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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20211 Barcode Data Filing Period (optional - see instructions)
В		<b>Instructions:</b> 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.
	<u> </u>	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MAINSTREET COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 150 2ND ST SW
		(Number, street, rural route, apartment, or suite number) PERHAM, MN 56573 (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 sulte 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

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\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/26/21

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 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.

U.S. Copyright Office

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MAINSTREET COMMUNICATIONS LLC	61831
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	me parks should be reported in parentheses below the identified
Serveu		
		STATE
First Community	SAUK CENTRE	MN
community		MN MN
	SAUK CENTRE TWP	MN
ws as Necessary	BIRCHDALE TWP	MN
	LITTLE SAUK TWP	MN

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MAINSTREET COMMUN	ICATIONS L	LC						6183
	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RAT	FS				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`				,	hla svetam	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n			•		•			
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				y standar	d rate variation	s within a j	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of						Idel Selvi		
	Block 2: If your cable system					service that are	e different f	from those	
	printed in block 1 (for example, t					-	,.		
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A two	o- or three	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				-		-		
	Service to first set		981	38.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		144	38.95					
	Commercial		11	38.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSWISS					ł	
_	In General: Space F calls for rat				pect to al	l your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
0	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	2		a gou on a rui	anie hei h	ogiani zaolo,	
Transmissions:	Block 1: Give the standard rat	e charged by t		•					
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a string three-word) descrip				ned. List	inese other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERVI	CE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	TUTE		tion: Non-resid		TUTE	O/ TEO		
	• Pay cable	19.95		el, hotel			PAY C	ABLE	14.9
	• Pay cable—add'l channel			nmercial			PAY C		13.9
	• Fire protection			cable			PAY C		7.9
	•Burglar protection			cable-add'l cha	nnel		PAY C		28.9
	Installation: Residential		-	protection					
	• First set	55.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		55.00			
	• Converter			connect					
			• Out	let relocation		40.00			
				let relocation /e to new addres	ss	40.00 55.00			

				FOF	
ame	LEGAL NAME OF OWNER O				SYSTEM ID# 61831
	PRIMARY TRANSMITTERS:				
G mary mitters: vision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination per d with a station according to its over-the	(1) stations carried only on a part-tim e carriage of certain network program 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a subst e Special Statement and Program Loc both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESPN -air designation. For example, report vision station for broadcasting over the station, an independent station, or a re for network multicast), "I" (for independent r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is	e basis under ns [sections ons carried on a stitute program bg)—if the on some other ns. J, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF ST	ΓΑΤΙΟΝ
	wcco	4	N	MINNEAPOLIS, MN	
	KMSP	9	N	MINNEAPOLIS, MN	
as Necessary	WFTC	29	I	MINNEAPOLIS, MN	
	KARE	11	N	MINNEAPOLIS, MN	
	КТСА	2	Е	MINNEAPOLIS, MN	
	KSTP	5	N	MINNEAPOLIS, MN	
	WUCW	23			
		20	I	MINNEAPOLIS, MN	
	KSTC	45	<u>I</u>	MINNEAPOLIS, MN MINNEAPOLIS, MN	
			I		
	KSTC	45	I I I I-M	MINNEAPOLIS, MN	
	KSTC KPXM	45 41	l	MINNEAPOLIS, MN ST. CLOUD, MN	
	KSTC KPXM KARE-2	45 41 11.2	l I-M	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN	
	KSTC KPXM KARE-2 WCCO-2	45 41 11.2 4.2	I I-M I-M	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	KSTC KPXM KARE-2 WCCO-2 WUCW-4	45 41 11.2 4.2 23.4	I I-M I-M I-M	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4	45 41 11.2 4.2 23.4 5.4	I I-M I-M I-M I-M	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6	45 41 11.2 4.2 23.4 5.4 5.6	I I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6 KSTP-7	45 41 11.2 4.2 23.4 5.4 5.6 5.7	I I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3	45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3	I I-M I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3 KARE-3	45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3 11.3	I I-M I-M I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3 KARE-3 KARE-4	45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3 11.3 11.4 11.5	I I-M I-M I-M I-M I-M I-M I-M I-M I-M I-	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3 KARE-3 KARE-3 KARE-4 KARE-5 KPXM-2	45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3 11.3 11.4	I I-M I-M I-M I-M I-M I-M I-M I-M I-M I-	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST. CLOUD, MN	
	KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3 KARE-3 KARE-4 KARE-5	45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3 11.3 11.4 11.5 41.2	I I-M I-M I-M I-M I-M I-M I-M I-M I-M I-	MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	

EGAL NAME OF							1	SYSTEM I 618
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante this point, see pag red by the cable s ne station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
0.000								
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 61831	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or aut	horizations.	For a further	
Substitute Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting peribroadcast by a distant stat</li> <li>Note: If your answer is "No" log in block 2.</li> <li>LOG OF SUBSTITUTE</li> <li>In General: List each subst clear. If you need more spar Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so Column 4: Give the broat the case of Mexican or Can. Column 5: Give the mon first. Example: for May 7 giv</li> </ol>	CONCERI od, did you ion? ', leave the <b>PROGRA</b> itute progra ce, please a of every nor distant stati gulations, o es like "mo" Bulls." n was broac sign of the s dcast static adian statio th and day 'e "5/7."	NING SUBST r cable system rest of this pag m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca n's location (th ns, if any, the o when your system	ITUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "It isting the substitute progra te community to which the community with which the tem carried the substitute	"Yes," you mu "Yes," you mu wherever pos program") tha d for the prog eral instruction n titles, for ex No." m. station is lice station is lice program. Use	twork televis ust complete sible, if their t, during the ramming of ns for furthe ample, "I Lo nsed by the tiffied).	The program The p	n X NO m s tion n.	
	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         WHEN SUBSTITUTE       7. R								
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	<u>то</u>		
					· · · · · · · · · · · · · · · · · · ·		 		

Accounting Period:	2021/1			FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MAINSTREET COMMUNICATIONS LLC			Ş	61831
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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	stem's sec of how to	condary transmi compute this a	ssion service mount, see \$23	38,535.93 ross 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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less thar		63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period	·		s six-month	
	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 line:	s 1 and 2 .		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	238,535.93		
		\$	25,264.07		
	A. Enter the amount of gross receipts from space K			238,535.93	
	5. Enter the amount from line 3			25,264.07	
	6. Subtract line 5 from line 4			213,271.86	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,066.36
	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 a	nd 8		\$	1,066.36
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	2. Dase announcer statutory formula      3. Subtract line 2 from line 1	Ψ	203,000.00		
	=				
	4. Multiply line 3 by .01			4 240 00	
	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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	•••••	\$	1,066.36	
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			\$	1,086.36
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				hts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF MAINSTREET COMMU					SYSTEM ID# 61831
M Channels	to its subscribers, and (2)	the cable system's t	total num	ls on which the cable system carried tele per of activated channels during the acco		
	<ol> <li>Enter the total number system carried televisi</li> </ol>					23
					I	
	2. Enter the total number					
	on which the cable sys and nonbroadcast ser			asi siations		254
N Individual to	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an indiv	idual to whom	
Be Contacted						
for Further Information	Name JOEL	SMITH			Telephone	218.346.8270
information						
		ND ST SW street, rural route, apartm	ment, or suit	e number)		
		AM, MN 56573	}			
	(City, tow	n, state, zip)				
	Email	joel.smith@arvig	g.com		Fax (optional	
	CERTIFICATION (This state	ement of account mu	ust be cer	ified and signed in accordance with Copy	yright Office regulations)	
O Certification	• I, the undersigned, hereby	certify that (Check on	ne, <i>but onl</i>	<i>y one</i> , of the boxes.)		
	(Owner other th	an corporation or pa	artnershij	<b>o)</b> I am the owner of the cable system as ic	lentified in line 1 of space B	; or
				rtnership) I am the duly authorized agent not a corporation or partnership; or	of the owner of the cable sy	ystem as identified
		<b>ner)</b> I am an officer (if f space B.	if a corpor	ation) or a partner (if a partnership) of the le	egal entity identified as own	er of the cable system
		rrect to the best of my		slare under penalty of law that all statement ge, information, and belief, and are made ir		
			<u>X</u>	/s/ David Arvig		
				electronic signature on the line above to cert nature using an "/s/ signature" (e.g., /s/ John		
		Typed or printed	I name:	DAVID R. ARVIG		
				PRESIDENT/COO position held in corporation or partnership)		
		Date:			AUGUST 26, 2021	
L	1					

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.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
NSTREET COMMUNICATIONS LLC	6183
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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 Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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