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

STATEM	ΞΝΤ	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syste General instru in the first tab	ctions	are located	2/7/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACC	DUNTING PERIOD COVERED E	Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optional	- see instructions)	
B Owner		the subsidiary, not that of the parent corpo List any other name or names under which	bration.	ary of another corporation, give the full corp cable system. e last day of the accounting period should sut	
		statement of account and royalty fee paym Check here if this is the system's first filing.	ent covering the entire accounting period	od.	29328
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		WIKSTROM SYSTEMS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF O	CABLE SYSTEM		
		PO BOX 217 (Number, street, rural route, apartment, or suite nu	umber)		
		KARLSTAD, MN 56732 (City, town, state, zip)			
С				tify the business and operation of the system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:	,5 5	, ,	
		MAILING ADDRESS OF CABLE SYSTEM:			
		INALING ADDRESS OF CABLE STSTEM.			
	2	(Number, street, rural route, apartment, or suite nu	umber)		
		(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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	WIKSTROM SYSTEMS LLC	29328
D	Instructions: List each separate community served by the cable system. A "cc separate and distinct community or municipal entity (including unincorporate 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. Note: Entities and properties such as hotels, apartments, condominiums, or n	ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
Area Served	city.	
First	CITY OR TOWN	STATE
Community	STEPHEN	MN
Rows as Necessary		

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
	WIKSTROM SYSTEMS L	LC							2932
_	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIE	ERS AND R	ATES				
E	In General: The information in s					y transmission s	service of t	the cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period	, , ,	,		,		hose exist	ting on the	
Service: Sub-	Number of Subscribers: Both						ole svstem	. broken	
scribers and	down by categories of secondar	•					-		
Rates	each category by counting the n							charged	
	separately for the particular server Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	•	-	•			-	-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		o ngin ne						
	BLO	OCK 1					BLOCK		•
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		152	90.99	ECONC	MY BASIC		7	35.9
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS		s			-	
-	In General: Space F calls for ra					ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t					•			
Services	service for a single fee. There al furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	,		5		5 ,	
		to charged by t	he cable						
ransmissions:	Block 1: Give the standard rat		- t f	•		• •			
Transmissions: Rates	Block 2: List any services that	t your cable sy		nished or offe	red during	the accounting	period that		
	Block 2: List any services that listed in block 1 and for which a	t your cable systems separate charg	je was m	nished or offe ade or establ	red during	the accounting	period that		
	Block 2: List any services that	t your cable system separate charged bition and inclue	je was m le the rat	nished or offe ade or establ	red during	the accounting	period that	e form of a	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	t your cable systems separate charg	je was m le the rat CK 1	hished or offe ade or establ e for each.	red during ished. List	the accounting	period that vices in the		RATE
	Block 2: List any services that listed in block 1 and for which a	t your cable system separate chargo btion and includ BLOO	e was m le the rat CK 1 CATEG	nished or offe ade or establ	red during ished. List	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable system separate chargo btion and includ BLOO	e was m le the rat CK 1 CATEG Installa	nished or offe ade or establ e for each.	red during ished. List	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sy separate chargo otion and includ BLOO RATE	e was m le the rat CK 1 CATEG Installat • Mote	nished or offe ade or establ e for each. DRY OF SER tion: Non-res	red during ished. List	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sy separate chargo otion and includ BLOO RATE	e was m le the rat CK 1 CATEG Installat • Mote	hished or offe ade or establ e for each. DRY OF SER tion: Non-res el, hotel imercial	red during ished. List	the accounting these other sen	period that vices in the	e form of a BLOCK 2	RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sy separate chargo otion and includ BLOO RATE	e was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay	hished or offe ade or establ e for each. DRY OF SER tion: Non-res el, hotel imercial	red during ished. List WICE sidential	the accounting these other sen	period that vices in the	e form of a BLOCK 2	RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable sy separate chargo otion and includ BLOO RATE	e was m de the rat CK 1 CATEG Installat • Mote • Com • Pay • Pay	hished or offe ade or establ e for each. DRY OF SER tion: Non-res el, hotel imercial cable	red during ished. List WICE sidential	the accounting these other sen	period that vices in the	e form of a BLOCK 2	RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	t your cable sy separate chargo otion and includ BLOO RATE	e was m le the rat CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire	hished or offe ade or establ e for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l c	red during ished. List WICE sidential	the accounting these other sen	period that vices in the	e form of a BLOCK 2	RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sys separate charge bition and include BLOO RATE \$12	e was m le the rat CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire	DRY OF SER ion: Non-res al, hotel mercial cable cable-add'I c protection glar protectior	red during ished. List WICE sidential	the accounting these other sen	period that vices in the	e form of a BLOCK 2	RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable systematic charge systematic charge systematic charge between the systematic charge syste	e was m le the rat CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s	DRY OF SER ion: Non-res al, hotel mercial cable cable-add'I c protection glar protectior	red during ished. List WICE sidential	the accounting these other sen	period that vices in the	e form of a BLOCK 2	RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable systematic charge systematic charge systematic charge between the systematic charge syste	e was m le the rat CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco	DRY OF SER ion: Non-res of hotel mercial cable cable-add'I c protection glar protectior ervices:	red during ished. List WICE sidential	the accounting these other service and the ser	period that vices in the	e form of a BLOCK 2	RATI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable systematic charge systematic charge systematic charge between the systematic charge syste	e was m le the rat CK 1 CATEGI Installat • Mote • Com • Pay • Fire • Burg Other s • Recu • Disc	DRY OF SER tion: Non-res bl, hotel mercial cable cable-add'l c protection glar protection ervices: ponnect	red during ished. List WICE sidential	the accounting these other service and the ser	period that vices in the	e form of a BLOCK 2	RATI

nting Period: 2	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER C			SYSTEM ID 2932
	WIKSTROM SYSTEM			2332
G Primary insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: 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-til e carriage of certain network progra I(e)(2) and (4))]; and (2) certain stat rried 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 instructi ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepur r "E-M" (for noncommercial education totons in the paper SA1-2 form. the community to which the station	me basis under ims [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGFE	2	Е	GRAND FORKS, ND
	КХЈВ	4	N	VALLEY CITY, ND
ows as Necessary	WDAZ	8	N	GRAND FORKS, ND
	WTBS	9	I	ATLANTA, GA
	KBRR	10	N	THIEF RIVER FALLS, MN
	KVLY	11	N	FARGO, ND
	СВЖТ	12	I	WINNIPEG, MB, CANADA
	WGNA	23	I	CHICAGO, IL

EGAL NAME O			YSTEM:					SYSTEM II
NIKSTROM	SYSTEMS	LLC						293
	NOMITTOO							
PRIMARY TRA n General: Lis			arried on a separate and discre	te basis and list	those FM stat	ions car	ried on an	н
			nerally receivable by your cabl					
pecial Instru	ctions Conce	rning Al	I-Band FM Carriage: Under C	opyright Office re	egulations, an	FM sign	al is generally	Primary
eceivable if (1)) it is carried by	y the sys	stem whenever it is received at	the system's he	adend, and (2) it can b	e expected,	Transmitters
			ived at the headend, with the s					Radio
or detailed inf aper SA1-2 fo		t the Co	opyright Office regulations on t	nis point, see pa	ge (v) of the ge	eneral in	structions in the.	
		sign of e	each station carried.					
			on is AM or FM.					
			nal was electronically processe k mark in the "S/D" column	ed by the cable s	system as a se	parate a	nd discrete	
-	• •	-	k mark in the "S/D" column. on (the community to which th	e station is licens	sed by the FC(Corint	he case of	
			the community with which the			5 61, 111		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
(NOX (QHT	FM FM		GRAND FORKS, ND GRAND FORKS, ND					
(YCK	FM		GRAND FORKS, ND					
(KXL	FM		GRAND FORKS, ND					
XPO	FM		GRAFTON, ND					
(J108	FM		GRAND FORKS, ND					
SNR	FM		THIEF RIVER FALLS, MN					
Q92	FM		WARROAD, MN					
(FJM (FNW	FM		UND CAMPUS, GF, ND					
	FM FM		FARGO, ND FARGO, ND					
(SRQ	FM		THIEF RIVER FALLS, MN					
KOOL	FM		FARGO, ND					
	·							
	·							
	·							
	·							

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	WIKSTROM SYSTEMS	LLC						29328
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì			
	In General: In space I, identiti substitute basis during the ac	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Substitute Carriage:	explanation of the programmi	-			e general insur		le paper SAT-	2 101111.
Special	1. SPECIAL STATEMENT					twork tala	vision program	-
Statement and	During the accounting peri	-	r cable system	carry, on a substitute bas	is, any nonne	INOLK IEIE/		X
Program Log	broadcast by a distant stat	lion?					YES	NO
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations	wherever nos	sible if the	eir meaning is	
	clear. If you need more spa				wherever pos		en meaning is	>
	Column 1: Give the title				program") that	at, during tl	he accounting	J
	period, was broadcast by a					•		
	under certain FCC rules, reg Do not use general categori							
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls."				ample, i L		
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	am.			
	Column 4: Give the broa		(5		,	ne FCC or, in	
	the case of Mexican or Can Column 5: Give the mon						with the mo	nth
	first. Example: for May 7 giv		when you syst		program. 000	manneraio	, with the mo	
	Column 6: State the time							ly
	to the nearest five minutes.	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m.	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	ammina that v	our svster	n was <i>require</i>	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	and regulat	tions in	
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
					-			
					-			
					-		_	
							_	
							_	
					-			
					-			
					-			
					-			
							_	
							_	
				r		+		1
1							_	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WIKSTROM SYSTEMS LLC	SY	STEM ID# 29328
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 transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (viii) of the general instructions located in the paper SA1-2 form.	ssion service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 84 (Amount of gros	, 494.46 is 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$68,000 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	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 th accounting period is \$52.00	is 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		52.00
	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		
	5. Enter the amount from line 3 6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		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 \$527,6	500)	
	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8	1,319.00 0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
Filing Fee and			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26SPN94L		
	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 mo		

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: STEMS LLC				SYSTEM ID# 29328
M Channels	to its subscribers 1. Enter the tota system carrie 2. Enter the tota	s, and (2) the cable system's t I number of channels on which	total numb h the cable s		ounting period.	8
	and nonbroad	Icast services				
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name	CARRIE KERN-TAGG	GART		Telephone	(218) 436-2121
	Address	PO BOX 217 (Number, street, rural route, apartm KARLSTAD, MN 567 (City, town, state, zip)		number)		
	Email	CAK@WIKTEL.	COM		Fax (optional 218-436-310	0
		This statement of account mu	ist be certi	fied and signed in accordance with Cop	vright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check on	ne, <i>but only</i>	r one, of the boxes.)		
	(Owner	r other than corporation or pa	artnership) I am the owner of the cable system as in	dentified in line 1 of space E	3; or
				r tnership) I am the duly authorized agent not a corporation or partnership; or	of the owner of the cable s	ystem as identified
		er or partner) I am an officer (i in line 1 of space B.	f a corpora	tion) or a partner (if a partnership) of the I	legal entity identified as own	er of the cable system
		e, and correct to the best of my		are under penalty of law that all statemen e, information, and belief, and are made i		
			X	/s/ CARRIE KERN-TAGGART		
				lectronic signature on the line above to cert ature using an "/s/ signature" (e.g., /s/ Johr		
		Typed or printed	name:	CARRIE KERN-TAGGART		
		Title: (Titl		ROLLER position held in corporation or partnership)		
		Date:			02/07/2022	

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 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.

Dunting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
(STROM SYSTEMS LLC	29328
 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 Statement Concerning Gross Receipts Exclusion
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.	0
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
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 4 Multiply line 3 by 0.00274** and enter here x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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