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					
02/25/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	A C C (	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20212 Barcode Data Filing Period (optional - see instructions)						
		20212 Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
		Instructions:						
В		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						
		RS Fiber Cooperative						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		310 Main Avenue, PO Box 326						
		(Number, street, rural route, apartment, or suite number) Gaylord, MN 55334						
		(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:						
	1							
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

Accounting Period:	2021/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	RS Fiber Cooperative	63638
D	Instructions: List each separate community served by the cable system. A " a separate and distinct community or municipal entity (including unincorpidiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future. Note: Entities and properties such as hotels, apartments, condominiums, or	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	Thoshe home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Gaylord	MN
Community	Winthrop	MN
	Green Isle	MN
Add Rows as Necessary	Lafayette	MN
	New Auburn	MN
	Gibbon	MN
	Brownton	MN
	Fairfax	MN
	Buffalo Lake	MN
	Stewart	MN

Accounting Period: 2021/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63638 **RS Fiber Cooperative** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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 BLOCK 1 BLOCK 2

	O O		5200.12			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	540	53.94				
Service to additional set(s)			1-3 HD STB		2.99	
• FM radio (if separate rate)			4+ HD STB		5.95	
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		T		1	I	

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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		ľ		
Installation: Residential		Fire protection		ľ		
• First set		Burglar protection				
<ul><li>Additional set(s)</li></ul>		Other services:		ľ		
• FM radio (if separate rate)		Reconnect		ľ		
Converter		Disconnect		ľ		
		Outlet relocation				
		Move to new address		ľ		
				1		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63638

## **RS Fiber Cooperative**

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
KTCA (TPT2)	2.1	E	ST PAUL
TPT MN	2.2	<b>E-M</b>	ST PAUL
TPT-LIFE	2.3	E-M	ST PAUL
wcco	4	N	MINNEAPOLIS
WCCODECADES	4.1	N-M	MINNEAPOLIS
KSTP	5	N	MINNEAPOLIS
KSTC	45	<u> </u>	MINNEAPOLIS
ME-TV	5.3	N-M	MINNEAPOLIS
ANTTV	5.4	N-M	MINNEAPOLIS
THIS-TV	5.6	N-M	MINNEAPOLIS
H&I	5.7	N-M	MINNEAPOLIS
MY29	29.1	I-M	MINNEAPOLIS
KMSP	9	I-M	MINNEAPOLIS
KARE	11	N	MINNEAPOLIS
KARE WX NOW	11.2	N-M	MINNEAPOLIS
KARE-JUSTICE	11.3	N-M	MINNEAPOLIS
KARE-QUEST	11.4	N-M	MINNEAPOLIS
wucw	23	I-M	MINNEAPOLIS
TBD	23.4	I-M	MINNEAPOLIS
BUZZR	9.4	I-M	MINNEAPOLIS
CHARGE	23.3	I-M	MINNEAPOLIS
JUSTICE	11.3	N-M	MINNEAPOLIS
WFTCMOVIES	9.3	I-M	MINNEAPOLIS
KEYC	16.9	N	MANKATO

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63638 **RS Fiber Cooperative** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: substitute program basis, as explained in the next paragraph. Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KPXM-ION 41.1 ST CLOUD **KPXM QUBO** 41.2 I-M ST CLOUD ST CLOUD **KPXM LIFE** 41.3 I-M

FORM SA1-2E. PAGE 3.

Accounting Period: 2021/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**RS Fiber Cooperative** 

63638

#### 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).

CVIT SICK	AM or EM	S/D	LOCATION OF STATION	CALL SICN	AM or EM	S/D	I OCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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	L						

Accounting Perio	nd: 2021/2						FORM SA1-2E. PAGE 5.			
Accounting Ferre	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#			
Name	RS Fiber Cooperative						63638			
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G					
ı	In General: In space I, identi substitute basis during the a									
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?					'ES X NO			
33 4 33	<b>Note:</b> If your answer is "No	" leave the	rest of this pa	age blank. If your answer is	s "Yes " vou r					
	log in block 2.	,		.g	, , , , , , , , , , , , , , , , , , ,					
	2. LOG OF SUBSTITUTI	E PROGRA	AMS							
	In General: List each subs				wherever po	ossible, if their m	neaning is			
	clear. If you need more spa			i rows to the tables. vision program ("substitute	program") tl	hat during the a	ccounting			
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pro	ogramming of ar	nother station			
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.		OVICS OF DASK	cibali. List specific progra	iii uucs, ioi c	skample, 1 Love	Lucy of			
				er "Yes." Otherwise enter "						
		•		casting the substitute progr the community to which the		censed by the F	CC or. in			
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	station is id	entified).	·			
	<b>Column 5:</b> Give the more first. Example: for May 7 gi		when your sy	stem carried the substitute	program. Us	se numerals, wit	h the month			
	. , ,		e substitute pr	ogram was carried by your	cable syste	m. List the times	accurately			
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.m. sho	uld be			
	stated as "6:00–6:30 p.m."  Column 7: Enter the lett	ter "R" if the	listed program	n was substituted for progr	amming that	t vour system wa	as required			
	to delete under FCC rules	and regulati	ions in effect o	luring the accounting perio	d; enter the I	etter "P" if the lis	sted program			
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regulations	s in			
	effect off October 19, 1970	-								
					WHEN SUBSTITUTE					
	S		E PROGRAM		CARRI	DELETION				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	то			
		100 01 110	OF ILL OIGH	1. CITATION CECONITION	7110 8711	1110111	10			
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Accounting Period:	2021/2	FORM SA1-2E. PA	\GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  RS Fiber Cooperative	SYSTEM 63	1 ID# 3638
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amo 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.	ion service	
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 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.	3,80(	
	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 accounting period is \$52.00	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	0_
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
		098.36	
	<u> </u>	701.64	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)	271.98	8_
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	0
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	271.98	8_
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600	))	
	Enter the amount of gross receipts from space K		
	2. Base amount under 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) \$ 1,3	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		_
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	271.98	
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	291.98	8
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.				
Name	RS Fiber Coop	OWNER OF CABLE SYSTEM: erative			SYSTEM ID# 63638				
M Channels			of channels on which the cable system total number of activated channels du						
	Enter the total number of channels on which the cable     system carried television broadcast stations								
	on which the ca	number of activated channel able system carried television ast services	n broadcast stations		110				
N Individual to		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Ident.)	ntify an individual to whom					
Be Contacted for Further Information	Name	Manuel de Angel		Telephone	(507)474-5840				
	Address	58 Johnson Street (Number, street, rural route, apart	ment, or suite number)	10000000000000000000000000000000000000					
		Winona, MN 55987 (City, town, state, zip)							
	Email	mdeangel@exc	change.hbci.com	Fax (optional)					
0	CERTIFICATION	(This statement of account m	nust be certified and signed in accorda	nce with Copyright Office regulations	)				
Certification	• I, the undersigne	ed, hereby certify that (Check o	one, but only one, of the boxes.)						
	(Owne	r other than corporation or p	artnership) I am the owner of the cable	system as identified in line 1 of space I	3; or				
			ation or partnership) I am the duly authowner is not a corporation or partnership		system as identified				
		<b>er or partner)</b> I am an officer (i line 1 of space B.	if a corporation) or a partner (if a partner	ship) of the legal entity identified as ow	ner of the cable system				
		e, and correct to the best of my	hereby declare under penalty of law that knowledge, information, and belief, and						
			X /s/ Daniel Pecarina						
			Enter an electronic signature on the line Enter signature using an "/s/ signature"						
		Typed or printed	name: Daniel Pecarina						
		Title:	President and General Man						
		Date:		February 17, 2022					

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 telephon 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 i 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

Accounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RS Fiber Cooperative	63638
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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	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.	Neceipto Excitation
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 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	

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