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					
02/23/2023	\$ 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
		20222 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
		NEX-TECH LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		145 N MAIN (Number, street, rural route, apartment, or suite number)
		LENORA, KS 67645 ((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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 SYSTEM						
Name	NEX-TECH LLC	387						
	Instructions: List each separate community served by the cable system.							
_								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including si 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							
	as the "first community." Please use it as the first community on all futu							
	Note: Entities and properties such as hotels, apartments, condominiums							
Area	identified city.	, of mobile nome parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	KENSINGTON	KS						
Community	KLIOINGION							
Community								
Rows as Necessary								

Accounting Period: 2022/2
FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEX-TECH LLC

SYSTEM ID# 38798

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	117	30.00	DELUXE	95	58.00
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

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 1				BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	88.00	Motel, hotel		Sports & Entertain.	13.95	
 Pay cable—add'l channel 		Commercial		Cinemax	11.95	
 Fire protection 		• Pay cable		НВО	17.95	
Burglar protection		 Pay cable-add'l channel 		Showtime & TMC	10.99	
Installation: Residential		Fire protection		Starz! Encore	12.95	
• First set	99.00	Burglar protection		NFL RedZone	49.95	
 Additional set(s) 	130.00	Other services:				
 FM radio (if separate rate) 		Reconnect	30.00			
Converter		Disconnect				
		Outlet relocation	130.00			
		Move to new address	99.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38798

NEX-TECH LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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
KSNC	2	N	GREAT BEND, KS
KLNE	3	E	LEXINGTON, NE
KSNB	5	N	SUPERIOR, NE
KBSH	7	N	HAYS, KS
KOOD	9	E	HAYS, KS
KGIN	11	N	GRAND ISLAND, NE
KHGI	13	N	KEARNEY, NE
KFXL	14	N	LINCOLN, NE
KSNB-DT2	15	N	LINCOLN, NE
KCWH	16	l	LINCOLN, NE
KSCW	23	I	WICHITA, KS
KSAS	24	N	WICHITA, KS
KWCH-DT2	110	N-M	WICHITA, KS
KOOD-DT3	183	E-M	HAYS, KS
KMTW-DT3	186	I-M	WICHITA, KS
KMTW-DT4	187	I-M	WICHITA, KS
KOOD-DT2	189	E-M	HAYS, KS
KGIN-DT5	191	N-M	GRAND ISLAND, NE
KWCH-DT4	192	N-M	WICHITA, KS
KWCH-DT3	194	N-M	WICHITA, KS

Accounting	Period:	2022/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NEX-TECH LLC

38798

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KQMA	FM		PHILLIPSBURG KS				
KKDT	FM	 	PHILLIPSBURG, KS BURDETT, KS			<u> </u>	
		 	BONDETT, NO				
		 	 			 	
	 	 					
	 	 					
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Accounting Perio	d: 2022/2						FOF	RM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#	
Name	NEX-TECH LLC							38798	
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every nor ecounting pe	nnetwork televis eriod, under spe	nion program, broadcast becific present and former F	oy a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations	. For a further	
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT								
Special Statement and	 During the accounting peri- 	od, did you	r cable system	carry, on a substitute ba	asis, any nonne	etwork telev	ision prograr		
Program Log	Ibraadaaat by a distant station?								
	Note: If your answer is "No"	leave the	rest of this nad	e blank. If your answer i	s "Ves " vou m	ust complet	te the nroara		
		, icave tric	rest of this pag	c blank. If your answer i	3 103, you iii	ust complet	ic the progra		
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976.								
					WH	EN SUBST	ITUTE		
	SI	JBSTITUT	E PROGRAM	1		IAGE OCC		7. REASON FOR	
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	DELETION	
							_		
							_		
							_		
							_		
								···	
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ECEIPTS Solution: The figure you give in this space determines the form you file and the amount you pay (gross receipts) paid to your cable system by subscribers for the system's secondary to din space E) during the accounting period. For a further explanation of how to compute the general instructions located in the paper SA1-2 form. ecceipts from subscribers for secondary transmission service(s) the accounting period. T: You must complete a statement in space P concerning gross receipts. ROYALTY FEE To compute the royalty fee you owe: ock 1, block 2, or block 3. if the amount of gross receipts in space K is \$137,100 or less if the amount of gross receipts in space K is more than \$137,100 but less than or equal if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 for the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must payeriod is \$52.00 Ity fee for accounting period Lest charge. Enter the amount from line 4, space Q, page 8 AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1 out under statutory formula \$263,800.1 out of gross receipts from space K	ansmission service this amount, see \$ 22 . (Amount of gro al to \$263,800 00 for this six-month \$ 37,100)	e 2,431.23					
s: The figure you give in this space determines the form you file and the amount you pay (gross receipts) paid to your cable system by subscribers for the system's secondary the din space E) during the accounting period. For a further explanation of how to compute the general instructions located in the paper SA1-2 form. ecceipts from subscribers for secondary transmission service(s) the accounting period. T: You must complete a statement in space P concerning gross receipts. ROYALTY FEE To compute the royalty fee you owe: ock 1, block 2, or block 3. if the amount of gross receipts in space K is \$137,100 or less if the amount of gross receipts in space K is more than \$137,100 but less than or equal if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 for the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay seriod is \$52.00 Ity fee for accounting period	ansmission service this amount, see \$ 22 . (Amount of gro al to \$263,800 00 for this six-month \$ 37,100)	2,431.23 oss receipts) 52.00 0.00					
To compute the royalty fee you owe: ock 1, block 2, or block 3. if the amount of gross receipts in space K is \$137,100 or less if the amount of gross receipts in space K is more than \$137,100 but less than or equa if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 if the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay eriod is \$52.00 Ity fee for accounting period est charge. Enter the amount from line 4, space Q, page 8 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1 unt under statutory formula \$263,800.0	oo for this six-month \$ \$ \$ 37,100)	0.00					
To compute the royalty fee you owe: ock 1, block 2, or block 3. if the amount of gross receipts in space K is \$137,100 or less if the amount of gross receipts in space K is more than \$137,100 but less than or equa if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 if the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay eriod is \$52.00 Ity fee for accounting period est charge. Enter the amount from line 4, space Q, page 8 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1 unt under statutory formula \$263,800.0	oo for this six-month \$ \$ \$ 37,100)	0.00					
As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay eriod is \$52.00 Ity fee for accounting period	\$ \$ \$ 37,100)	0.00					
lty fee for accounting period	\$ \$ \$ 37,100)	0.00					
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1 unt under statutory formula	\$ 37,100)	0.00					
AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	37,100) 00						
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1 unt under statutory formula	37,100) 00	52.00					
unt under statutory formula	00_						
· · · · · · · · · · · · · · · · · · ·							
ount of gross receipts from space K							
ne 2 from line 1							
amount of gross receipts from space K							
amount from line 3							
ne 5 from line 4							
ne 6 by .005 (enter figure here)							
narge. Enter the amount from line 4, space Q, page 8		0.00					
OYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
amount of gross receipts from space K							
unt under statutory formula	00						
ne 2 from line 1							
ne 3 by .01							
ue on the first \$263,800 of gross receipts (under statutory formula)	1,319.00						
narge. Enter the amount from line 4, space Q, page 8	0.00						
OYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
FILING FEE AND TOTAL REMITTANCE DUE							
ee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
	15.00						
(See the instructions for more information on filing fee calculations)	\$	67.00					
	ee Payable for Accounting Period (from Block 1, 2, or 3, above)	the Payable for Accounting Period (from Block 1, 2, or 3, above)					

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name	NEX-TECH LL	OWNER OF CABLE SYSTEM: C	SYSTEM ID# 38798
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. all number of channels on which the cable ditelevision broadcast stations all number of activated channels cable system carried television broadcast stations cast services	20 325
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Scott Roe Telephone 785-	-625-7070
	Address	2418 Vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip)	
	Email	sroe@nex-tech.com Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) led, hereby certify that (Check one, but only one, of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or at 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 cer 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. If the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	
		X /s/ Rhonda S. Goddard 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: Rhonda S. Goddard Title: Chief Financial Officer	
		(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 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 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

ounting Period: 2022/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
X-TECH LLC	38798
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."	Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
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	<u> </u>
Name Mailing Address Mailing Address	
	anni
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x days	_
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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	

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 th 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.