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 COPYRIG	Return completed workbook by email to	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	1/14/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(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 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
		SPENCER MUNICIPAL UTILITIES
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		520 2ND AVE E STE 1 (Number, street, rural route, apartment, or suite number)
		SPENCER, IA 51301 (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 as 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)
L		

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#						
	SPENCER MUNICIPAL UTILITIES Instructions: List each separate community served by the cable system. A "communit	0 v" is the same as a "community unit" as defined in ECC rules:						
D	"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 ho identified city.	me parks should be reported in parentheses below the						
First	CITY OR TOWN	STATE						
First Community								
Add Rows as Necessary								

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						515		
	SPENCER MUNICIPAL UTILITIES									
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RA	TES					
E	In General: The information in s	•		-		•				
Coordon	system, that is, the retransmissi									
Secondary Transmission	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).									
Service: Sub-	Number of Subscribers: Bot	•				,	ble system	, broken		
scribers and	down by categories of secondar	y transmission	service	. In general, you	ı can com	pute the numbe	er of subsc	ribers in		
Rates	each category by counting the n			0,0				charged		
	separately for the particular servert Rate: Give the standard rate of					•	,	and the		
	unit in which it is generally billed									
	category, but do not include disc				.,					
	Block 1: In the left-hand block			-		•				
	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									
	Block 2: If your cable system	•		•						
	printed in block 1 (for example, t					,		, 0		
	with the number of subscribers a sufficient.	and rates, in the	e right-n	and DIOCK. A tw	o- or thre	e-wora descript	ion of the s	service is		
	BL				BLOCK	(2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE	
	Residential:	SUBSCRIDI	EKO	NATE	CAT	BORT OF SEP	(VICE	SUBSCRIBERS	NATE	
	Service to first set		1,664	98.10						
	Service to additional set(s)		.,							
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATES	6					
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		,		0		0.	,		
Other Than										
Secondary	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.									
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	-	ORY OF SERV	/ICE	RATE	CATEG	DRY OF SERVICE	RATE	
	Continuing Services:		Installa	tion: Non-resi	dential					
	• Pay cable		• Mot	el, hotel			Showti	me/TMC	15.0	
	Pay cable—add'l channel		• Cor	nmercial			Cinema	ax	8.5	
	Fire protection		• Pay	cable			Starz		9.0	
	•Burglar protection		• Pay	cable-add'l cha	annel		HBO		15.0	
	Installation: Residential		• Fire	protection						
	• First set	55.00	• Bur	glar protection						
	 Additional set(s) 		Other s	services:						
	• FM radio (if separate rate)		• Rec	connect		55.00				
	Converter		• Dise	connect						
			• Out	let relocation		55.00				
			• Mov	ve to new addre	ss	55.00				

ounting Period:	2021/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID				
Name	SPENCER MUNICIPA	L UTILITIES						
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1 : List each station multicast stream associated "WETA-2" as the same on Column 2 : Give the channe of license. For example, WI Column 3 : Indicate in each educational station, by ente (for independent multicast), For the meaning of these to Column 4 : Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- brogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education actions in the paper SA1-2 form.	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KTIV		N					
		14		SIOUX CITY, IA				
	KMEG	32	N	SIOUX CITY, IA				
as Necessary	KTIN	21	E	FORT DODGE, IA				
	KCAU	9	Ν	SIOUX CITY, IA				
	КРТН	30	N	SIOUX CITY, IA				
	1							

EGAL NAME O								SYSTEM
SPENCER N		UTILI	1163					
	t every radio s	station ca) arried on a separate and disc enerally receivable by your cal					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: I	it is carried b monitoring, to ormation abou rm. dentify the call	y the sys be rece it the Co I sign of	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM.	at the system's he system's FM ant	eadend, and (enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitter Radio
Column 3: If signal, indicate Column 4: C	the radio stat this by placing Give the station	tion's sig g a chec n's locati	In a was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	he station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KICD		X		GALL OIGH	7.001101	5,0		
	FM	^	SPENCER, IA					
		+						
			·					
			·					
			·					
		1						

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	SPENCER MUNICIPAL	. UTILITIE	S					0	
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	ify every nor	nnetwork televi	<i>sion program,</i> broadcast by	y a <i>distant</i> sta	tion, that you	r cable sys	stem carried on a	
	<i>substitute basis</i> during the a								
Substitute	explanation of the programm	ning that mus	st be included i	n this log, see page (v) of t	he general ins	structions in t	he paper S	SA1-2 form.	
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant sta	tion?					YES	× NO	
r rogram zog	5				- "\/"	 			
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, your	nust comple	te the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTE In General: List each subs			ata lina. Lisa abbraviation	s whorever p	accible if the	oir moonin	a ic	
	clear. If you need more spa				s wherever p			iy is	
				vision program ("substitute	e program") tl	nat, during th	ne accoun	ting	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or	
	"NBA Basketball: 76ers vs.		dcast live ente	er "Yes." Otherwise enter	"No "				
				asting the substitute progr					
				he community to which th		censed by th	e FCC or,	, in	
	the case of Mexican or Car								
			when your sy	stem carried the substitute	e program. Us	se numerals	, with the r	month	
	first. Example: for May 7 giv		a aubatituta pr	arom was carried by you	r ochlo ovotov	m liet the ti		ratalız	
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01					
	stated as "6:00–6:30 p.m."		a program can		1.10 p.m. to o	.20.00 p.m.	Should be		
		er "R" if the	listed progran	n was substituted for prog	ramming that	your systen	n was <i>requ</i>	uired	
	to delete under FCC rules a							rogram	
			our system w	as permitted to delete unc	ler FCC rules	and regulat	ions in		
	was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.								
	effect on October 19, 1976					-			
					WHE	N SUBSTIT			
	S	UBSTITUT	E PROGRAM		WHE CARRI	N SUBSTIT	IRRED	7. REASON FOR DELETION	
					WHE	N SUBSTIT	IRRED		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TII	JRRED MES		

Accounting Period:	2021/2		FORM SA1-2	E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYS	TEM ID#
Name	SPENCER MUNICIPAL UTILITIES			0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system' (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary trans ow to compute this	mission service	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00.	t you must pay for	this six-month	
	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 and	12		
	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		<u>-</u>	
	3. Subtract line 2 from line 1		_	
	4. Enter the amount of gross receipts from space K	· · · <u> </u>		
	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			0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b)	ut less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	353,916.41	_	
	2. Base amount under statutory formula	263,800.00	-	
	3. Subtract line 2 from line 1	90,116.41		
	4. Multiply line 3 by .01	\$	901.16	
	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 6	§	\$ 2,2	20.16
	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)	\$	2,220.16	
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		\$ 2,2	40.16
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 form and the paper SA1-2 form and the paper SA1-	-		

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: UNICIPAL UTILITIES		SYSTEM ID#
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	ers, and (2) the cable system's to tal number of channels on which ed television broadcast stations tal number of activated channels cable system carried television	s	ons 9
N Individual to Be Contacted		OBE CONTACTED IF FURTH t about this statement of accour	IER INFORMATION IS NEEDED (Identify an individual nt.)	
for Further Information	Name	TRISH BRUNING	Teleph	one 712.580.5800
	Address	520 2ND AVE E, SUIT (Number, street, rural route, apartr SPENCER, IA 51301 (City, town, state, zip)	ment, or suite number)	
	Email	trish.bruning@s	Fax (optional) 712.580	.5888
O Certification	I, the undersig (Owr (Age ir (Off ir ir I have examin are true, completing	ned, hereby certify that (Check c ner other than corporation or p ont of owner other than corpora n line 1 of space B and that the o icer or partner) I am an officer (in n line 1 of space B. ed the statement of account and	ust be certified and signed in accordance with Copyright Office regulatione, <i>but only one</i> , of the boxes.)	pace B; or able system as identified as owner of the cable system
		Typed or printed Title: (Title of of Date:		

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.

Accounting Period: 2021/2	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
SPENCER MUNICIPAL UTILITIES	0
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 Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
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?	
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.	Q
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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.