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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
-	ry Transmissions by	DATE RECEIVED	AMOUNT	
-	ems (Short Form)	02/24/2023	\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright
-	of this workbook	02/24/2023	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
<b>A</b>	ACCOUNTING PERIOD COVERED	1		
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		idiary of another corporation, give the full c	orporate
Owner	List any other name or names under which	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should nting period.	d submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	33803
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	FT RANDALL CABLE SYSTEMS IN	c		
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Г)	
	MAILING ADDRESS OF OWNER OF			
	1104 19TH AVE SW, SUITE			
	(Number, street, rural route, apartment, or suite r WILLMAR, MN 56201 (City, town, state, zip)	number)		
С	INSTRUCTIONS: In line 1, give any busi			
System	IDENTIFICATION OF CABLE SYSTEM:	2, give the mailing address of tr	ne system, it different from the addres	ss given in space B
		-		
	MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite r	umber)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code at	uthorizes the Copyright Offce to collect the	e personally identifying information (PII) reque	ested on this

Finally det Notice: Section 111 of title 17 of the United States Code autonorzes 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	FT RANDALL CABLE SYSTEMS INC	33803
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	HANLEY FALLS	MN
Community		
ows as Necessary		

								FORM SA1-	TEM ID
Name	LEGAL NAME OF OWNER OF C							515	3380
	FT RANDALL CABLE S	YSTEMS IN	С						5500
Е	SECONDARY TRANSMISSION								
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both	•					2		
scribers and Rates	down by categories of secondar each category by counting the n								
	separately for the particular serv							0	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc				iny stanua		s wiunin a j		
	Block 1: In the left-hand block	in space E, th	e form li	ists the catego		•			
	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 of					ocrico that are	different f	rom those	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	DCK 1			1		BLOCK	7 D	
	BLC	NO. OF					BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		16	90.45					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				e				
-	In General: Space F calls for ra				-	all your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.							
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> 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								
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		SORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	40.05		ation: Non-res	idential				
	Pay cable     Day cable	10.95		tel, hotel mmercial					
	Pay cable—add'l channel     Fire protection	11.95		/ cable					
	•Burglar protection		-	/ cable-add'l cł	nannel				
	Installation: Residential		-	protection					
	• First set	20.00		glar protection					
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)		• Rec	connect		20.00			
	Converter		• Dise	connect		N/A			
			• Out	let relocation		20.00			

	LEGAL NAME OF OWNER O	)F CABLE SYSTEM:		SYSTEM I			
Name	FT RANDALL CABLE	E SYSTEMS INC		338			
	PRIMARY TRANSMITTERS:						
G Primary Desmitters: Devision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station here, station was carried only 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 each educational station, by ent (for independent multicast) For the meaning of these t	lentify every television station (including t em during the accounting period, <i>except</i> ; in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s</b> : With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. I also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the- the form. nel number the FCC assigned to the telev. WRC is channel 4 in Washington, D.C. th case whether the station is a network s tering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), oi terms, see page (iv) of the general instruc-	(1) stations carried only on a par- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s- ne Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- rogram services such as HBO, Ei- -air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde- or "E-M" (for noncommercial educa- ctions in the paper SA1-2 form.	rt-time basis under grams [sections stations carried on a substitute program m Log)—if the ilso on some other ictions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).			
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. <b>Column 4:</b> 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.						
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION				
	1. CALL SIGN		· ·	4. LOCATION OF STATION			
	кятс	45	I	MINNEAPOLIS, MN			
		29	I N	MINNEAPOLIS, MN MINNEAPOLIS, MN			
Necessary	кятс		I	MINNEAPOLIS, MN			
ecessary	KSTC WFTC	29	I N	MINNEAPOLIS, MN MINNEAPOLIS, MN			
Vecessary	KSTC WFTC KRWF	29 43	I N N	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN			
ecessary	KSTC WFTC KRWF KCCO	29 43 7	I N N N	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN			
√ecessary	KSTC WFTC KRWF KCCO KMSP	29 43 7 9	I N N N N	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN			
Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
; Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
: Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
s Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
s Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
is Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
is Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
as Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
as Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
as Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
s as Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			
vs as Necessary	KSTC WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	I N N N N E	MINNEAPOLIS, MN MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN			

EGAL NAME OF								SYSTEM I 338
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stat this by placing	y the sys be receint t the Co sign of e he static ion's sign g a check	I-Band FM Carriage: Under C tem 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 (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during co ge (v) of the g system as a se	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Aexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
							·	

Accounting Perio							FORI	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 33803
l Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify <i>every no</i> ccounting p	nnetwork televis eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or	authorizations	s. For a further
Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting per broadcast by a distant stat</li> <li>Note: If your answer is "Not log in block 2.</li> </ol>	iod, did you tion? ", leave the	r cable system	n carry, on a substitute bas			YES	XNO
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call s <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the mon first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please of every no distant stat gulations, c ies like "mo Bulls." n was broad sign of the adcast station adian station adian station th and day ve "5/7." es when the Example: a er "R" if the and regulation ming that y	am on a separa add additional nnetwork telev ion and that yo or authorization wies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute our cable system substitute s. See page (v) of the ger etball." List specific progra r "Yes." Otherwise enter " asting the substitute progra- ne community to which the community with which the tem carried the substitute orgram was carried by your led by a system from 6:01 was substituted for progra uring the accounting perio	program") the ed for the pro- neral instruction m titles, for ex No." am. e station is lice station is lice program. Use cable system 15 p.m. to 6: amming that d; enter the le	at, during gramming ons for fur kample, "I ensed by t ntified). e numeral 1. List the 28:30 p.m your syste etter "P" if	the accountin of another stather information Love Lucy" of the FCC or, in is, with the mo- times accurate the should be em was <i>require</i> the listed prog	g ation on. r n onth ely ed
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	ە. FROM	TIMES — TO	DELETION
					·			·
					·			
					· ·			·
					· ·		 	
					· · · · · · · · · · · · · · · · · · ·			
							_	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SY	YSTEM ID# 33803
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 servic s amount, see	e 7,721.65
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	or this six-mont	I
	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 \$ 263,800.00		
	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 Due	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 informa		ghts!

Accounting Period:	1: 2022/2 FORM SA1-2E. P.	PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTE       FT RANDALL CABLE SYSTEMS INC     3	EM ID# 33803
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations	
N Individual to Be Contacted		
for Further Information	Name KRISTI HILBRANDS Telephone 320-847-7104	
	Address 1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip)	
	Email Kristih@hcinet.net Fax (optional) 320-847-7123	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	
	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: BRUCE HANSON Title: TREASURER (Title of official position held in corporation or partnership)	
	Date: 02/24/2023	

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
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
RANDALL CABLE SYSTEMS INC	338
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name     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.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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