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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	2-22-23	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY	(Y/(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 the subsidiary, not that of the parent corpo		ary of another corporation, give the full corpo	rate title of
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 a statement of account and royalty fee paym		e last day of the accounting period should sub od.	mit a single
	Check here if this is the system's first filing	. If not, enter the system's ID number as	signed by the Licensing Division.	61443
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	Western Montana CommunityTel Inc			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	312 Main St SW (Number, street, rural route, apartment, or suite nu			
	Ronan, MT 59864 (City, town, state, zip)			
^	INSTRUCTIONS: In line 1, give any busine	ess or trade names used to identi	ify the business and operation of the s	system unless these

 C
 INSTRUCTIONS: 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
 1
 IDENTIFICATION OF CABLE SYSTEM: St. Ignatius

 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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Western Montana CommunityTel Inc	61443
D Area Served	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil city.	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	St. Ignatius	МТ
Community		
Add Rows as Necessary		

									A1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								6144	
	Western Montana CommunityTel Inc								0144	
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RAT	ES					
E	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									
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the ast day of the accounting period (June 30 or December 31, as the case may be).									
Service: Sub-	Number of Subscribers: Both						le svstem	broken		
scribers and	down by categories of secondary						,	,		
Rates	each category by counting the nu	umber of billing	in that	category (the n	umber of	persons or orga	anizations	charged		
	separately for the particular servi									
	Rate: Give the standard rate ch									
	unit in which it is generally billed. category, but do not include disc				/ standard	a rate variations	within a p	articular rate		
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servio	ce that cable		
	systems most commonly provide	•		•						
	that applies to your system. Note			-		-				
	categories, that person or entity					0,				
	subscriber who pays extra for cal first set" and would be counted o					in the count und	ler "Servic	ce to the		
	Block 2: If your cable system h	0			· · ·	service that are	different f	rom those		
	printed in block 1 (for example, ti	-		-						
	with the number of subscribers a	nd rates, in the	e right-ha	nd block. A two	- or three	-word description	on of the s	ervice is		
	sufficient.							K 0		
	BLC	DCK 1 NO. OF					BLOC	K Z NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 		30	79.38						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO		Nemieei					-		
_	In General: Space F calls for rate				pect to all	your cable syst	em's serv	ices that were		
F	not covered in space E, that is, th									
. .	service for a single fee. There are		,	0			0()			
Services Other Than	furnished at cost or (2) services of amount of the charge and the un									
Secondary	enter only the letters "PP" in the		usually b	nieu. Il ally late		aigeu oli a valla	ible hei-hi	ografii basis,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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							e form of a		
	brief (two- or three-word) description and include the rate for each.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICI	E RATE	
	Continuing Services:			tion: Non-resid	iential					
	• Pay cable		-	el, hotel						
	Pay cable—add'l channel			nmercial						
	Fire protection		•Pay							
	•Burglar protection			cable-add'l cha	nnel					
	Installation: Residential			protection						
			• Burg	glar protection						
	• First set	50.00	- ···							
	• First set • Additional set(s)	50.00 24.95	-	ervices:						
	• First set • Additional set(s) • FM radio (if separate rate)		• Rec	onnect		50.00				
	• First set • Additional set(s)		• Rec • Disc	onnect onnect		50.00				
	• First set • Additional set(s) • FM radio (if separate rate)		• Rec • Disc	onnect		50.00 35.95				

е	LEGAL NAME OF OWNER O			SYSTEM IE
	Western Montana Co			6144
iry tters: sion	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a	TELEVISION entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(s explained in the next paragraph. With respect to any distant stations car	 stations carried only on a part-tin carriage of certain network program (e)(2) and (4))]; and (2) certain station 	ne basis under ´ ms [sections ons carried on a
sion	basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and	ules, regulations, or authorizations: e in space G—but do list it in space I (the	e Special Statement and Program L both on a substitute basis and also	og)—if the on some other
	multicast stream associated "WETA-2" as the same on Column 2: Give the chann	n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a the form. el number the FCC assigned to the televi /RC is channel 4 in Washington, D.C.	air designation. For example, repor	t multistream
	educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location	a case whether the station is a network st ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th dian stations, if any, give the name of the	or network multicast), "I" (for indepe "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station i	ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTMF	23	Ν	MISSOULA, MT
	KECI	13	N	MISSOULA, MT
essary	KECI KPAX	13 8	N	
cessary				MISSOULA, MT
cessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
cessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
essary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
essary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
cessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
cessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT

EGAL NAME OF	eriod: 2022/		(STEM:					I SA1-2E. PAGE
Western Mor								6144
		,						
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		
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If	it is carried by nonitoring, to rmation abou m. entify the call ate whether to the radio stati	/ the syst be receivent t the Co sign of e he station on's sign	-Band FM Carriage: Under Co tem whenever it is received at wed at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processe	the system's hea ystem's FM anten his point, see pag	adend, and (2) nna, during ce je (v) of the ge	it can b rtain sta neral in	e expected, ited intervals. structions in the.	Primary Transmitters: Radio
Column 4: Gi	ive the station	's locatio	a mark in the "S/D" column. In (the community to which the community with which the community with which the the the community with which the the the the community with which the the the the the the the the the th			Cor, in t	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2022/2						FOF	RM SA1-2E. PAGE 5.
Newse	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Western Montana Com	nmunityTe	el Inc					61443
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	itions, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				5			
Special	During the accounting per				is any nonnet	work telev	vision program	n
Statement and Program Log	broadcast by a distant star	•			, a,			
Program Log	2						YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ist comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Lice abbroviations	whorovor pos	ciblo if the	oir mooning i	-
	clear. If you need more spa				wherever pos		en meaning is	5
				ision program ("substitute	program") tha	t, during th	ne accounting	9
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."		r "Yes." Otherwise enter "N			ove Lucy of	
				asting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			ne community to which the			e FCC or, in	
				tem carried the substitute			. with the mo	nth
	first. Example: for May 7 giv	/e "5/7."			_			
				gram was carried by your				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system	n was <i>require</i>	ed
	to delete under FCC rules a	and regulation	ons in effect du	iring the accounting period	; enter the let	ter "P" if th	e listed prog	
	was substituted for program effect on October 19, 1976.		/our system wa	is permitted to delete unde	r FCC rules a	nd regulat	ions in	
	s		TE PROGRAM	1		N SUBST	CURRED	7. REASON FOR
	S		TE PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		

Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Western Montana CommunityTel Inc	S	*YSTEM ID 61443
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	5,783.82 sss receipts)
	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 \$2 • 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 \$A1-2 form for more information.	63,800	
	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 thi accounting period is \$52.00	is 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 \$137,1	00)	
	1. Base amount under statutory formula		
	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: tana CommunityTel Inc	SYSTEM ID# 61443
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ried television broadcast stations	13 56
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	Michelle Marengo Telephone (4	406) 676-9218
	Address	312 Main St SW (Number, street, rural route, apartment, or suite number) Ronan, MT 59864 (City, town, state, zip)	
	Email	michellem@ronan.net Fax (optional (406) 676-8889)
O Certification	I, the undersign (Owr X (Agen (Offi I have examine are true, comp	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	tem as identified
		X /s/ Michelle Marengo 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: Michelle Marengo Title: Accounting Mananger (Title of official position held in corporation or partnership)	
		Date: 02/22/2023	

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 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
stern Montana CommunityTel Inc	6144
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
x x Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u> s
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	<u>. </u>
* 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	

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.

Cable Worksheet		Total amount of remittance	Number of SAs rec'	d Initials	
			Date of remittance	Check CFT	□ FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗆 Janua	ary 1 - June 30, 2017		July 1 - December 31, 2017	
	🗆 Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space B Owner					
	🗆 Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space D Area Served					
	🗆 Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	🗆 Lette	r sent		Information received	
and Rates		oted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	🗆 Lette	r sent		Information received	
		oted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio		oted		Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
□ Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
□ Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□ Info/add'l fee received	
□ Accepted	Phone call/Date/Contact	