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 OFFICE USE ONLY for Secondary Transmissions by
Cable Systems (Short Form) DATE RECEIVED AMOUNT General instructions are located
in the first tab of this workbook 2--3-23 \$

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	1000	
~	ACCU	OUNTING 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		
		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
		Price County Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		d/b/a Norvado
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 67 (Number, street, rural route, apartment, or suite number)
		Cable, WI 54821-0067
		(City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
	_	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
J		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
	Price County Telephone Company	28				
	Instructions: List each separate community served by the cable system. A "community					
D	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.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the identif				
Served	city.					
	CITY OR TOWN	STATE				
First Community	Phillips Derk Falle	WI				
Community	Park Falls	WI				
	Town of Eisenstein	WI				
d Rows as Necessary	Town of Elk	WI				
	Town of Emery	WI				
	Town of Fifield	WI				
	Town of Flambeau	WI				
	Town of Hackett	WI				
	Town of Harmony	WI				
	Town of Lake	WI				
	Town of Prentice	WI				
	Town of Winter	WI				
	Town of Worcester	WI				
	Village of Prentice	WI				

								FORM SA1	TEM ID			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
	Price County Telephone Company											
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RA	TES							
E	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											
Secondary		sion of television and radio broadcasts by your system to subscribers. Give information a pay cable) in space F, not here. All the facts you state must be those existing on the										
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 subscribers to the cable system, broken											
scribers and Rates	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											
Rates	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 disc	· ·	,		y standar	d rate variations	within a pa	articular rate				
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categor								
	systems most commonly provide											
	that applies to your system. Not categories, that person or entity			-		-						
	subscriber who pays extra for ca											
	first set" and would be counted o											
	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.				1		DI 001					
	BL	OCK 1 NO. OF					BLOCK	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		209	103.99	Res. Ba	asic - Expand	ded	561	115.			
	Service to additional set(s)											
	• FM radio (if separate rate) Motel, hotel											
	Commercial		15	81.99								
	Converter			01.33								
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC											
F	In General: Space F calls for rain not covered in space E, that is, t	•	,		•	• •						
-	service for a single fee. There are											
Services	furnished at cost or (2) services											
Other Than Secondary	amount of the charge and the ur		usually b	illed. If any rat	es are cha	arged on a varia	ble per-pro	gram basis,				
Transmissions:	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.											
Rates	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) descript				hed. List	these other serv	ices in the	form of a				
	bilei (two- of tillee-word) descrip											
		BLOCK 1										
		1				DATE	CATEC	BLOCK 2	БАТ			
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER	-	RATE	CATEG	DRY OF SERVICE	RAT			
	CATEGORY OF SERVICE Continuing Services: • Pay cable	1	CATEG Installa	ORY OF SER t ion: Non-res el, hotel	-	RATE	CATEG		RAT			
	Continuing Services:	1	CATEG Installat • Mote	tion: Non-res	-		CATEGO					
	Continuing Services: • Pay cable	1	CATEG Installat • Mote	t ion: Non-res el, hotel Imercial	-	Time & Mat'l		DRY OF SERVICE	RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel	1	CATEG Installat • Mote • Com • Pay	t ion: Non-res el, hotel Imercial	idential	Time & Mat'l	HBO Cinema	DRY OF SERVICE	17.9			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	CATEG Installat • Mote • Corr • Pay • Pay	tion: Non-res el, hotel Imercial cable	idential	Time & Mat'l	HBO Cinema	DRY OF SERVICE	17. 13.			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg	tion: Non-res el, hotel Imercial cable cable-add'l ch protection Ilar protection	idential	Time & Mat'l	HBO Cinema Showti Starz	DRY OF SERVICE	17. 13. 15. 14.			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s	ion: Non-res el, hotel mercial cable cable-add'l ch protection elar protection ervices:	idential	Time & Mat'l Time & Mat'l	HBO Cinema Showti Starz FSN (co	DRY OF SERVICE	17. 13. 15. 14. 20.			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel mercial cable cable-add'l ch protection grotection ervices: ponnect	idential	Time & Mat'l	HBO Cinema Showti Starz FSN (co FSN (ho	DRY OF SERVICE IX me/TMC ommercial) ospitality)	17. 13. 15. 14. 20. 39.			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Recu • Disc	ition: Non-res al, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect onnect	idential	Time & Mat'l Time & Mat'l 	HBO Cinema Showti Starz FSN (co FSN (ho Big Ter	DRY OF SERVICE (x) me/TMC (commercial) (commercial)	17. 13. 15. 14. 20. 39. 8.			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEG Installar • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc • Outh	tion: Non-res el, hotel mercial cable cable-add'l ch protection grotection ervices: ponnect	annel	Time & Mat'l Time & Mat'l	HBO Cinema Showti Starz FSN (co FSN (ho Big Ter	DRY OF SERVICE IX me/TMC ommercial) ospitality)	17. 13. 15. 14. 20. 39.			

ting Period: 2	-			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER O			SYSTEM ID 252						
	Price County Telepho PRIMARY TRANSMITTERS:			LJL						
G rimary asmitters: levision	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 <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 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									
	1. CALL SIGN	4. LOCATION OF STATION								
	WZAW-DT	7-1.	N	Wausau, WI						
	MyNetwork	7-2.	N-M	Wausau, WI						
ecessary	WLEF	36-1	Е	Park Falls, WI						
	WPT2	36-2	E-M	Park Falls, WI						
	WPT3	36-3	E-M	Park Falls, WI						
	WPT4	36-4	E-M	Park Falls, WI						
	WAOW-DT	9	N	Wausau, WI						
	CW	9-2.	N-M	Wausau, WI						
	Decades	9-3.	N-M	Wausau, WI						
	WJFW-DT	12-1.	N	Rhinelander, WI						
	Antenna TV	12-2.	N-M	Rhinelander, WI						
	WZAW-LD	33-1	N	Wausau, WI						
	MeTV	33-2	N-M	Wausau, WI						
	MOVIES	33-3	N-M	Wausau, WI						
	Court TV	9-4.	N-M	Wausau, WI						
	1									

Accounting P			/STEM:					FORM	1 SA1-2E. PAGE 4. SYSTEM ID#
Price County	y Telephon	e Com	pany						2526
	every radio s	station ca	arried on a separate and disc nerally receivable by your cal						Н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing tive the station	y the sys be recein t the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under the whenever it is received a vived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at sy th se	the system's he ystem's FM ante is point, see pay d by the cable s e station is licens	eadend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio							FOR	M SA1-2E. PAGE 5.				
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	ΓEM:					SYSTEM ID#				
Name	Price County Telephor	ne Compa	ny					2526				
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG	;							
I	In General: In space I, identi substitute basis during the a											
Substitute	explanation of the programm											
Carriage:	1. SPECIAL STATEMENT	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	 During the accounting per 	iod, did you	od, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	has a denset have a distant station O											
r rogram Log	Note: If your answer is "No	" leave the	rest of this na	ne blank. If your answer is	"Yes " vou m	ust comple		-				
	-	, leave the	rest of this pay	ge blank. If your answer is	s res, you m	ust compi	ete the progra					
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS									
	In General: List each subs	titute progra	am on a separa		wherever po	ssible, if th	eir meaning	is				
	clear. If you need more spa											
				vision program ("substitute our cable system substitute								
	beriod, 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 time	es when the		ogram was carried by your				ely				
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6:	28:30 p.m.	should be					
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for progr	amming that	vour syste	m was <i>requir</i> e	ed				
	to delete under FCC rules a	and regulati	ons in effect d	uring the accounting perio	d; enter the le	etter "P" if t	he listed prog	gram				
	was substituted for program		our system wa	as permitted to delete und	er FCC rules	and regula	tions in					
	effect on October 19, 1976											
					WHE	N SUBST	ITUTE					
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCC		7. REASON FOR DELETION				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION				
							_					
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Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Price County Telephone Company		2526
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 a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	3,485.00 Part (1997) Part (199
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$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	1 Pought Foo Poughle for Accounting Poried (from Plack 1.0, or 3, shoup)	52.00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	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		is!

Accounting Period:	2022/2								FC	ORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN Price County Tele	IER OF CABLE SYSTEM: phone Company								SYSTEM ID# 2526
M Channels	to its subscribers, a 1. Enter the total nu system carried te 2. Enter the total nu on which the cab	must give (1) the number of and (2) the cable system's to mber of channels on which elevision broadcast stations unber of activated channels le system carried television st services	the cab	mber of a able dcast statio	ons	ls during the a	accounting period.		21 259	
N Individual to Be Contacted		E CONTACTED IF FURTHE ut this statement of account		FORMATI	ON IS NEEDED) (Identify an i	ndividual to whom			
for Further Information	Address P(obert C. Thompson O Box 67 umber, street, rural route, apartme	ent, or su	suite numbe	.)		Teleç	ohone 715-	798-3303	
		able, WI 54821 ty, town, state, zip) rthompson@norv	/ado.cc	com			Fax (optional			
O Certification	I, the undersigned, he (Owner oth (Agent of e in lii X (Officer o in lii I have examined the	s statement of account mus ereby certify that (Check one, her than corporation or par owner other than corporation ne 1 of space B and that the of r partner) I am an officer (if a ne 1 of space B. statement of account and her nd correct to the best of my k [001(1986)]	, but only tnership on or pa owner is a corpora	nly one, of nip) I am th partnershi is not a cor oration) or a eclare unde	the boxes.) e owner of the c p) I am the duly a poration or partr a partner (if a part er penalty of law s	able system as authorized age nership; or rtnership) of the that all stateme	s identified in line 1 of spa nt of the owner of the cat a legal entity identified as ents of fact contained her	over of the		
				an electron	Robert C. The ic signature on th sing an "/s/ signa	ne line above to	certify this statement. John Smith)			
			CFO		ert C. Thom					
		Date:					1/9/2023			

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.

unting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
e County Telephone Company	2526
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 se scribers 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 transmission made by satellite carriers to satellite dish owners?	ub- Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name	
Mailing Address Mailing Address	
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.	nt. Q
	nt. Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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
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
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	LA Interest Assessment
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	LA Interest Assessment
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	La Interest Assessment
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	LA Interest Assessment L days L
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	 days
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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.

C	Cable Worksheet		Total amount of remittance	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					
	🗌 Janu	ary 1 - June 30, 2017	[July 1 - December 31, 2017	
	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space B Owner					
	Lette	er sent	[Information received	
	Acce	epted		Phone call/Date/Contact	
Space D Area Served					
	Lette	er sent	Γ	Information received	
	Acce	epted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Lette	er sent		Information received	
and Rates		pted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Acce	pted		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	