This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
7-28-22	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

## coplicsoa@copyright.gov

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

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting		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.								
		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								
		BENTON CABEVISION INC								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		2220 125TH ST NW (Number, street, rural route, apartment, or suite number)								
		RICE MN 56367-9701								
		(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 salready 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 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.

BENTON CABEVISION INC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identity.  CITY OR TOWN  STATE  RICE  (ROCKWOOD ESTATES MOBILE HOME PARK)  MN  GILMAN  MN  MN  MN  MN  MN  MN  MN  MN  MN	BENTON CABEVISION INC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including unincorporated areas). "47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter in community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses be city.  CITY OR TOWN STATE  RICE MIN  (ROCKWOOD ESTATES MOBILE HOME PARK) MIN  GILMAN WATAB MIN  GILMAN MIN  GILMANTON MIN  ALBERTA MIN  MILACA MIN  (HERITAGE HOUSE OF MILACA) MIN  MAYHEW LAKE MIN  MAYHEW LAKE MIN  BORGHOLM MIN  BUCKMAN MIN  SAUK RAPIDS MIN  GRAHAM MIN  GRAHAM MIN  GRAHAM MIN  GRAHAM MIN  GRAHAM MIN  MORRILL MIN  MORRILL MIN  MORRILL MIN  MIN  MORRILL MIN  MIN  MIN  MIN  MIN  MORRILL MIN  MIN  MIN  MIN  MIN  MIN  MIN  M	SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated creas). **A CF.R. 76.5(40). The first community that you list will serve as a form of system identification hereafter known as the community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identity.  CITY OR TOWN  STATE  RICE  MIN  (ROCKWOOD ESTATES MOBILE HOME PARK)  MIN  GILMAN  BROCKWAY  MIN  GILMANTON  MIN  ALBERTA  MIN  MILACA  MIN  (HERITAGE HOUSE OF MILACA)  MAYHEW LAKE  MAYHEW LAKE  MAYHEW LAKE  MAYHEW LAKE  MIN  BORGHOLM  BORGHOLM  MIN  SAUK RAPIDS  MIN  GRAHAM  MIN  GRAHAM  MIN  GRAHAM  MIN  GRAHAM  MIN  GRAHAM  MIN  MIN  MIN  MIN  MIN  MIN  MIN  M	Instructions: List each separate community served by the cable system. A "community" is the same as a "community as defined separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includiunicorporated areas). "47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter is community." Please use it as the first community on all future fillings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses by city.  CITY OR TOWN  STATE  RICE  MIN  (ROCKWOOD ESTATES MOBILE HOME PARK)  MIN  GILMAN  WATAB  BROCKWAY  MIN  GILMANTON  MIN  ALBERTA  MIN  (HERITAGE HOUSE OF MILACA)  MIN  (HERITAGE HOUSE OF MILACA)  MIN  HAYLAND  MAYHEW LAKE  MIN  BORGHOLM  MIN  BUCKMAN  MIN  BUCKMAN  MIN  GRAHAM  MIN  GRAHAM  MIN  GRAHAM  MIN  GRAHAM  MIN  GRAHAM  MIN  MORRILL  MIN  MORRILL  MIN  MORRILL  MIN  MIN  MIN  MIN  MORRILL  MIN  MIN  MIN  MIN  MIN  MIN  MIN	380
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Accounting Period: 2022/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **BENTON CABEVISION INC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary system, that is, the retransmission of television and radio broadcasts by your sy Secondary about other services (including pay cable) in space F, not here. All the facts you Transmission last day of the accounting period (June 30 or December 31, as the case may be Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subsc scribers and down by categories of secondary transmission service. In general, you can com Rates each category by counting the number of billings in that category (the number of separately for the particular service at the rate indicated—not the number of set Rate: Give the standard rate charged for each category of service. Include bo unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standar 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 secu systems most commonly provide to their subscribers. Give the number of subsc that applies to your system. Note: Where an individual or organization is receivi categories, that person or entity should be counted as a subscriber in each appl subscriber who pays extra for cable service to additional sets would be included first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission printed in block 1 (for example, tiers of services that include one or more second with the number of subscribers and rates, in the right-hand block. A two- or three sufficient. BLOCK 1 CATEGORY OF SERVICE SUBSCRIBERS **RATE** CATE Residential: · Service to first set 1,790 29.95 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial Converter 207 Residential 2.00 Non-residential

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to al not covered in space E, that is, those services that are not offered in combinatic service for a single fee. There are two exceptions: you do not need to give rate i furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate in amount of the charge and the unit in which it is usually billed. If any rates are chenter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the a Block 2: List any services that your cable system furnished or offered during t listed in block 1 and for which a separate charge was made or established. List the brief (two- or three-word) description and include the rate for each.

BLOCK 1						
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE						
Continuing Services:		Installation: Non-residential				
<ul> <li>Pay cable</li> </ul>	50.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
<ul> <li>Fire protection</li> </ul>		• Pay cable				
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		<ul> <li>Fire protection</li> </ul>				
<ul> <li>First set</li> </ul>	75.00	<ul> <li>Burglar protection</li> </ul>				
<ul> <li>Additional set(s)</li> </ul>	-	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		<ul> <li>Move to new address</li> </ul>				

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name

38006

4. LOCATION OF STATION

BENTON CABEVISION INC

1. CALL SIGN

G

#### **Primary** Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

2. B'CAST CHANNEL NUMBER

2/2.1	E	ST PAUL MN
2.2	E-M	ST PAUL MN
2.3	E-M	ST PAUL MN
2.4	E-M	ST PAUL MN
2.5	E-M	ST PAUL MN
4.1	N	MINNEAPOLIS MN
4.2	N-M	MINNEAPOLIS MN
5.1	N	ST PAUL MN
5.2	I	ST PAUL MN
5.3	N-M	ST PAUL MN
5.4	N-M	ST PAUL MN
5.6	N-M	ST PAUL MN
5.7	N-M	ST PAUL MN
9.1	N	MINNEAPOLIS MN
9.2	N-M	MINNEAPOLIS MN
9.3	N-M	MINNEAPOLIS MN
9.4	N-M	MINNEAPOLIS MN
9.5	N-M	MINNEAPOLIS MN
9.9	N	MINNEAPOLIS MN
11.1	N	MINNEAPOLIS MN
11.2	N-M	MINNEAPOLIS MN
11.3	N-M	MINNEAPOLIS MN
11.4	N-M	MINNEAPOLIS MN
	2.2 2.3 2.4 2.5 4.1 4.2 5.1 5.2 5.3 5.4 5.6 5.7 9.1 9.2 9.3 9.4 9.5 9.9 11.1 11.2 11.3	2.2       E-M         2.3       E-M         2.4       E-M         2.5       E-M         4.1       N         4.2       N-M         5.1       N         5.2       I         5.3       N-M         5.4       N-M         5.6       N-M         5.7       N-M         9.1       N         9.2       N-M         9.3       N-M         9.4       N-M         9.5       N-M         9.9       N         11.1       N         11.2       N-M         11.3       N-M

3. TYPE OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

38006

## **BENTON CABEVISION INC**

## PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KMXK	FM		ST CLOUD MN				
INIVI	FIVI	<del> </del>	31 CLOOD WIN			<del> </del>	 
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Accounting Period: 2022/1 FORM SA1-2E. PAGE 5.											
Name	LEGAL NAME OF OWNER OF		EM:						SYSTEM ID#		
	BENTON CABEVISION	INC							38006		
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
I Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and											
Program Log											
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  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 categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried 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 letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								g ation on. onth ely			
					П	WHE	N SUBST	ITUTE			
	S	UBSTITUT	E PROGRAM				AGE OCC		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	1 1	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION		
								_			
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Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BENTON CABEVISION INC	SYSTEM ID# 38006
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tre (as identified in space E) during the accounting period. For a further explanation of how to compute to 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.	. Enter the total of ansmission service
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  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 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	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 \$1	37,100)
	1. Base amount under statutory formula	.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	···· <u> </u>
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$	527,600)
	1. Enter the amount of gross receipts from space K	79
	2. Base amount under statutory formula	.00
	3. Subtract line 2 from line 1	79
	4. Multiply line 3 by .01	452.27
	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	\$ 1,771.27
	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)	1,771.27
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,791.27
	EFT Trace # or TRANSACTION ID # 76271451281	
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab f	

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	BENTON CABEVISIO					SYSTEM ID# 38006
<b>M</b> Channels		2) the cable system's	total numbe	s on which the cable system carried ter of activated channels during the a		
				<del>.</del>		42
		ystem carried televisio	n broadcas	st stations		218
N Individual to Be Contacted	INDIVIDUAL TO BE CO			RMATION IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name <b>Tim</b>	Hayes			Telephone	320-393-2115
		125th St NW er, street, rural route, apartr	nent, or suite	number)		
		MN 56367 wn, state, zip)				
	Email	thayes@bctelco	o.net		Fax (optional	
	CERTIFICATION (This sta	atement of account mu	ust be certifi	fied and signed in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersigned, herek	by certify that (Check or	ne, <i>but only</i>	one, of the boxes.)		
	(Owner other	than corporation or p	artnership)	) I am the owner of the cable system a	as identified in line 1 of space	B; or
				rtnership) I am the duly authorized ag not a corporation or partnership; or	ent of the owner of the cable s	system as identified
		r <b>tner)</b> I am an officer (i of space B.	f a corporati	tion) or a partner (if a partnership) of tl	he legal entity identified as ow	rner of the cable system
		correct to the best of m		are under penalty of law that all staten e, information, and belief, and are mad		
			X	/s/Cheryl Scapanski		_
				lectronic signature on the line above to ature using an "/s/ signature" (e.g., /s/.		
		Typed or printed	name:	Cheryl Scapanski		
		Title:		Il Manager position held in corporation or partnership)		
		Date:			7/28/2022	

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.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NTON CABEVISION INC	38006
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	-
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	_
* To view the interest rate chart click on <a href="mailto:www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	

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.

CONTROL #: REMITTANCE #:

☐Letter sent

 $\square \mathsf{Accepted}$ 

 $\square$  Accepted

Space H Primary Transmitters: Radio

C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'd Initials			
		Date of remittance	Check □EFT	☐FILING FEES			
Cable ID#				Amount Initials			
Examined by	Reviewed by	Date examination completed	Allocation number				
Space A Accounting Period							
	☐ January 1 - June 30, 2017	[	July 1 - December 31, 2017				
	☐ Letter sent	]	Information received				
	□Accepted	☐ Phone call/Date/Contact					
Space B Owner							
	Letter sent	]	☐Information received				
	□Accepted	]	☐ Phone call/Date/Contact				
Space D Area Served							
	☐ Letter sent	]	☐ Information received				
	□Accepted	]	Phone call/Date/Contact				
Space E Secondary Transission							
Service Subscribers:	Letter sent	[	☐Information received				
and Rates	□Accepted	[	☐Phone call/Date/Contact				
Space G Primary Transmitters:							
Television							

 $\ \ \, \square \\ \ \, Information \ received$ 

☐ Phone call/Date/Contact

 $\square$ 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 Fees
☐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	