						
	Devils Lake, ND						
	MAILING ADDRESS OF CABLE SYSTEM:						
	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.

		FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
Name	Midcontinent Communications	403					
	Instructions: List each separate community served by the cable system. A						
D	"a separate and distinct community or municipal entity (including unincorp						
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community						
	as the "first community." Please use it as the first community on all future						
Area	Note: Entities and properties such as hotels, apartments, condominiums, o	or mobile home parks should be reported in parentheses below the					
Served	identified city.						
	0,77,07,70,17	2-1					
-	CITY OR TOWN	STATE					
First Community	Devils Lake	ND ND					
Community	Bisbee	ND ND					
	Cando	ND ND					
dd Rows as Necessary	_ L	ND					
	Starkweather	ND					
	Walhalla	ND					

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4030

Midcontinent Communications

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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	1,874	22.95	Business Accounts	86	22.95
Service to additional set(s)			High Def Converter	1,813	3.00
• FM radio (if separate rate)			Nursing Homes	341	11.50
Motel, hotel	50	3.75	Hospitals	93	5.00
Commercial	384	72.95			
Converter	2,389	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	E RATE
Continuing Services:		Installation: Non-residential			
Pay cable	16.00	Motel, hotel	499.00	Digital 1	10.00
 Pay cable—add'l channel 		Commercial	499.00	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			
• First set	25.00	Burglar protection			
 Additional set(s) 	25.00	Other services:			
• FM radio (if separate rate)		Reconnect	75.00		
Converter		Disconnect	-		
		Outlet relocation	25.00		
		 Move to new address 	25.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4030

Midcontinent Communications

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
KBRR-DT	10		THIEF RIVER FALLS, MN(FOX)
KBRR-DT2	10.2	I-M	THIEF RIVER FALLS, MN(ANTENNA)
KMDE-DT	25	Е	DEVILS LAKE, ND (PBS)
KMDE-DT2	25.2	E-M	DEVILS LAKE, ND (PBS WRLD/LRG)
KMDE-DT3	25.3	E-M	DEVILS LAKE,ND (PBS MN HD)
KMDE-DT4	25.4	E-M	DEVILS LAKE, ND (PBS KIDS)
KVLY-DT	36	N	FARGO, ND (NBC)
KVLY-DT2	36.2	N-M	FARGO, ND (CBS-KXJB)
KVLY-DT3	36.3	I-M	FARGO, ND (ME TV)
KXJB-LD2	30.2	I-M	HORACE, ND (CW)
KXJB-LD3	30.3	I-M	HORACE, ND (HEROES)
WDAZ-DT	8	N	DEVILS LAKE, ND (ABC)
WDAY-DT2	21.2	I-M	FARGO, ND(TRUE CRIME)
WDAY-DT3	21.3	I-M	FARGO, ND(WDAY'Z XTRA HD)
KRDK-DT	24	1	VALLEY CITY, ND (COZI TV HD)
СКҮ	7.1	l	WINNEPEG, MANITOBA
KGFE-DT	15	E	GRAND FORKS, ND (PBS)
KGFE-DT2	15.2	E-M	GRAND FORKS, ND(PBSWLDF/LIFE)
KGFE-DT3	15.3	E-M	GRAND FORKS,ND(PBS MN HD)
KGFE-DT4	15.4	E-M	GRAND FORKS, ND(PBS KIDS)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

4030

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 CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF	0411 0:0:	l and	0.5		T 0411 0:0::	T and	0.5	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			 					
			 					
			 					
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In General: In space I, identification of the program 1. SPECIAL STATEMEN During the accounting pure broadcast by a distant st Note: If your answer is "Note in block 2. 1. LOG OF SUBSTITUTION General: List each subclear. If you need more space in the subclear. If you need more space in the subclear is the subclear in the subclear	mications GE: SPECIA ntify every nor accounting p ming that mu NT CONCER eriod, did you tation? Io", leave the TE PROGRA ostitute progra	AL STATEME nnetwork televi eriod, under sp st be included RNING SUBS ur cable syster	ENT AND PROGRAM LO sion program, broadcast by secific present and former F in this log, see page (v) of the TITUTE CARRIAGE m carry, on a substitute ba	a <i>distant</i> stat CC rules, reg	tion that	TON	M SA1-2E. PAGE 5. SYSTEM ID# 4030
In General: In space I, identification of the program 1. SPECIAL STATEMEN During the accounting pure broadcast by a distant st Note: If your answer is "Note in block 2. 1. LOG OF SUBSTITUTION General: List each subclear. If you need more space in the subclear. If you need more space in the subclear is the subclear in the subclear	ntify every non accounting puming that mu NT CONCEF eriod, did you tation? Ho", leave the TE PROGRA estitute progra	nnetwork televireriod, under sp st be included RNING SUBS ur cable system rest of this pa	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE	a <i>distant</i> stat CC rules, reg	tion that		
period, was broadcast by under certain FCC rules, Do not use general catego "NBA Basketball: 76ers voor Column 2: If the progracolumn 3: Give the cacolumn 4: Give the brothe case of Mexican or Column 5: Give the modifiest. Example: for May 7 Column 6: State the tire to the nearest five minute stated as "6:00–6:30 p.m.	de of every not a distant state regulations, cories like "moss. Bulls." am was broadled sign of the coadcast static onth and day give "5/7." mes when the s. Example: a ""	am on a separ add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, ente station broadd on's location (i ons, if any, the when your sy e substitute pro a program care	vision program ("substitute our cable system substitutens. See page (v) of the genetball." List specific programmer "Yes." Otherwise enter "sasting the substitute programmer community to which the community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01	sis, any nonr s "Yes," you r s wherever po e program") th ed for the pro neral instruction titles, for e "No." ram. e station is lide program. Us r cable system :15 p.m. to 6	ulations, detructions network to must com possible, if mat, durin pogrammir ions for frexample, censed by entified). se numer m. List th :28:30 p.	relevision progression progres	gram W NO gram gram
to delete under FCC rules was substituted for progra effect on October 19, 197	s and regulati amming that y 6.	ons in effect d your system w E PROGRAM	n was substituted for progr luring the accounting perio as permitted to delete und	d; enter the I er FCC rules WHE CARRI	etter "P" and regi N SUBS AGE OC	if the listed prulations in TITUTE CURRED	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	5222
							Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM — TO —————————————————————————————————

Accounting Period:	2021/1			SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications			SYSTEM ID# 4030				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hor 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.	secondary transm w to compute this a	ission service amount, see					
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-mon 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			0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 an	d 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	00)					
	1. Base amount under statutory formula	263,800.00						
	2. Enter amount of gross receipts from space K		•					
	3. Subtract line 2 from line 1		•					
	4. Enter the amount of gross receipts from space K		•					
	5. Enter the amount from line 3			•				
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)			•				
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$527	,600)					
	Enter the amount of gross receipts from space K	475,817.30						
	2. Base amount under statutory formula	263,800.00	•					
	3. Subtract line 2 from line 1	212,017.30	•					
	4. Multiply line 3 by .01		2,120.17					
	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			3.439.17				
	7. TOTAL ROTALTT TEL PATABLE FOR ACCOUNTING PERIOD. Add lines 4, 3, and	0	Ψ	3,433.17				
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	3,439.17					
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		\$	3,459.17				
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ghts!				

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 4030
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	20
	System cannot television broadcast stations	
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	380
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom	
Individual to	we can contact about this statement of account.)	
Be Contacted for Further Information	Name Wynne Haakenstad Telephone	952-844-2622
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number)	
	Edina, MN 55435 (City, town, state, zip)	
	Email wynne.haakenstad@midco.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O 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 in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as over in line 1 of space B.	vner of the cable 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)] 	n
	X /s/ Wynne Haakenstad	
	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: Wynne Haakenstad	
	Title: Director of Programming (Title of official position held in corporation or partnership)	
	Date: 8/2/21	

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.

counting Period: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communications	4030
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. 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 transmade by satellite carriers to satellite dish owners? X NO	basic clude sub- in 119." Special Statement Concerning Gross Receipts Exclusion
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 under For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-	
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	<u>-</u>
x	days
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	narge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the original statement of accounting period as given in the original statement of accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of the copyright of the c	
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.