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 email to:

## coplicsoa@copyright.gov

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

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY	by email to:
DATE RECEIVED	AMOUNT	coplicsoa@c
8/8/23	\$ ALLOCATION NUMBER	For additional contact the U. Office Licensii Tel: (202) 707

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20202 Barcode Data Filing Period (optional - see instructions)
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.
	х	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		1
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		2125 Cable Company, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Sunrise Communications, LLC
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		20938 Washington Ave. (Number, street, rural route, apartment, or suite number)
		Onaway, MI 49765
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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 sufficiency of the fling, a determination that would be made by a court of law.

Norra	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	2125 Cable Company, LLC	0
<b>D</b>	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate	ommunity" is the same as a "community unit" as defined in FCC rules: "a
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile home parks should be reported in parentheses below the identified
Served	city.	
First	CITY OR TOWN Onaway	STATE MI
Community	Posen	MI MI
,	Atlanta	MI
	Millersburg	MI
Add Rows as Necessary	Hillman	
	Mullett Lake	MI MI
	Wolverine	MI MI
	worverine	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SA1-2E. PAGE
Name	2125 Cable Company, L	LC						-
	SECONDARY TRANSMISSION			ATER				
E	In General: The information in sp			-	transmission se	ervice of th	e cable	
	system, that is, the retransmissio							
Secondary	about other services (including p					ose existin	ig on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					o system	broken	
scribers and	down by categories of secondary	•				•		
Rates	each category by counting the nu		0 / 1					
	separately for the particular servi						-	
	Rate: Give the standard rate cl							
	unit in which it is generally billed. category, but do not include disc	(Example: \$20 ounts allowed fo	/mtn ). Summarize a vr advance pavment	any standard	a rate variations	within a pa	articular rate	
	Block 1: In the left-hand block				ndary transmiss	ion service	e that cable	
	systems most commonly provide	to their subscri	bers. Give the numb	er of subsci	ibers and rate fo	or each list	ed category	
	that applies to your system. Note		-		-			
	categories, that person or entity							
	subscriber who pays extra for ca first set" and would be counted o				In the count und	er Service	e to the	
	Block 2: If your cable system h				service that are o	different fro	om those	
	printed in block 1 (for example, ti							
	with the number of subscribers a	nd rates, in the	right-hand block. A t	wo- or three	-word description	n of the se	ervice is	
	sufficient.	DCK 1		11		BLOCK	()	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	• Service to first set		317 78.53					
			517 70.55					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>							
	, , ,							
	Motel, hotel Commercial							
	Converter     Residential							
	Non-residential							
	SERVICES OTHER THAN SECO	ONDARY TRAN	SMISSIONS: RATE	S				
F	In General: Space F calls for rat							
I.	not covered in space E, that is, the service for a single fee. There are							
Services	furnished at cost or (2) services of	•		•		• • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.						
Fransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that						vere not	
Rales	listed in block 1 and for which a s							
	brief (two- or three-word) descrip							
		BLOC	K 1				BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY OF SEI	RVICE	RATE	CATEGO	ORY OF SERVIC	E RATE
	Continuing Services:		nstallation: Non-re	sidential				
	• Pay cable		<ul> <li>Motel, hotel</li> </ul>					
	• Pay cable—add'l channel		Commercial					
	Fire protection		• Pay cable					
	•Burglar protection		• Pay cable-add'l c	hannel				
	Installation: Residential		Fire protection					
	First set		Burglar protection	n				
	<ul> <li>Additional set(s)</li> </ul>		Other services:					
	• FM radio (if separate rate)		Reconnect					
	• Converter		Disconnect					
			<ul> <li>Outlet relocation</li> </ul>					
			<ul> <li>Outlet relocation</li> <li>Move to new add</li> </ul>	Iress				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	2125 Cable Company	, LLC		
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-ti e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCML	6	E	Alpena, MI
	WGTQ	8	Ν	SAULT STE. MARIE, MI
Rows as Necessary	<b>WTOM</b>	7	N	Traverse City, MI
		10	N	
			IN IN	SAULT STE. MARIE. MI
	WWUP WGTU		N	SAULT STE. MARIE, MI Traverse City, MI
	WGTU	29		SAULT STE. MARIE, MI Traverse City, MI

N				SYSTE
Name	LEGAL NAME OF OWNER O			51312
	2125 Cable Company			
	PRIMARY TRANSMITTERS:			
G			translator stations and low power televi	
Ŭ			t (1) stations carried only on a part-time he carriage of certain network programs	
Primary			51(e)(2) and $(4))];$ and $(2)$ certain station	
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television		s: With respect to any distant stations c ules, regulations, or authorizations:	arried by your cable system on a substi	itute program
	• Do not list the station her	e in space G—but do list it in space I (the	he Special Statement and Program Log	g)—if the
	station was carried <i>only</i> on		11. 11. Notificite to said and also an	
			d both on a substitute basis and also or , see page (v) of the general instruction	
	Column 1: List each statio	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ESPN,	etc. Identify each
			e-air designation. For example, report r	multistream
	"WETA-2" as the same on Column 2: Give the chann		evision station for broadcasting over the	a air in its community
		VRC is channel 4 in Washington, D.C.	Waldh aldion for produceding ever and	
	Column 3: Indicate in each	h case whether the station is a network	station, an independent station, or a no	
			(for network multicast), "I" (for independ or "E-M" (for noncommercial educationa	
		erms, see page (iv) of the general instru		al muiicasi).
	Column 4: Give the location	on of each station. For U.S. stations, list	t the community to which the station is li	
	FCC. For Mexican or Cana	idian stations, if any, give the name of t	he community with which the station is i	identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		•		•

EGAL NAME OF 2125 Cable (			'STEM:					SYSTEM I
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourm. Identify the call tate whether t the radio stat this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pay ed by the cable s le station is licens	adend, and (2 anna, during ca ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ir eparate a	be expected, ated intervals. astructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7.001101	5,0		O, LE OION		5,0		

	d: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	2125 Cable Company,	LLC						0
	SUBSTITUTE CARRIAGE							
Substitute	<b>In General:</b> In space I, identi substitute basis during the a explanation of the programm	ify every nor ccounting pe	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by ecific present and former FC	a <i>distant</i> statio C rules, regula	ations, or a	uthorizations.	For a further
Carriage:					e general mou			2 101111.
Special	1. SPECIAL STATEMENT	-				ما ما د ام		
Statement and	<ul> <li>During the accounting per</li> </ul>	-	ir cable system	i carry, on a substitute bas	sis, any nonne	etwork tele		
Program Log	broadcast by a distant stat	ion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust comple	ete the progr	am
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3</b> : Give the call	ace, please of every no distant stat ggulations, c ries like "mo Bulls." m was broas sign of the	add additional onnetwork telev tion and that yc or authorization ovies" or "baske dcast live, ente station broadca	rows to the tables. rision program ("substitute our cable system substitute is. See page (v) of the ger	program") the ed for the prog neral instruction m titles, for ex No." am.	at, during gramming ons for furt cample, "I	the accountir of another st her informati Love Lucy" o	ng ation on. r
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		tem carried the substitute			s, with the mo	onth
	first. Example: for May 7 giv					1 : 4 4		
	to the nearest five minutes.			gram was carried by your				ely
	stated as "6:00–6:30 p.m."		a program cam	ieu by a system nom 0.01.	. 15 p.m. to 0.4	20.30 p.m.		
	Column 7: Enter the lett			was substituted for progra				
	to delete under FCC rules a							gram
	was substituted for program		your system wa	is permitted to delete unde	er FCC rules a	and regula	luons in	
	Telleci on Ucioner 19 19/6							
	effect on October 19, 1976	•						1
			E PROGRAM			N SUBST	URRED	7. REASON FOR
			E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	5	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.	URRED TIMES	

Accounting Period:	<b>2020/2</b> FORM SA1-2E. PAG	E 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM I 2125 Cable Company, LLC	D# 0
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 of 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, see 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.	]
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 \$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 Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	-
	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)	
	BLOCK 2: GROSS RECEIPTS OF \$205,000 OK LESS (but hole than \$137,100)           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       \$       114,435.94	
	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       \$       4.29	-
	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)	
	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	
	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	
	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) \$ 178.93	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 198.93	]
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> 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:	2020/2					FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Company, LLC				SYSTEM ID# 0
<b>M</b> Channels	to its subscril 1. Enter the t system can 2. Enter the t on which th	bers, and (2) the cable system's total number of channels on whi rried television broadcast statio total number of activated chann he cable system carried televisi	s total num ich the cat ns els on broadc		ting period.	5 41
N Individual to Be Contacted		TO BE CONTACTED IF FUR1 act about this statement of acco		DRMATION IS NEEDED (Identify an individu	ual to whom	
for Further Information	Name	BRUCE BEARD			Telephone 314-4	62-9000
	Address	1714 Deer Track Tra (Number, street, rural route, apa St. Louis, MO 63131 (City, town, state, zip)	rtment, or su			
	Email	BBEARD@CI	NAMON	MUELLER.COM Fa	ax (optional	
	CERTIFICATIO	<b>N</b> (This statement of account r	nust be ce	rtified and signed in accordance with Copyrig	ght Office regulations)	
O Certification	(Ow X (Age Of • I have examin are true, comp	ent of owner other than corpor in line 1 of space B and that th fficer or partner) I am an officer in line 1 of space B. ned the statement of account and	ation or pa te owner is (if a corport	<ul> <li>y one, of the boxes.)</li> <li>and the owner of the cable system as identiferent of the output of the output of the not a corporation or partnership; or</li> <li>ation) or a partner (if a partnership) of the legal lare under penalty of law that all statements of ge, information, and belief, and are made in good</li> </ul>	e owner of the cable system as id entity identified as owner of the ca fact contained herein	
				/s/ Robert W. Goodenow electronic signature on the line above to certify nature using an "/s/ signature" (e.g., /s/ John Sr		
		Typed or printe	d name:	Robert W. Goodenow		
		Title:	Mana itle of officia	ger I position held in corporation or partnership)		
(	1					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
5 Cable Company, LLC	
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> </ul>	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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.	<b>Q</b>
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	
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	Interest Assessmen           1.75
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	Interest Assessmen           1.75
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	174.64     Interest Assessmen       1.75     days
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	Interest Assessmen           1.75           days           566.52           4.29
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	Interest Assessment           1.75           days           566.52           4.29
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	Interest Assessment           1.75           days           566.52           4.29

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.