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 COPYRIGHT	Return completed workbook by email to:		
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	\$ 2/18/2022 ALLOCATION NUMBE		CopilCSOA(d)IOC.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY)	Y/(Period))		

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2021/2
		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
		S & T COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 99
		(Number, street, rural route, apartment, or suite number) BREWSTER, KS 67732-0099
		(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, it 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 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#
	S & T COMMUNICATIONS LLC	61085
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	DIGHTON	KS
Community	HEALY	KS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID		
Name								010	6108		
	S & T COMMUNICATION								0100		
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	ATES						
E		In General: The information in space E should cover all categories of secondary transmission service of the cable									
Cocondom	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary Transmission			<i>i</i> cable) in space F, not here. All the facts you state must be those existing on the June 30 or December 31, as the case may be).								
Service: Sub-	Number of Subscribers: Both						le system,	broken			
scribers and		•	smission service. In general, you can compute the number of subscribers in								
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular servi					•	,				
	Rate: Give the standard rate cl										
	unit in which it is generally billed.				any stanuar		within a p				
	0.0	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	•		-		•					
	that applies to your system. Note			Ũ		0					
	categories, that person or entity										
	subscriber who pays extra for cal first set" and would be counted o					in the count und	der "Servic	e to the			
	Block 2: If your cable system h	•			· · ·	service that are	different fro	om those			
	printed in block 1 (for example, ti	-		•							
	with the number of subscribers a										
	sufficient.										
	BLC	DCK 1 NO. OF					BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SERVICE SU		SUBSCRIBERS	RATE		
	Residential:				_ .			116			
	Service to first set		150	36.25	Basic				60.2		
	 Service to additional set(s) 					Digital			73.2		
	• FM radio (if separate rate)					alue Basic		5 29	#####		
	Motel, hotel		2	36.25		(Sngl/Dual/DVR)			\$15-\$		
	Commercial		18	36.25		Room Rate + HDTA		5	7.0		
	Converter				College)					
	Residential			\$0.00 - \$4.00							
	Non-residential		19	\$0.00 - \$4.00							
	SERVICES OTHER THAN SEC				e						
_	In General: Space F calls for rate					your cable syst	em's servio	ces that were			
F	not covered in space E, that is, th		,		•	• •					
	service for a single fee. There are		,		0		0()				
Services	furnished at cost or (2) services of			noneuhecrihe	are Rate inf	formation should	d include b				
Other There	I amount of the charge and the lin							ndram basis			
Other Than	_		usually			arged on a varia	ble per-pro	gram baolo,			
Other Than Secondary ransmissions:	enter only the letters "PP" in the	rate column.		billed. If any ra	ates are cha	arged on a varia		gram baolo,			
Secondary	_	rate column. e charged by th	ne cable	billed. If any ra	ates are cha ach of the a	arged on a varia	es listed.	-			
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s	rate column. e charged by th your cable sys separate charge	ne cable tem fur e was r	billed. If any ra e system for ea nished or offer nade or establ	ates are cha ach of the a red during tl	arged on a varia pplicable servic he accounting p	es listed. eriod that v	vere not			
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that	rate column. e charged by th your cable sys separate charge	ne cable tem fur e was r	billed. If any ra e system for ea nished or offer nade or establ	ates are cha ach of the a red during tl	arged on a varia pplicable servic he accounting p	es listed. eriod that v	vere not			
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Secondary ransmissions:	enter only the letters "PP" in the in Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a significant brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. e charged by th your cable sys separate charge tion and include BLOC RATE 	ne cable tem fur e was r e the ra CATEC Installa • Mo • Col • Pay • Fire • Bui • Bui • Cher • Bui	billed. If any rates system for each ished or offer nade or estable ate for each.	ates are cha ach of the a red during tl ished. List f <u>RVICE</u> sidential	arged on a varia pplicable servic he accounting p these other serv RATE 120.00 120.00	es listed. eriod that v ices in the CATEGO Wire Ma HBO (Ir Starz/S Any 2 P Any 3 P	vere not form of a BLOCK 2 DRY OF SERVICE aintenance adividual) how/Cinmx (INI remium Chann remium Chann	3.9 16.4 14.4 29.9 39.9		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	S & T COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS:	FELEVISION							
G Primary nsmitters: 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 station, by entering the letter "N" (for network), "N-M" (for network multicast). For the meaning o								
	1. CALL SIGN	4. LOCATION OF STATION							
	KSWK	8	E	LAKIN, KS					
	KUSA	9	N	DENVER, CO					
Necessary	KSNG	11	N	GARDEN CITY, KS					
	КИРК	13	N	GARDEN CITY, KS					
	KSAS	24	N	WICHITA, KS					
	KSCW	33	N	WICHITA, KS					
	KSCW KSAS-HD	33 24.1	N N	·····					
				WICHITA, KS					
	KSAS-HD	24.1	N	WICHITA, KS WICHITA, KS					
	KSAS-HD KAKE-HD	24.1 21	N N	WICHITA, KS WICHITA, KS WICHITA, KS					
	KSAS-HD KAKE-HD KSNW-HD	24.1 21 45	N N N	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
	KSAS-HD KAKE-HD KSNW-HD KSAS My Network HD	24.1 21 45 24.2	N N N I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
	KSAS-HD KAKE-HD KSNW-HD KSAS My Network HD KOOD-HD	24.1 21 45 24.2 16	N N I-M E	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS					
	KSAS-HD KAKE-HD KSNW-HD KSAS My Network HD KOOD-HD KWCH-HD	24.1 21 45 24.2 16 19	N N N I-M E N	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS HUTCHINSON, KS					
	KSAS-HD KAKE-HD KSNW-HD KSAS My Network HD KOOD-HD KWCH-HD KBSH	24.1 21 45 24.2 16 19 7	N N N I-M E N N	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS HUTCHINSON, KS HAYS, KS					
	KSAS-HD KAKE-HD KSNW-HD KSAS My Network HD KOOD-HD KWCH-HD KBSH KSCW-HD	24.1 21 45 24.2 16 19 7 33.1	N N I-M E N N N	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS					
	KSAS-HD KAKE-HD KSNW-HD KSAS My Network HD KOOD-HD KWCH-HD KBSH KSCW-HD DECADES	24.1 21 45 24.2 16 19 7 33.1 33.2	N N N I-M E N N N N N I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS					
	KSAS-HD KAKE-HD KSNW-HD KSAS My Network HD KOOD-HD KWCH-HD KBSH KSCW-HD DECADES ANTENNA TV	24.1 21 45 24.2 16 19 7 33.1 33.2 33.3	N N N I-M E N N N N N I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS WICHITA, KS					
	KSAS-HD KAKE-HD KSNW-HD KSAS My Network HD KOOD-HD KWCH-HD KBSH KSCW-HD DECADES ANTENNA TV ME TV	24.1 21 45 24.2 16 19 7 33.1 33.2 33.3 10.2	N N N I-M E N N N N N I-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS					
	KSAS-HD KAKE-HD KSNW-HD KSAS My Network HD KOOD-HD KWCH-HD KBSH KSCW-HD DECADES ANTENNA TV ME TV KWCH STORM TEAM	24.1 21 45 24.2 16 19 7 33.1 33.2 33.3 10.2 12.2	N N N I-M E N N N N I-M I-M I-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					

LEGAL NAME OI S & T COMN	F OWNER OF C							SYSTEM ID 6108
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be recein t the Co sign of he static ion's sig g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see par sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral in eparate	be expected, ated intervals. nstructions 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	
KRDQ		_,_				_,_		
KKCI	FM FM		Colby, KS Goodland, KS					
	+							

Accounting Perio	d: 2021/2					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				SYSTEM ID#
Name	S & T COMMUNICATIO	ONS LLC					61085
l Outoriteda	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> stati C rules, regul	lations, or authorization	ns. For a further
Substitute Carriage:	1. SPECIAL STATEMEN				e general mot		
Special						at work to low in item when	
Statement and	• During the accounting pe		ir cable system	i carry, on a substitute bas	sis, any nonn		
Program Log	broadcast by a distant sta	tion?				YES	NO
	Note: If your answer is "No	, leave the	rest of this page	ge blank. If your answer is	"Yes," you m	nust complete the pro	gram
	log in block 2.						
	2. LOG OF SUBSTITUT	E PROGRA	MS				
	In General: List each subsclear. If you need more spacelear. If you need more spacelear. If you need more spacelear	titute progra ace, please of every no distant stat egulations, or ries like "mo Bulls." m was broa sign of the adcast station addan station th and day ve "5/7." res when the . Example: a ter "R" if the and regulati	am on a separa add additional onnetwork telev- tion and that yco- or authorization ovies" or "baske dcast live, enter station broadca on's location (ti ons, if any, the when your sys e substitute pro a program carri- listed program ons in effect du	rows to the tables. ision program ("substitute our cable system substitute s. See page (v) of the ger etball." List specific progra or "Yes." Otherwise enter " asting the substitute progra- ne community to which the community with which the tem carried the substitute ogram was carried by your ed by a system from 6:01 or was substituted for progra- uring the accounting period	program") the ed for the pro- neral instruction m titles, for e No." am. e station is lice program. Us cable system :15 p.m. to 6: ramming that d; enter the le	hat, during the account ogramming of another ons for further informative example, "I Love Lucy" censed by the FCC or entified). See numerals, with the n. List the times accu :28:30 p.m. should be your system was <i>req</i> etter "P" if the listed po	ting station ation. " or ", in month rately e
	effect on October 19, 1976		, , , 		11	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	l		RIAGE OCCURRED	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		DELETION
							·
		+			-	+	
		_					
						_	
		+					
		+				+	
		T] [
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Accounting Period:	2021/2	FORM SA	A1-2E. PAGE					
Name		S	YSTEM ID					
	S & T COMMUNICATIONS LLC		6108					
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 transm (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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	5,212.83 bss 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.	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 \$ 263,800.00							
	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	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					
	Important: Your remittance must be in the form of an electronic payment payable to the Regist 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 OWNER S & T COMMUNICATI					SYSTEM ID# 61085
M Channels	 to its subscribers, and 1. Enter the total numb system carried televi 2. Enter the total numb on which the cable s 	(2) the cable system's er of channels on whic sion broadcast station er of activated channe ystem carried televisio	total num th the cab s Is n broadc		ounting period.	21 252
N Individual to Be Contacted	we can contact about th	nis statement of accou	int.)	DRMATION IS NEEDED (Identify an indi		
for Further Information	Name CHR	ISTINA HICKER	Γ		Telephone .	785-694-2256
		BOX 99, 320 KAN er, street, rural route, apartu				
		WSTER, KS 677	32-009	9		
	Email	christina.hicker	t@sttelco	om.com	Fax (optional 785-694-2750)
				rtified and signed in accordance with Cop		
O Certification	(Agent of own in line 1 X (Officer or pa in line 1 • I have examined the stat	than corporation or partial of space B and that the rtner) I am an officer (if of space B. ement of account and h correct to the best of my	artnership tion or pa e owner is a corpora ereby dec knowledg knowledg	y one, of the boxes.) b) I am the owner of the cable system as ide intnership) I am the duly authorized agent of not a corporation or partnership; or ation) or a partner (if a partnership) of the le lare under penalty of law that all statements ge, information, and belief, and are made in /s/ Christina Hickert electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh	of the owner of the cable syst agal entity identified as owner s of fact contained herein good faith.	em as identified
		Title: (Tit	CFO le of officia	position held in corporation or partnership)		
		Date:			2/16/2022	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
T COMMUNICATIONS LLC	6108
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-

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.

	Са	ble rksheet	Total amount of remittance	Nun	nber of SAs rec'd	Initials	
	Wol	rksheet					
			Date of remittance	- Check	EFT	FILIN	G FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocatio	n number		
Space A Accounting Period							
	Janu	ary 1 - June 30, 2017	[July 1 - Decem	ber 31, 2017		
	Lette	er sent	[Information re	ceived		
	Acce	pted	[Phone call/Dat	e/Contact		
Space B Owner							
	Lette	er sent	[Information re	ceived		
	Acce	pted	[Phone call/Dat	e/Contact		
Space D Area Served							
	Lette	er sent	[Information re	ceived		
	Acce	pted	[Phone call/Dat	e/Contact		
Space E Secondary Transission							
Service Subscribers:	Lette	er sent	[Information re	ceived		
and Rates	Acce	pted	[Phone call/Dat	e/Contact		
Space G Primary Transmitters:							
Television	Lette	er sent	[Information re	ceived		
	Acce	pted	[Phone call/Dat	e/Contact		
Space H Primary Transmitters:							
Radio	Acce	pted	[Phone call/Dat	e/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	