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

				Return completed workbook by					
STATEM	ENT OF ACCOUNT	FOR COPYRIG	email to						
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov					
Cable Syste	ems (Short Form)		\$	For additional information,					
General instru	uctions are located	2/24/22		contact the U.S. Copyright Office Licensing Division at					
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.					
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))						
	2021/2 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 of the subsidiary, not that of the parent	-	diary of another corporation, give the full corp	Jorate title					
Owner	List any other name or names under whi	ch the owner conducts the business of t	the cable system.						
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should su ting period.	Jbmit a					
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	3570					

		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.	3570
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Cable Services, Inc	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 608 (Number, street, rural route, apartment, or suite number)	
		JAMESTOWN, ND 58402-0608 (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 ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	I	AKA: CSi	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zjp 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
	Cable Services, Inc	357(
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
First	CITY OR TOWN Valley City	STATE NORTH DAKOTA						
Community		NORTH DARCIA						
d Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	Cable Services, Inc								TEM I 35		
					ATE0						
E	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 retransmissi	on of television	and ra	dio broadcasts	by your sy	/stem to subscri	bers. Give	information			
Secondary	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).										
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot						hla svetar	broken			
scribers and		•									
Rates	, ,	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	-	-					-			
	category, but do not include disc				any standa		5 Within a				
	Block 1: In the left-hand block	k in space E, th	e form	lists the catego							
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity			U U		•					
	subscriber who pays extra for ca										
	first set" and would be counted of										
	Block 2: If your cable system										
	printed in block 1 (for example, 1 with the number of subscribers a										
	sufficient.		c ngnt-								
	BLO	OCK 1									
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	NO.			RA		
	Residential:	SUBSCRID	EKS	RATE	CAT	EGORT OF SER	(VICE	SUBSCRIBERS	RA		
	Service to first set		511	37.00							
	Service to additional set(s)		•••	01100							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		4	2.00							
	Converter										
	Residential										
	Non-residential										
									ſ		
	SERVICES OTHER THAN SEC				-						
F	In General: Space F calls for ra										
•	not covered in space E, that is, t service for a single fee. There a										
Services	furnished at cost or (2) services	•			•						
Other Than	amount of the charge and the un		usually	/ billed. If any ra	ates are ch	narged on a vari	able per-p	rogram basis,			
Secondary ransmissions:	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.										
Rates	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.										
		BLO				-		BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RA		
	Continuing Services:	45 50		ation: Non-res	idential	20.00					
	Pay cable Pay cable add'l channel	15.50		otel, hotel mmercial		30.00					
	Pay cable—add'l channel Fire protection			mmerciai y cable							
	Burglar protection			y cable-add'l ch	annel						
	Installation: Residential			e protection							
	First set	30.00		rglar protection							
	Additional set(s)	10.00		services:							
	• FM radio (if separate rate)			connect		25.00					
	• Converter		• Dis	sconnect							
	Converter										
			۰Ou	tlet relocation		25.00					

	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTE				
Name	Cable Services, Inc							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC I • Do not list the station he station was carried only o • List the station here, and basis. For further informat Column 1: List each static 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 ent (for independent multicast	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 station], "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 t						
		2. B'CAST CHANNEL NUMBER						
	KJRR-DT	7.1	N-M	JAMESTOWN, ND				
	KJRR-DT	7.2	N-M	JAMESTOWN, ND				
N		21.1	N-M	FARGO, ND				
ows as Necessary	WDAT-DT WDAY-DT	21.1	N-M					
				FARGO, ND				
			F M					
	KFME-DT	13.1	E-M	FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	KRDK-DT	24.1	N-M	VALLEY CITY / FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	KRDK-DT	24.1	N-M	VALLEY CITY / FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	KRDK-DT	24.1	N-M	VALLEY CITY / FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	KRDK-DT	24.1	N-M	VALLEY CITY / FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	KRDK-DT	24.1	N-M	VALLEY CITY / FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	KRDK-DT	24.1	N-M	VALLEY CITY / FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	KRDK-DT	24.1	N-M	VALLEY CITY / FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	KRDK-DT	24.1	N-M	VALLEY CITY / FARGO, ND				
	CBWT	6	N-M	PERMITTED FOREIGN CBC CA				
	KVLY-DT	36.1	N-M	FARGO, ND				
	KVLY-DT	36.2	N-M	FARGO, ND				
	KVLY-DT	36.3	N-M	FARGO, ND				
	K28MA-DT	28.2	N-M	FARGO, ND				
	K28MA-DT	28.3	N-M	FARGO, ND				
	KRDK-DT	24.1	N-M	VALLEY CITY / FARGO, ND				

EGAL NAME OF	OWNER OF	CABLE S	SYSTEM:					SYSTEM II
Cable Servic	ces, Inc							35
PRIMARY TRA								
			arried on a separate and discr					Н
			enerally receivable by your cal					
			II-Band FM Carriage: Under					Primary
			stem whenever it is received a ived at the headend, with the					Transmitters Radio
	-		pyright Office regulations on t	•	-			
paper SA1-2 for	m.							
			each station carried. on is AM or FM.					
			nal was electronically process	sed by the cable	system as a s	eparate	and discrete	
			k mark in the "S/D" column.					
			ion (the community to which the			C or, in	the case of	
viexican or Can	adian stations	s, if any,	the community with which the	e station is identi	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					
			·					

Accounting Perio	od: 2021/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cable Services, Inc							3570
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
l	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	authorization	ns. For a further
Substitute Carriage:					ne general ins		ine paper Si	A 1-2 101111.
Special	1. SPECIAL STATEMEN	-			-:	4		
Statement and	During the accounting per	•	ur cable syster	n carry, on a substitute ba	sis, any nonr			
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	ete the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE	- PROCR/	MS					
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible, if the	eir meaning	ı is
	clear. If you need more spa	ice, please	add additional	rows to the tables.			-	
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re		,	,		0 0		
	Do not use general categor	ies like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	Love Lucy"	or
	"NBA Basketball: 76ers vs.	Bulls."		er "Yes." Otherwise enter '		1	,	
	Column 3: Give the call	sign of the	station broadc	asting the substitute prog	ram.			
				he community to which th			ne FCC or,	in
	the case of Mexican or Car Column 5: Give the mor			stem carried the substitute			with the m	onth
	first. Example: for May 7 giv	ve "5/7." Ó	, ,					
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program cari	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m.	should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	vour svster	n was <i>requ</i>	ired
	to delete under FCC rules a							
	was substituted for program	• •	your system w	as permitted to delete und	ler FCC rules	and regulat	tions in	
	effect on October 19, 1976							
	SUBSTITUTE PROGRAM				or a rate of the construction of the construct		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	MES – TO	DELETION
						_	_	
						-	_	
1								

Accounting Period:	2021/2 FORM SA1-2	2E. PAGE 6						
Name		TEM ID#						
Humo	Cable Services, Inc	3570						
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.	96.02						
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 \$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	52.00						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	52.00						
	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							
	0. 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 (but less than \$527,600)							
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula							
	2. Dase announce statutory formula 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							
	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) \$ 52.00							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00						
	EFT Trace # or TRANSACTION ID # 26v35m55							
	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:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cable Services, Inc	SYSTEM ID# 3570
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried tele to its subscribers, and (2) the cable system's total number of activated channels during the acc 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	20unting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indi we can contact about this statement of account.)	ividual
for Further Information	Name ROY SHEPPARD	Telephone 701-320-2225
	Address PO BOX 608 (Number, street, rural route, apartment, or suite number) JAMESTOWN, ND 58402-0608 (City, town, state, zip)	
		Fax (optional)
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Co. I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) X (Owner other than corporation or partnership) I am the owner of the cable system as (Agent of owner other than corporation or partnership) I am the duly authorized age in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statem are true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] 	s identified in line 1 of space B; or ent of the owner of the cable system as identified e legal entity identified as owner of the cable system ments of fact contained herein
	X /s/Roy A Sheppard Enter an electronic signature on the line above to cee Enter signature using an "/s/ signature" (e.g., /s/ Job	
	Typed or printed name: Roy A. Sheppard	
	Title: President (Title of official position held in corporation or partnership)	
	Date:	02/23/22

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.

ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ole Services, Inc	357
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
x days	s
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$	_
(interest charge)	<u> </u>
* 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@copyright.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 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 filing, a determination that would be made by a court of law.