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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
Accounting	Barcode Data Filing Period (optional - see instructions)									
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 MANUES ARRESTOR OF CARLE OVERTIME									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Midcontinent Communications									
	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									
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.									
System	IDENTIFICATION OF CABLE SYSTEM:									
	Canby, MN									
	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.

Accounting Period:	2022/2	FORM ON A OF PAGE 41							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#							
Name	Midcontinent Communications  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FO								
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
30.704									
	CITY OR TOWN	STATE							
First	Canby	MN							
Community	Ghent	MN							
Add Day on Name	Minneota Porter	MN MN							
Add Rows as Necessary	Taunton	MN							
	St Leo	MN							
	Clarkfield	MN							
	Sacred Heart	MN							
	Renville	MN							

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 Communications

453

## 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>	666	26.95	Business Accounts	34	26.95		
<ul> <li>Service to additional set(s)</li> </ul>			High Def Converter	740	3.00		
<ul> <li>FM radio (if separate rate)</li> </ul>			Nursing Homes	47	15.50		
Motel, hotel	30	9.00					
Commercial	76	73.95					
Converter	812	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			
• Pay cable	16.00	Motel, hotel	499.00	Cinemax	16.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	499.00	Digital 1	10.00
<ul> <li>Fire protection</li> </ul>		• Pay cable		Showtime	16.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		Starz!&Encore	16.00
Installation: Residential		Fire protection		TMC	16.00
<ul> <li>First set</li> </ul>	25.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>	25.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	75.00		
Converter		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID# 453** 

### **Midcontinent Communications**

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
KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
KELO-DT	11	N	SIOUX FALLS, SD (CBS)
KMSP-DT	9	<u> </u>	MINNEAPOLIS, MN (FOX)
KSTP-DT	35	N	ST PAUL, MN (ABC)
KSFY-DT	13	N	SIOUX FALLS, SD (ABC)
KWCM-DT	10	E	APPLETON, MN (PBS)
WCCO-DT	32	N	MINNEAPOLIS, MN (CBS)
WFTC-DT	9.2	<u> </u>	MINNEAPOLIS, MN (MNT)
WUCW-DT	22	<u> </u>	MINNEAPOLIS, MN (CW)
KMSP-DT4	9.4	I-M	MINNEAPOLIS, MN (BUZZR)
WFTC-DT4	9.3	I-M	MINNEAPOLIS, MN (MOVIES)
WFTC-DT7	9.7	I-M	MINNEAPOLIS,MN(WEATHER)
WCCO-DT3	32.3	I-M	MINNEAPOLIS, MN (DABL)
KARE-DT3	11.3	I-M	MINNEAPOLIS, MN (TrueCrime)
WCCO-DT2	32.2	I-M	MINNEAPOLIS, MN (START TV)
KSTP-DT7	35.7	I-M	MINNEAPOLIS, MN (HEROES)
KARE-DT4	11.4	I-M	MINNEAPOLIS, MN (QUEST)
KEYC-DT	12.1	N	MANKATO, MN (CBS)
KTCA-DT2	34	E	ST PAUL, MN (PBS)
WUCW-DT2	23.2	I-M	MINNEAPOLIS, MN (COMET)
WUCW-DT3	23.3	I-M	MINNEAPOLIS, MN (CHARGE)
WUCW-DT4	23.4	I-M	MINNEAPOLIS, MN (TBD TV)
KSTC-DT	30	<u> </u>	MINNEAPOLIS, MN (IND-45)
KMSP-DT5	9.5	I-M	MINNEAPOLIS, MN(THE GRIO)

**Accounting Period: 2022/2** FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 453 Midcontinent Communications 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. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** 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 KMSP-DT6 9.6 I-M MINNEAPOLIS, MN(DECADES)

Accounting Period: 2022/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Midcontinent Communications** 

453

### 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>	
		·					

Accounting Perio	unting Period: 2022/2 FORM SA1-2E. PAGE 5.								
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	Midcontinent Commur	nications							453
	SUBSTITUTE CARRIAGE	: SPECIA	L STATFMF	NT AND PROGRAM I C	)G				
						distant sta	tion that vo	ur cahle evet	em carried on a
-	<b>General:</b> In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBS	TITUTE CARRIAGE					
Special	During the accounting per				asis	any nonn	etwork tele	evision progr	am
Statement and			ar cable cyclor	ir carry, orra cascinate s	aoio,	, any non			
Program Log	roadcast by a distant station?								
	<b>Note:</b> If your answer is "No	", leave the	rest of this pa	ge blank. If your answer	is "Y	′es," you r	nust comp	lete the prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTE	PROGRA	AMS						
	In General: List each subst				ns wl	herever po	ossible, if t	heir meaning	g is
	clear. If you need more spa				4		4	41	·
	<b>Column 1:</b> Give the title period, was broadcast by a	•				,			•
	under certain FCC rules, re		•	•				'	
	Do not use general categor								
	"NBA Basketball: 76ers vs.								
	Column 2: If the program								
	Column 3: Give the call : Column 4: Give the broad	•			_		rensed by	the FCC or	in
	the case of Mexican or Can							ine i oo oi,	11 1
	Column 5: Give the mor			•			,	ls, with the m	nonth
	first. Example: for May 7 giv								
	Column 6: State the time					•			ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program cari	ried by a system from 6:0	)1:15	p.m. to 6	:28:30 p.m	i. should be	
	Column 7: Enter the letter	er "R" if the	listed program	n was substituted for pro	gram	nming that	vour syste	em was <i>requ</i>	ired
	to delete under FCC rules a								
	was substituted for program	_		_					
	effect on October 19, 1976.								
					П	\^/I I	N CUDOT		
	SI	IBSTITLIT	E PROGRAM	1			N SUBST AGE OCC		7. REASON FOR
			3. STATION'S			. MONTH		TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		AND DAY	FROM	— то	
								_	
					-				
								_	
					-				
					_				
								_	
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					]				
								_	
								_	

Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications			S	SYSTEM ID# 453
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (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 to	econdary transm o compute this a	amount, see	3,424.37
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 to the block 3 if the amount of gross receipts in space K is more than \$263,800 to the page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for th	nis 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 lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	173,424.37		
	3. Subtract line 2 from line 1	\$	90,375.63	•	
	4. Enter the amount of gross receipts from space K			173,424.37	
	5. Enter the amount from line 3			90,375.63	
	6. Subtract line 5 from line 4		\$	83,048.74	
	7. Multiply line 6 by .005 (enter figure here)				415.24
	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				415.24
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	4. E. Aratha annual of management into form and a 16				
	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)				
	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	415.24	
Due	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			\$	435.24
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1		_		hts!

U.S. Copyright Office

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 453
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the car	number of channels on which television broadcast stations number of activated channels able system carried television	otal numbers the cable the cable the cable the cable		counting period.	384
N Individual to Be Contacted		BE CONTACTED IF FURTH		MATION IS NEEDED (Identify an indi	ividual to whom	
for Further Information	Name	Rachel Meyer			Telephone 952-8	344-2655
mormation	Address	3600 Minnesota Drive (Number, street, rural route, apartr Edina, MN 55435	•			
	Email	(City, town, state, zip)  rachel.meyer@i	midco.con	n	Fax (optional)	
	CERTIFICATION	(This statement of account mu	ust be certi	fied and signed in accordance with Co	opyright Office regulations)	
O Certification	(Owne		artnership	) I am the owner of the cable system as		on identified
	in li	ine 1 of space B and that the ov	wner is not	rtnership) I am the duly authorized age a corporation or partnership; or tion) or a partner (if a partnership) of the	·	
	I have examined	the statement of account and le, and correct to the best of my	•	lare under penalty of law that all statement, information, and belief, and are made		
	' I		X	/s/ Rachel Meyer		
				lectronic signature on the line above to co ature using an "/s/ signature" (e.g., /s/ Jo	•	
		Typed or printed	name:	Rachel Meyer		
		Title: (Title of o		or of Programming  n 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:
Icontinent Communications	453
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	Special Statement Concerning Gross Receipts Exclusion
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	
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.	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	
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	

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