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					
2/14/2023	\$					
	ALLOCATION NUMBER					

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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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
		Midcontinent Communimications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 5040 (Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040 (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	1	IDENTIFICATION OF CABLE SYSTEM:
		Beulah, ND  MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040 (City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG					
Name	Midcontinent Communimications	288					
	Instructions: List each separate community served by the cable system. A '						
D	"a separate and distinct community or municipal entity (including unincorp						
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t						
	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, o	r mobile home parks should be reported in parentheses below the					
Served	identified city.						
	OLTY OR TOWN	07477					
Fire4	CITY OR TOWN  Beulah	STATE ND					
First Community	Center	ND ND					
- Community	Dodge	ND					
Rows as Necessary	Gladstone	ND					
rows as necessary	Golden Valley	ND ND					
	Halliday	ND					
	Hazen	ND					
	Killdeer	ND ND					
	Pick City	ND					
	Richardton	ND					
	Riverdale	ND					
	Stanton	ND					
	Turtle Lake	ND					
	Underwood	ND					
	Zap	ND					

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communimications

28896

# 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.

BLO	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	1,339	26.95	High Def Converters	1,463	\$3.00	
<ul> <li>Service to additional set(s)</li> </ul>			Hospitals	19	5.65	
<ul> <li>FM radio (if separate rate)</li> </ul>			Nursing Homes	104	11.50	
Motel, hotel	47	8.00	Business accounts	14	26.95	
Commercial	121	73.95				
Converter	1,890	3.00				
Residential						
Non-residential						
				T		

# 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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	16.00	Motel, hotel	499.00	Digital 1	10.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	499.00	Digital Variety	3.50
<ul> <li>Fire protection</li> </ul>		• Pay cable		Digital Espanol	4.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		Digital Sports & Variet	9.0
Installation: Residential		Fire protection		Cinemax	16.0
• First set	25.00	Burglar protection		Showtime	16.0
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:		Starz & Encore	16.0
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	75.00	TMC	16.0
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

28896

## **Midcontinent Communimications**

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
KBMY-DT	17	N	BISMARCK, ND (ABC)
KBMY-DT2	17.2	I-M	BISMARCK, ND (TrueCrime)
KFYR-DT	31	N	BISMARCK, ND (NBC)
KFYR-DT2	31.2	I-M	BISMARCK, ND (FOX-KNDX)
KNDB-DT1	24.1	I-M	BISMARCK, ND(COZI TV)
KSRE-DT	40	E	MINOT, ND (PBS)
KSRE-DT2	40.2	E-M	MINOT,ND(PBS WRLD/LIFE)
KSRE-DT3	40.3	E-M	MINOT, ND (PBS MN HD)
KSRE-DT4	40.4	E-M	MINOT, ND (PBS KIDS)
KXMB-DT	12	N	BISMARCK, ND (CBS)
KXMB-DT2	12.2	I-M	BISMARCK, ND (CW)
KBMY-DT3	17.3	I-M	BISMARCK,ND(WDAY XTRAHD)
KFYR-DT3	31.3	I-M	BISMARCK, ND (ME TV)
KXMC-DT	13	N	MINOT, ND (CBS)
KXMC-DT2	13.2	I-M	MINOT, ND (CW)
KQCD-DT	7	N	DICKINSON, ND (NBC)
KQCD-DT3	7.3	I-M	DICKINSON, ND (ME TV)
KXMA-DT	19	<u>l</u>	DICKINSON, ND (CW)
KXMA-DT2	19.2	N-M	DICKINSON, ND (CBS)
KFYR-DT4	31.4	I-M	BISMARCK, ND (CIRCLE)
KXMB-DT3	12.3	I-M	BISMARCK, ND (LAFF)
KXMB-DT4	12.4	I-M	BISMARCK, ND (ION-MYSTERY)
KXMC-DT3	13.3	I-M	MINOT, ND (LAFF)
KXMC-DT4	13.4	I-M	MINOT, ND (ION-MYSTERY)

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 28896 Midcontinent Communimications PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 **Transmitters:** substitute program basis, as explained in the next paragraph. **Television** 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 KXMA-DT4 **DICKINSON, ND (ION-MYSTERY)** 19.4 I-M KXMA-DT3 19.3 I-M **DICKINSON, ND (LAFF)** 

SYSTEM ID#

**Midcontinent Communimications** 

28896

### 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.

H

**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
		· <b>-</b>					
		·					
						=_	
		·					
		·					
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Accounting Perio	ing Period: 2022/2 FORM SA1-2E. PAG								
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	Midcontinent Commur	nimicatio	ns						28896
ı	SUBSTITUTE CARRIAGE In General: In space I, identi	fy every no	nnetwork televi	sion program, broadcast b	у а		-	•	
Substitute	substitute basis during the ac explanation of the programm								
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and Program Log	and								
Frogram Log									
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Use abbreviation	ns v	wherever p	ossible. if t	their meaning	n is
	clear. If you need more spa Column 1: Give the title	ce, please	add additional	rows to the tables.		•	·	·	
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ıtec	d for the pro	ogramming	g of another s	station
	under certain FCC rules, re Do not use general categor	•							
	"NBA Basketball: 76ers vs. <b>Column 2:</b> If the program		idcast live, ent	er "Yes." Otherwise enter	· "N	o."			
	Column 3: Give the call Column 4: Give the broa	sign of the	station broado	asting the substitute prog	grar	m.	rensed hy	the ECC or	in
	the case of Mexican or Can	adian stati	ons, if any, the	community with which th	ne s	station is id	entified).		
	<b>Column 5:</b> Give the mor first. Example: for May 7 gives	/e "5/7."			·	_			
	<b>Column 6:</b> State the time to the nearest five minutes.		•			•			ately
	stated as "6:00–6:30 p.m."  Column 7: Enter the lette	er "R" if the	e listed progran	n was substituted for prod	grai	mming that	t vour svst	em was <i>requ</i>	ired
	to delete under FCC rules a was substituted for program	and regulat	ions in effect d	uring the accounting peri-	od;	enter the I	etter "P" if	the listed pro	
	effect on October 19, 1976.	•	your system w	as permitted to delete un	uci	1 OO Tules	and regul	iauons in	
					П	WHE	N SUBST	TITUTE	
	SUBSTITUTE PROGRAM				CARRIAGE OCCURRED 7 5. MONTH 6. TIMES			7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		AND DAY	FROM	<u> — то</u>	
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Accounting Period:	2022/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communimications				SYSTEM ID# 28896
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the state (as identified in space E) during the accounting period. For a further explanation 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.	system's se on of how t	econdary transm to compute this a	ission service imount, see	
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  • Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that yo	ou must pay for th	is six-month	
	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 li	ines 1 and 2	2	<u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	
	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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	386,425.59		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	122,625.59		
	4. Multiply line 3 by .01		\$	1,226.26	-
	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	4, 5, and 6 .		\$	2,545.26
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	1. Povolty Foo Povoble for Accounting Period (from Plack 1. 2. or 2. above)		¢	2 545 26	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)			2,545.26	
	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			\$	2,565.26
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		_		ghts!

U.S. Copyright Office

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.		
Name		OWNER OF CABLE SYSTEM:  Communimications				SYSTEM ID# 28896		
M Channels	to its subscribers  1. Enter the tota system carried  2. Enter the tota on which the c	s, and (2) the cable system's to il number of channels on which I television broadcast stations Il number of activated channel able system carried television	total numb  h the cabl   Is  broadcas		nting period.	390		
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accoun		RMATION IS NEEDED (Identify an individu	ual to whom			
for Further Information	Name	Rachel Meyer			Telephone	952-844-2655		
inioniation	Address 	3600 Minnesota Driv (Number, street, rural route, apart  Edina, MN 55435 (City, town, state, zip)						
	Email	rachel.meyer@	midco.cc	m Fa	ax (optional)			
	CERTIFICATION	(This statement of account m	ust be ce	rtified and signed in accordance with Copyl	right Office regulations)			
O Certification								
				/s/ Rachel Meyer	fy this statement			
				electronic signature on the line above to certif nature using an "/s/ signature" (e.g., /s/ John S				
		Typed or printed	d name:	Rachel Meyer				
		Title: (Title of o		or of Programming on held in corporation or partnership)				
		Date:			2/10/2023			

**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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communimications	28896
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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	
xdays	
Line 3 Multiply line 2 by the number of days late 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 \$	
(interest charge)	
* To view the interest rate chart click on <a href="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@loc.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	
Accounting period	

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