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					
2-3-23	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	Barcode Data Filing Period (optional - see instructions)							
Accounting 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							
	MARNE ELK HORN TELEPHONE COMPANY							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO BOX 120							
	(Number, street, rural route, apartment, or suite number)							
	ELK HORN, IA 51531 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	(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 filing, a determination that would be made by a court of law.

Accounting Period:		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	MARNE ELK HORN TELEPHONE COMPANY	20172					
D Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete 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 "first 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 identified city.						
Served	city.						
	CITY OR TOWN	STATE					
First	ELK HORN	IA					
Community	BRAYTON	IA					
	MARNE	IA					
Add Rows as Necessary	KIMBALLTON	IA					
	EXIRA	IA IA					

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 20172

### MARNE ELK HORN TELEPHONE COMPANY

# E

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate 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 to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the 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 service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	595	38.95			
<ul> <li>Service to additional set(s)</li> </ul>					
FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		1			

# 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 all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**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) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	50.00	Burglar protection			
Additional set(s)	40.00	Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		Move to new address	30.00		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MARNE ELK HORN TELEPHONE COMPANY

SYSTEM ID#

### 20172

# 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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMTV-TV	3.1	N	OMAHA, NE
GRIT	3.2	N-M	OMAHA, NE
LAFF-TV	3.3	N-M	OMAHA, NE
ESCAPE	3.4	N-M	OMAHA, NE
COURT TV	3.5	N-M	OMAHA, NE
WOWT	6.1	N	OMAHA, NE
COZI	6.2	N-M	OMAHA, NE
H&I	6.3	N-M	OMAHA, NE
ION TV	6.4	N-M	OMAHA, NE
StartTV	6.5	N-M	OMAHA, NE
CIRCLE	6.6	N-M	OMAHA, NE
KETV-DT	7.1	N	OMAHA, NE
KETV-ME	7.2	N-M	OMAHA, NE
KETV - STORY	7.3	N-M	OMAHA, NE
TRUE	7.4	N-M	OMAHA, NE
GETTV	7.5	N-M	OMAHA, NE
KCCI-HD	8.1	N	DES MOINES, IA
KCCI-SD	8.2	N-M	DES MOINES, IA
KCCI-MY	8.3	N-M	DES MOINES, IA
KCCI-STORY	8.4	N-M	DES MOINES, IA
TBD	15.1	N-M	OMAHA, NE
STADIUM	15.2	N-M	OMAHA, NE
Charge!	15.3	N-M	OMAHA, NE
KDSM-DT	17.1	N	DES MOINES, IA
COMET	17.2	N-M	DES MOINES, IA
Charge!	17.3	N-M	DES MOINES, IA
TBD	17.4	N-M	DES MOINES, IA

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

20172

### MARNE ELK HORN TELEPHONE COMPANY



### 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDMI	19.1	N	DES MOINES, IA
KYNE	26.1	E	OMAHA, NE
IPTV-H	36.1	E	RED OAK, IA
IPTV21-H	36.2	E-M	RED OAK, IA
IPTV3-H	36.3	E-M	RED OAK, IA
IPTV4-H	36.4	E-M	RED OAK, IA
FOX 42	42.1	N	OMAHA, NE
MYTV	42.2	N-M	OMAHA, NE
cw	42.3	N	OMAHA, NE
COMET	42.4	N-M	OMAHA, NE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### MARNE ELK HORN TELEPHONE COMPANY

20172

### 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).

0411 01011	A.A	0.15	LOCATION OF STATION	0411 01011	A.A	0.15	LOCATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<del> </del>					
		 +					
		<b>_</b>					
		<del> </del> -					

Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.
Massa	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MARNE ELK HORN TE	LEPHONE	COMPANY					20172
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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							
Substitute	explanation of the programmi				e general insti	ructions in	the paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT	_						
Statement and	During the accounting per		r cable system	carry, on a substitute ba	sis, any nonn	etwork tele		NO X
Program Log	and I							
	Note: If your answer is "No,	" leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust compl	ete the progra	am
	log in block 2.	DDOODAI	40					
	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 "5/7."  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 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
							_	
							_	
							_	
							_	
					-			
					-			
					-			
					-			
					-			
							_	

ccounting Period:				1-2E. PAGE YSTEM II			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MARNE ELK HORN TELEPHONE COMPANY		3	2017			
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ame all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service mount, see	<b>9,051.50</b> uss receipts)			
L Copyright Royalty Fee							
	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 y accounting period is \$52.00.  Line 1. Royalty fee for accounting period		is six-month				
	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	2	* ·				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but n	nore than \$137,	100)				
	Base amount under statutory formula	263,800.00	_				
	2. Enter amount of gross receipts from space K	139,051.50	_'				
	3. Subtract line 2 from line 1	124,748.50	-				
	Letter the amount of gross receipts from space K		- 139,051.50				
	Enter the amount from line 3		124,748.50				
	6. Subtract line 5 from line 4	\$	14,303.00				
	7. Multiply line 6 by .005 (enter figure here)		\$	71.52			
	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		\$	71.52			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	t less than \$527	,600)				
	Enter the amount of gross receipts from space K						
	2. Base amount under statutory formula	263,800.00	-				
	3. Subtract line 2 from line 1	200,000.00	-				
			-				
	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		0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.						
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Foe and							
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	71.52				
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		\$	91.52			
	EFT Trace # or TRANSACTION ID #	73PKLHG	]				
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form and the Excel inst						

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: ORN TELEPHONE COMPAN	Υ	SYSTEM ID# 20172
<b>M</b> Channels	to its subscribe  1. Enter the total system carrie  2. Enter the total on which the	rs, and (2) the cable system's total number of channels on which the detection broadcast stations.  all number of activated channels cable system carried television by		
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.	R INFORMATION IS NEEDED (Identify an individual )	
for Further Information	Name	Rachel Hamilton		Telephone 712-764-6161
	Address 	PO Box 120 (Number, street, rural route, apartmen Elk Horn, IA 51531 (City, town, state, zip)	nt, or suite number)	
	Email	rachel@metcteam	.com Fax (optional	712-764-2773
O Certification	I, the undersigned (Owned)      (Agent)      X (Official Control of the cont	d, hereby certify that (Check one, <i>t</i> )  r other than corporation or partn  of owner other than corporation in line 1 of space B and that the ow  er or partner) I am an officer (if a c in line 1 of space B.  the statement of account and here te, and correct to the best of my kn	be certified and signed in accordance with Copyright Office in but only one, of the boxes.)  nership) I am the owner of the cable system as identified in line 1  n or partnership) I am the duly authorized agent of the owner of tweer is not a corporation or partnership; or  corporation) or a partner (if a partnership) of the legal entity identified by declare under penalty of law that all statements of fact contains towledge, information, and belief, and are made in good faith.	of space B; or the cable system as identified ified as owner of the cable system
		Typed or printed na	/s/ Rachel Hamilton  Inter an electronic signature on the line above to certify this statementer signature using an "/s/ signature" (e.g., /s/ John Smith)  Rachel Hamilton  EEO  f official position held in corporation or partnership)	
<u>i</u>		******		

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 filing, a determination that would be made by a court of law.

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### MARNE ELK HORN TELEPHONE COMPANY

20172

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 11 ((1)(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 twoodcast transmitiens, the system shall not niculde 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 (wi) 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 bransmissions made by satellitic carriers to satellite dish owners?  No  YES. Enter the total here and list the satellite carrier(s) below.  S  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 (wii) of the general instructions located in the paper SA1-2 form.  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 3 Multiply line 2 by the number of days late and enter the sum here  a by a days  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 www.capyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing/flocensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing/flo	MARNE ELK HORN TELEPHONE COMPANT	20172
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	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?  NO	Special Statement Concerning Gross
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		
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 2 Multiply line 1 by the interest rate* and enter the sum here		Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	x days	
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 3 Multiply line 2 by the number of days late and enter the sum here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	x 0.00274	
(interest charge)  * 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		
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		
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		
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	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address  ID number  First community served		
ID number First community served	Owner	
First community served	Address	
*	ID number	
Accounting period	*	
	Accounting period	

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 filing, a determination that would be made by a court of law.

CONTROL #: REMITTANCE #:

C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd		c'd	Initials	
			Date of remittance	Check	☐ EFT	☐ FI	LING FEES	
Cable ID #				_		Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocatio	n number			
Space A	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)						paces)	
Accounting Period	Letter sent Information received							
	Acce	epted	Phone call/Date/Contact					
Space B Owner								
	Lett	er sent	[	☐ Information received				
	Accepted Phone call/Date/Contact							
Space D Area Served								
	Lett	er sent	[	Information re	eceived			
	Acce	epted	[	Phone call/Da	te/Contact			
Space E Secondary Transission								
Service Subscribers:	Lett	er sent	]	☐ Information received				
and Rates	Accepted Phone call/Dat							
Space G Primary Transmitters:								
Television	Lett	er sent	☐ Information received					
	☐ Acce	epted	Phone call/Date/Contact					
Space H Primary Transmitters:								
Radio	Acce	epted	Phone call/Date/Contact					
			'	Trione cail/Da	es, 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	
Accepted	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	