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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	01/26/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	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			
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.	
		2 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	9881
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Cunningham Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number)	
		Glen Elder, KS 67446-9795 (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 unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
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 sufficiency of the fling, a determination that would be made by a court of law.

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Т

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name		29881
	Cunningham Communications, Inc.	
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con	
-	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t 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 h	ome parks should be reported in parentheses below the
Served	identified city.	
oontou		
	CITY OR TOWN	STATE
First	Jewell	KS
Community		
community		
Add Rows as Necessary		
		-

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA							313	2988
	Cunningham Communic	cations, Inc.	•						2300
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RA	TES				
E	In General: The information in s								
_	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standar		s within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der Servic		
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or me	ore second	lary transmissic	ons), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1			r		BLOCK	()	
	DLU	NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		50						
	Service to first set		53	54.50					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	5				
E	In General: Space F calls for rat	e (not subscrib	per) info	rmation with re	spect to all	l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		υ.,		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							- 9,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				sneu. List			IOIIII OI A	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res			UAILO		
	• Pay cable	10.25-51.75		tel, hotel			Expand	led Basic	126.
	• Pay cable—add'l channel			mmercial			Digital		14.9
	Fire protection		-	y cable			HD Plu		4.9
	•Burglar protection			y cable-add'l ch	annel			S Market Tier	 11.4
	Installation: Residential			e protection					
	• First set			rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		25.00			
	• Converter			connect		23.00			
	Converter					25.00			
				tlet relocation ve to new addr	000	25.00 25.00			

				FORM SA1-2E. PAGE 3
lame	LEGAL NAME OF OWNER O			SYSTEM ID: 2988
	Cunningham Commu			2988
G rimary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eact educational station, by ent (for independent multicast For the meaning of these the column Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s in's call sign. <i>Do not</i> report origination pr id with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep rision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	-time basis under rams [sections ations carried on a ubstitute program I Log)—if the so on some other stions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	4	N	Superior, NE
	KSNC	2	N	Great Bend, KS
rs as Necessary	KSNC	2 22	N	Great Bend, KS Topeka, KS
as Necessary				Topeka, KS
s Necessary	KSNT	22	N	
s Necessary	KSNT KFXL	22 4	N N	Topeka, KS Superior, NE
s Necessary	KSNT KFXL KSCW	22 4 33	N N N	Topeka, KS Superior, NE Wichita, KS
s Necessary	KSNT KFXL KSCW KAKE	22 4 33 10	N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS
s Necessary	KSNT KFXL KSCW KAKE KBSH	22 4 33 10 7	N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS
as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW	22 4 33 10 7 13	N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS
as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD	22 4 33 10 7 13 9	N N N N N N E	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS
as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN	22 4 33 10 7 13 9 10	N N N N N E N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE
is Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI	22 4 33 10 7 13 9 10 10 13	N N N N N N E N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE
as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS	22 4 33 10 7 13 9 10 10 13 18	N N N N N E E N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO
s as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW	22 4 33 10 7 13 9 10 10 13 18 41	N N N N N N E N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS
as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	22 4 33 10 7 13 9 10 10 13 18 41 35 43	N N N N N N E N N N N N N N N N	Topeka, KSSuperior, NEWichita, KSWichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KS
s as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Topeka, KSSuperior, NEWichita, KSWichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KSTopeka, KSTopeka, KS
is as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	22 4 33 10 7 13 9 10 10 13 18 41 35 43	N N N N N N E N N N N N N N N N	Topeka, KSSuperior, NEWichita, KSWichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KS
is as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS
is as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS
is as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Topeka, KSSuperior, NEWichita, KSWichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KSTopeka, KSTopeka, KS
is as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Topeka, KSSuperior, NEWichita, KSWichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KSTopeka, KSTopeka, KS

Accounting P							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF Cunninghan								SYSTEM ID#
Cummynan	Commun	cation	s, mc.					29881
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to ormation about rm. dentify the call state whether to the radio stat	y the sys be recei t the Cc sign of e the static ion's sign	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st leneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
Column 4: G	Give the station	n's locati	on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commun	ications,	Inc.					29881
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	3			
	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	a <i>distant</i> stati	on, that your	cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm				e general instru	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televisi	on program	1
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	st complete	the prograr	n
	log in block 2.			-				
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							۱.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lov	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, w	ith the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sn	ould be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	FCC rules a	na regulatior	is in	
								1
						N SUBSTIT		
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCU 6. TII		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						_	-	
						_	_	
							-	
							-	
						_	_	
						_	_	
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						_	-	
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							-	
							-	
						_	-	
							_	
							-	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Cunningham Communications, Inc.		29881
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 8,475.50
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this 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,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: Communications, Inc.	SYSTEM ID# 29881
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	17 85
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Brent Cunningham Telephone 785-5	45-3215
	Address	PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number) Glen Elder, KS 67446	
	Email	(City, town, state, zip) brent@ctctelephony.tv Fax (optional) 785-545-3277	
O Certification	I, the undersigne X (Owne (Agent in	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) If other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B.	
	• I have examined	I the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Brent Cunningham Title: GM/VP (Title of official position held in corporation or partnership)	
		Date: 1-26-23	

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2022/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	298
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 fol- lowing 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 sub- 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	P Special Statemen Concerning Gross Receipts Exclusio
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?	5
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.	^{t.} Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q Interest Assessme
	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.	
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 Assessme
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 Assessme
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