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 ail to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	by email to:	
DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
3/1/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2021/2 20212 Barcode Data Filing Period (optional - see instructions) Accounting Period 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 Β 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. 27797 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 NEX-TECH LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM **145 N MAIN** (Number, street, rural route, apartment, or suite number) **LENORA, KS 67645** ity, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	NEX-TECH LLC	27797
D	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporat unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings.	ed communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or city.	mobile home parks should be reported in parentheses below the identified
Served		
	CITY OR TOWN	STATE
First	COURTLAND	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA	
Name	NEX-TECH LLC								2779
Е	SECONDARY TRANSMISSION								
–	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or De	ecember 3	31, as the ca	se may be)			-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary each category by counting the nu								
Rates	separately for the particular serv							nargeo	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.				ny standaro	l rate variations	within a pa	articular rate	
	category, but do not include disc				.			46-461-	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count und	der "Service	e to the	
	first set" and would be counted o								
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.	,							
	BLO		·				BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		108	30.00	DELUX	E		86	50.
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for rat					your cable syst	em's servic	res that were	
F	not covered in space E, that is, the	•	,		•	• •			
	service for a single fee. There ar		,		0		0()		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually bi	led. If any ra	es are cha	irged on a varia	bie per-pro	gram basis,	
ransmissions:			ne cable s	system for ea	ch of the a	pplicable servic	es listed.		
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) descrip	otion and includ	le the rate	for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		DRY OF SER		RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:	80.00		ion: Non-res	Idential		Sporte	8 Entortain	13.
	Pay cable Add'l channel	80.00	1	l, hotel mercial			Cinema	& Entertain.	11.
	Pay cable—add'l channel Eiro protoction		1				HBO		17.
	Fire protection Burglar protection		•Payo		annal			me & TMC	17.
	•Burglar protection		1 1	cable-add'l ch	annel		Starz! E		10.
	Installation: Residential	00.00	I .	protection			NFL Re		49.
	• First set	99.00	i č	ar protection			INFL RE		49.
	 Additional act(a) 		Other se	IVICES:					1
	Additional set(s) EM radio (if sonarate rate)	110.00		nnoct		20.00			
	• FM radio (if separate rate)		• Reco			30.00			
			• Disco	onnect					
	• FM radio (if separate rate)		Disco Outle			30.00 110.00 99.00			

Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTI				
Nume	NEX-TECH LLC							
	PRIMARY TRANSMITTERS:							
G Primary ansmitters: elevision	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "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 fo							
	1. CALL SIGN	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KSNC	2	N	GREAT BEND, KS				
	KLNE	3	E	LEXINGTON, NE				
ows as Necessary	KSNB	5	N	SUPERIOR, NE				
	KBSH	7	N	HAYS, KS				
	KOOD	9	Е	HAYS, KS				
	KGIN	11	N	GRAND ISLAND, NE				
	KHGI	13	N	KEARNEY, NE				
	KFXL	14	N	LINCOLN, NE				
	KFXL KSNB-DT2	14	N-M	LINCOLN, NE LINCOLN, NE				
	KSNB-DT2	15		LINCOLN, NE				
	KSNB-DT2 KCWH	15 16		LINCOLN, NE LINCOLN, NE				
	KSNB-DT2 KCWH KSCW	15 16 23	N-M I I	LINCOLN, NE LINCOLN, NE WICHITA, KS				
	KSNB-DT2 KCWH KSCW KSAS	15 16 23 24	N-M I I N	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS				
	KSNB-DT2 KCWH KSCW KSAS KWCH-DT2	15 16 23 24 110	N-M I I N N-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS				
	KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3	15 16 23 24 110 183	N-M I I N N-M E-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS				
	KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3	15 16 23 24 110 183 186	N-M I I N N-M E-M I-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS				
	KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KMTW-DT4	15 16 23 24 110 183 186 187	N-M I I N N-M E-M I-M I-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS				
	KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	15 16 23 24 110 183 186 187 189	N-M I I N N-M E-M I-M I-M E-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS HAYS, KS				
	KSNB-DT2 KCWH KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	15 16 23 24 110 183 186 187 189	N-M I I N N-M E-M I-M I-M E-M	LINCOLN, NE LINCOLN, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS HAYS, KS				

Accounting F	Period: 2021	2					FORI	M SA1-2E. PAGE
LEGAL NAME O		CABLE SY	/STEM:					SYSTEM I
NEX-TECH	LLC							2779
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
eceivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: 1 Column 2: 5 Column 3: 1 signal, indicate Column 4: 0) it is carried b monitoring, to formation about mm. dentify the call State whether the f the radio state this by placing Give the station	y the sys be rece t the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's system's FM a this point, see sed by the cab ne station is lic	headend, and (2 intenna, during c page (v) of the c le system as a se rensed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIG	N AM or FM	S/D	LOCATION OF STATION	
	FM		PHILLIPSBURG, KS					•
KDT	FM		BURDETT, KS					
REP	FM		BELLEVILLE, KS					
							+	
						+		
								
						+		
						+		

Accounting Perio						FOI	RM SA1-2E. PAGE 5.	
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#	
Name	NEX-TECH LLC						27797	
	SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOG))			
		-	-			on. that vour cable svste	em carried on a	
	substitute basis during the a	General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a postitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further						
Substitute	explanation of the programm	planation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:		SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE						
Special Statement and	 During the accounting per 	riod, did you	ur cable system	n carry, on a substitute ba	sis, any nonne	etwork television progra		
Program Log	broadcast by a distant stat	ion?				YES	× NO	
	Note: If your answer is "No	". leave the	rest of this pa	ge blank. If vour answer is	"Yes." vou m	ust complete the prog	ram	
	log in block 2.	,	· · · · · · · · · · · · · · · · · ·	g = , , , , , , , , , , , , , , , , ,	, , ,	···· · · · · · · · · · · · · · · · · ·		
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subs	titute progra	am on a separa		wherever po	ssible, if their meaning	is	
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.							
	Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station							
	under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.							
	Do not use general categor	ies like "mo	ovies" or "baske	etball." List specific progra	im titles, for ex	xample, "I Love Lucy" o	or	
	"NBA Basketball: 76ers vs.		dcast live ente	er "Yes." Otherwise enter '	No "			
				asting the substitute progr				
				he community to which the			n	
	the case of Mexican or Car			community with which the stem carried the substitute			onth	
	first. Example: for May 7 give		when your sys		piogram. Os		onun	
	Column 6: State the tim	es when the		ogram was carried by your			tely	
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6:	28:30 p.m. should be		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	listed program	was substituted for prog	ramming that	vour svstem was <i>requi</i>	ired	
	to delete under FCC rules a	and regulati	ons in effect du	uring the accounting perio	d; enter the le	etter "P" if the listed pro		
	was substituted for program		your system wa	as permitted to delete und	er FCC rules	and regulations in		
	effect on October 19, 1976	•			<u>.</u>			
						N SUBSTITUTE		
	8		E PROGRAM			AGE OCCURRED 6. TIMES	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM – TO		
						_		
]	_		
					_			
					-			
					-			
					-			
						_		
					1			
			+					
					-			
					-			
					_			
						_		
]	_		
					-			

Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 27797
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	9,237.99 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	263,800	
	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 this accounting period is \$52.00	s six-month	
	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 \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form for more information		ts!

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	F OWNER OF CABLE SYSTEM: LC		SYSTEM ID# 27797
M Channels	to its subscrit 1. Enter the tr system car 2. Enter the tr 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	ns	
N Individual to		TO BE CONTACTED IF FUR1 act about this statement of acco	HER INFORMATION IS NEEDED (Identify an individual to w unt.)	vhom
Be Contacted for Further Information	Name	Scott Roe		Telephone 785-625-7070
	Address	2418 Vine Street (Number, street, rural route, apa Hays, KS 67601 (City, town, state, zip)	ment, or suite number)	
	Email	sroe@nex-tec	n.com Fax (opti-	ional
O Certification	I, the undersig (Ow (Age X (Of I have examin are true, comp	gned, hereby certify that (Check o rner other than corporation or p ent of owner other than corpor- in line 1 of space B and that th ficer or partner) I am an officer (in line 1 of space B. ned the statement of account and	Aust be certified and signed in accordance with Copyright Offine, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line artnership) I am the owner of the cable system as identified in line artnership) I am the owner of the cable system as identified in line artnership) I am the duly authorized agent of the owner e owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity id hereby declare under penalty of law that all statements of fact corry knowledge, information, and belief, and are made in good faith. X /s/ Rhonda S. Goddard Enter an electronic signature on the line above to certify this statements Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	line 1 of space B; or er of the cable system as identified dentified as owner of the cable system intained herein
		Typed or printe Title: (1	d name: Rhonda S. Goddard Chief Financial Officer Itle of official position held in corporation or partnership)	

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unting Period: 2021/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
K-TECH LLC	277
 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." 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? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statemen Concerning Gros Receipts Exclusio
Name 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme - ys
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	
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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	

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C	Cal Woi	ble rksheet	Total amount of remittance	Num	ber of SAs rec'd		nitials
			Date of remittance	- Check	EFT	FILIN	IG FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocatio	n number		
Space A Accounting Period							
	Janua	ary 1 - June 30, 2017	C	July 1 - Decemb	er 31, 2017		
Letter sent				Information rec	eived		
		oted	C	Phone call/Date	/Contact		
Space B Owner							
	Lette	r sent	Γ	Information rec	eived		
		oted	Γ	Phone call/Date	/Contact		
Space D Area Served							
	Lette	r sent	Γ	Information rec	eived		
		oted	E	Phone call/Date	/Contact		
Space E Secondary Transission							
Service Subscribers:	Lette	r sent	C	Information rec	eived		
and Rates		oted	C	Phone call/Date	/Contact		
Space G Primary Transmitters:							
Television	Lette	r sent	Γ	Information rec	eived		
		oted		Phone call/Date	/Contact		
Space H Primary Transmitters:							
Radio	Accep	oted	[Phone call/Date	/Contact		

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fed
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	