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					
02/12/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

_	1						
A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		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					
		SJOBERGS CABLEVISION INC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)					
		THIEF RIVER FALLS, MN 56701-1905					
		(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 is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System		IDENTIFICATION OF CABLE SYSTEM:					
	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:	2010/2	FORM SA1-2E. PAGE 1b.							
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	SJOBERGS CABLEVISION INC 77								
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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 that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identification hereafter known that you have a server of the system identifies the system identification hereafter known that you have a server of t								
	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	identified city.	ionie parks snould be reported in parendicses below the							
	CITY OR TOWN	STATE							
First Community	RED LAKE FALLS	MN							
Add Rows as Necessary									

Accounting Period: 2018/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

773

SJOBERGS CABLEVISION INC

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	312	71.92/MO	MOTEL EXTRA SET	34	1.50/MC	
Service to additional set(s)	N/A					
• FM radio (if separate rate)	N/A					
Motel, hotel	1	71.92/MO				
Commercial	2	71.92/MO				
Converter	N/A					
Residential	N/A					
Non-residential	N/A					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	• Pay cable 11.00/MO • M		T+M		
 Pay cable—add'l channel 	N/A	Commercial	T+M		
 Fire protection 	N/A	• Pay cable	N/C		
•Burglar protection	N/A	Pay cable-add'l channel	N/C		
Installation: Residential		Fire protection	N/A		
• First set	N/C	Burglar protection	N/C		
 Additional set(s) 	35.00	Other services:			
 FM radio (if separate rate) 		Reconnect	N/C		
Converter	N/A	Disconnect	N/C		
		Outlet relocation	N/C		
		Move to new address	N/C		

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

773

SJOBERGS CABLEVISION INC

PRIMARY TRANSMITTERS: TELEVISION

G

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
KXJB	4	N	FARGO, ND
КСРМ	5	<u> </u>	GRAND FORKS, ND
WDAZ	8	N	DEVILS LAKE, ND
CBWT	12	<u>l</u>	WINNIPEG, MANITOBA
KVLY	11	N	GRAND FORKS, ND
KBRR	10	<u>l</u>	THIEF RIVER FALLS, MN

SJOBERGS CABLEVISION INC

770

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
	 						
	 						
	 						
							
							
							
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counting Perio	LEGAL NAME OF OWNER OF	CARLE SVO	STEM:						FUKI	M SA1-2E. PAGE 5
Name	SJOBERGS CABLEVI									SYSTEM ID:
- 1	SUBSTITUTE CARRIAG	_	_							
∎ Substitute	In General: In space I, iden substitute basis during the a	accounting p	eriod, under sp	pecific present and forme	er FCC r	ules, reg	ulations, d	or autho	orizatio	ns. For a further
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
tement and ogram Log	broadcast by a distant sta	•	,	, ,	,	,			rES	X NO
	Note: If your answer is "No	n" leave the	rest of this no	age blank. If your answe	ar ie "Va	e " vou r	nust com			
	log in block 2.	, icave the	z rest or triis pe	age blank. If your answe	JI 13 T C	s, your	nust com	picte ti	ic prog	grann
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs				ons whe	erever po	ossible, if	their n	neanin	g is
	clear. If you need more spa				tute pro	aram") th	nat durin	n the a	ccount	ina
	period, was broadcast by a									
	under certain FCC rules, re									
	Do not use general catego "NBA Basketball: 76ers vs		ovies or bask	tetball. List specific pro	gram tit	ies, for e	example,	I Love	Lucy	or
	Column 2: If the progra	m was broa								
	Column 3: Give the call Column 4: Give the bro					tion is lie	oncod by	, tho E	CC or	in
	the case of Mexican or Ca							y uie r	CC 01,	111
	Column 5: Give the mo		when your sy	stem carried the substi	tute pro	gram. Us	se numer	als, wit	th the n	nonth
	first. Example: for May 7 g Column 6: State the tim		e substitute nr	rogram was carried by y	our cah	la evetar	n lietth	e times	e accur	ately
	to the nearest five minutes									attry
	stated as "6:00-6:30 p.m."		P. 4. 1							
	Column 7: Enter the let to delete under FCC rules				•	•	,			
	was substituted for prograi									ogram
				as permitted to delete t	under F0	CC rules	and regu	JIAUUIIS	, ,,,	
	effect on October 19, 1976	i.	, ,	ras permitted to delete t	under F(CC rules	and regi	ulations	,	
	effect on October 19, 1976	i.		as permitted to defete t	under F0					
			E PROGRAM		under F(WHE	N SUBS	TITUTI	 E	
		UBSTITUT	E PROGRAM 3. STATION'S	1	5.	WHE CARRI MONTH	N SUBS' AGE OC	TITUTI	E ED	7. REASON FO DELETION
	s	UBSTITUT	E PROGRAN	1	5.	WHE	N SUBS	TITUTI CURR	E ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1	5.	WHE CARRI MONTH	N SUBS' AGE OC	TITUTI CURR	E ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1	5.	WHE CARRI MONTH	N SUBS' AGE OC	TITUTI CURR	E ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1	5.	WHE CARRI MONTH	N SUBS' AGE OC	TITUTI CURR	E ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1	5.	WHE CARRI MONTH	N SUBS' AGE OC	TITUTI CURR	E ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1	5.	WHE CARRI MONTH	N SUBS' AGE OC	TITUTI CURR	E ED	
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	s	UBSTITUT	E PROGRAM 3. STATION'S	1	5.	WHE CARRI MONTH	N SUBS' AGE OC	TITUTI CURR	E ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1	5.	WHE CARRI MONTH	N SUBS' AGE OC	TITUTI CURR	E ED	
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	s	UBSTITUT	E PROGRAM 3. STATION'S	1	5.	WHE CARRI MONTH	N SUBS' AGE OC	TITUTI CURR	E ED	7. REASON FOI DELETION

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC		YSTEM I 7
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Et all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	nission service amount, see	2 445 02
	during the accounting period	(Amount of gro	2,445.02 ss 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 but less than or equal to \$ 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.	5263,800	
	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 accounting period is \$52.00	r this six-mon	
	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,		02.00
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1	<u>_</u>	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3	_	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	·	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	7,600)	
	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)	1,319.00	
	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	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

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 773
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	6
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	180
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Richard J Sjoberg Telephone Address 315 Main Ave N	218-681-3044
	(Number, street, rural route, apartment, or suite number) Thief River Falls, MN 56701 (City, town, state, zip)	
	Email rsjoberg@mncable.net Fax (optional) 218-681-680	1
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as over in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Richard J Sjoberg Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified oner of the cable system
	Typed or printed name: Richard J Sjoberg Title: President (Title of official position held in corporation or partnership)	
	Date: 1/18/2019	

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.

ounting Period: 2018/2				FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE	SYSTEM:			SYSTEM ID
DBERGS CABLEVISION I	NC			773
The Satellite Home Viewer Act lowing sentence: "In determining the tota service of providing sec scribers and amounts of the service of providing sec scribers and amounts of the service of providing sec scribers and amounts of the service of the service of providing sec scribers and amounts of the service of the servic	to exclude these amounts, see them. did the cable system exclude any	n 111(d)(1)(A), of the ross amounts paid to broadcast transmitters g secondary transmis e note on page (vii) o amounts of gross rec	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- ssions pursuant to section 119." If the general instructions eipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address		
				1
INTEREST ASSESSMEN	NT .			
•	neet for those royalty payments su assessment, see page (viii) of the		f a late payment or underpayment. ocated in the paper SA1-2 form.	Q
Line 1 Enter the amount of lat	te payment or underpayment			Interest Assessment
			Y	
Line O. Multinle line A leastle in			^	
Line 2 Multiply line I by the in	nterest rate* and enter the sum he	re		
			xdays	
Line 3 Multiply line 2 by the n	umber of days late and enter the s	sum here	x 0.00274	
	7		X 0.00274	
Line 4 Multiply line 3 by 0.002 in space L. (page 6) blo	274** and enter here ock 1, line 2, or block 2 line 8, or b	lock 3 line 6	\$ -	
p, (pg - v)	,		(interest charge)	
	chart click on www.copyright.gov/li rision at (202) 707-8150 or licensin	-	.pdf. For further assistance please	
** This is the decimal equiv	valent of 1/365, which is the interes	st assessment for one	e day late.	
,	ksheet covering a statement of ac first community served, ID number	•	ted to the Copyright Office, please iod as given in the original filing.	
Owner				
Address				
ID number				
First community served				
Accounting period				

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