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			
3-8-23	ALLOCATION NUMBER			

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner		List any other name or names under which the owner conducts the business of the cable system.					
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.					
		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					
		Brookings Municipal Utilities					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		PO Box 588: 525 Western Ave (Number, street, rural route, apartment, or suite number)					
		Brookings, SD 57006 (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 s 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:					
		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 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 filing, a determination that would be made by a court of law.

Accounting Period:	2022/2						
Accounting Period:	2022/2	FORMAN OF PAGE (I					
	1	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	Brookings Municipal Utilities 63330						
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules: "a					
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete						
D	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 that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a form of system identification hereafter known as the "first community that you list will serve as a first will be a						
	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identific						
Area		ome parks should be reported in parentheses below the identified					
Served	city.						
	CITY OR TOWN	STATE					
First	Brookings	SD					
Community							
Add Rows as Necessary							

Accounting Period: 2022/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63330

Brookings Municipal Utilities

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		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,030	63.95			
 Service to additional set(s) 	1,841	7.00			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	45	47.00			
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	107.95	Motel, hotel		HD Access	10.00
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	100.00	Burglar protection			
 Additional set(s) 	110.00	Other services:			
 FM radio (if separate rate) 		Reconnect	7.00		
Converter		Disconnect	7.00		
		Outlet relocation			
		Move to new address			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Brookings Municipal Utilities PRIMARY TRANSMITTERS: TELEVISION

63330



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
KAUN-LP	3	l	Sioux Falls, SD
KDLT-FOX	4	N	Sioux Falls, SD
KDLT-NBC	5	N	Sioux Falls, SD
KCSD-SDPB	8	E	Sioux Falls, SD
KELO-MyUTV	10	N-M	Sioux Falls, SD
KELO-CBS	11	N	Sioux Falls, SD
KSFY-ABC	13	N	Sioux Falls, SD
KSFY-MeTV	14	N	Sioux Falls, SD
KCPO-LP	15	l	Sioux Falls, SD
KSCB-LP	16	l	Sioux Falls, SD
KSFY-CW	17	N-M	Sioux Falls, SD
KELO-Escape	18	N-M	Sioux Falls, SD
KELO-WxNOW	21	N-M	Sioux Falls, SD
кттพ-тст	24	N-M	Sioux Falls, SD
KDLT-COZI	25	N-M	Sioux Falls, SD
KDLT-Antenna TV	26	N-M	Sioux Falls, SD
WPBS-CREATE	27	E-M	Sioux Falls, SD
WPBS-WORLD	28	E-M	Sioux Falls, SD
KWSD-YouToo	36	l	Sioux Falls, SD
KDLT-FOX-DT	604	N-M	Sioux Falls, SD
KDLT-NBC-DT	605	N-M	Sioux Falls, SD
KESD-SDPB-DT	608	E-M	Sioux Falls, SD
KELO-DT	611	N-M	Sioux Falls, SD
KSFY-ME-DT	613	N-M	Sioux Falls, SD
KSFY-CW-DT	617	N-M	Sioux Falls, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Brookings Municipal Utilities

63330

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
	3						
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		[
			 				
			 				
		L					
		 			 		
		L					
					T		

Accounting Perio	d: 2022/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Brookings Municipal U	tilities						63330
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant statif. Note: If your answer is "No, log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so Column 4: Give the broat Column 5: Give the broat Column 5: Give the mon first. Example: for May 7 given Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	: SPECIAI fy every non. counting pe ng that mus CONCERI food, did you on? " leave the PROGRAI itute progra ce, please a of every non distant statia gulations, o les like "mor Bulls." n was broad sign of the s dcast statio adian statio atian day re "5/7." ss when the Example: a	network televis. Initially the included in th	cific program, broadcast by a cific present and former FC this log, see page (v) of the TUTE CARRIAGE carry, on a substitute base ge blank. If your answer is the line. Use abbreviations rows to the tables. ision program ("substitute ur cable system substitute ur cable system substitutes. See page (v) of the generation of the substitute program of the substitute program of the substitute program of the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:	C rules, regule general instructions, any nonner "Yes," you me wherever por program") the dof for the program instruction titles, for each station is lice sta	etwork television etwork television ust complete the ssible, if their mat, during the act gramming of and ons for further in example, "I Love is ensed by the FC ntified). e numerals, with List the times a 28:30 p.m. shou your system was	zations. For SA1-2 in program YES e program eaning is ecounting other state formatio Lucy" or CC or, in the more accurate old be s require	a carried on a For a further 2 form. NO m No m No m d d d d d d d
	was substituted for program effect on October 19, 1976.	ming that y	our system wa		WHE CARR		in E	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	то	
						_		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM I
Name	Brookings Municipal Utilities			·	633
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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.	system's s ion of how	secondary transm to compute this	nission service amount, see	
	IMPORTANT: You must complete a statement in space P concerning gross r			-	ross receipts)
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. Use block 3 if the amount of gross receipts in space K is more than \$263,800. See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	han \$527,600.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$1.	37,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00.	ty fee that y	ou must pay for t	his 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 2 TOTAL POVALTY FEE DAYARI F FOR ACCOUNTING REPIOR Add		2		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE			_	
	Base amount under statutory formula	,		,	
	Enter amount of gross receipts from space K			_	
	3. Subtract line 2 from line 1	-		_	
	Subtract line 2 from line 1 Enter the amount of gross receipts from space K			_	
	Enter the amount from line 3				
	5. Enter the amount from line 5				
	0.014 (17.55 17.4				•
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
					0.00
	7. Multiply line 6 by .005 (enter figure here)				0.00
	7. Multiply line 6 by .005 (enter figure here)	7 and 8			0.00
	7. Multiply line 6 by .005 (enter figure here)	7 and 8 63,800 (bu		7,600)	0.00
	7. Multiply line 6 by .005 (enter figure here)	7 and 8 63,800 (bu	ut less than \$52	7,600)	0.00
	7. Multiply line 6 by .005 (enter figure here)	7 and 8	ut less than \$52	7,600)	0.00
	7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula	7 and 8	ut less than \$52 494,960.45 263,800.00 231,160.45	7,600)	0.00
	7. Multiply line 6 by .005 (enter figure here)	7 and 8	494,960.45 263,800.00 231,160.45		0.00
	7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8	7 and 8	494,960.45 263,800.00 231,160.45	7,600) - - - 2,311.60	0.00
	7. Multiply line 6 by .005 (enter figure here). 8. Interest charge. Enter the amount from line 4, space Q, page 8	7 and 8 63,800 (bu	494,960.45 263,800.00 231,160.45 \$	7,600) 2,311.60 1,319.00 0.00	
	7. Multiply line 6 by .005 (enter figure here)	7 and 8 63,800 (bu	494,960.45 263,800.00 231,160.45 \$	7,600) 2,311.60 1,319.00 0.00	
	7. Multiply line 6 by .005 (enter figure here)	7 and 8 63,800 (bu	494,960.45 263,800.00 231,160.45 \$	7,600) 2,311.60 1,319.00 0.00	
otal Remittance	7. Multiply line 6 by .005 (enter figure here)	7 and 8 53,800 (bu	494,960.45 263,800.00 231,160.45 \$	7,600) 2,311.60 1,319.00 0.00	
Filing Fee and otal Remittance Due	7. Multiply line 6 by .005 (enter figure here)	7 and 8 63,800 (bu	494,960.45 263,800.00 231,160.45 \$\$	7,600) 2,311.60 1,319.00 0.00	3,630.60
otal Remittance	7. Multiply line 6 by .005 (enter figure here)	7 and 8 53,800 (bu	494,960.45 263,800.00 231,160.45 \$\$	2,311.60 1,319.00 0.00 \$	

Accounting Period: 2	2022/2			FORM SA1-2E.	. PAGE 7.
Name		OWNER OF CABLE SYSTEM: nicipal Utilities		SYST	FEM ID# 63330
M Channels	to its subscribe 1. Enter the tot- system carrie 2. Enter the tot- on which the	rs, and (2) the cable system's to al number of channels on which ed television broadcast stations al number of activated channels cable system carried television			
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account	ER INFORMATION IS NEEDED (Identify an individual		
for Further Information	Name	Laura Julius		Telephone 605-692-6325	
	Address	PO Box 588: 525 West (Number, street, rural route, apartme Brookings, SD 57006			
	Email	(City, town, state, zip)	nu.com Fax (optional 605-697-8470	
O Certification	I, the undersigned (Owned) (Agent) X (Office) I have examined.	ord, hereby certify that (Check one, or other than corporation or parts of owner other than corporation in line 1 of space B and that the corporation in line 1 of space B. It he statement of account and her te, and correct to the best of my kerner.	but only one, of the boxes.) Inership) I am the owner of the cable system as identified on or partnership) I am the duly authorized agent of the owner is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal enterprise of the corporation of the legal enterprise of the corporation of the legal enterprise of the corporation of the legal enterprise	in line 1 of space B; or wner of the cable system as identified ity identified as owner of the cable system t contained herein	
		Typed or printed n Title:	inter an electronic signature on the line above to certify th inter signature using an "/s/ signature" (e.g., /s/ John Smit	n)	
		Date:	Febru	ary 27, 2023	

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 63330 **Brookings Municipal Utilities** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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. 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 Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** days x 0.00274 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@copyright.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 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 filing, a determination that would be made by a court of law.

CONTROL #: REMITTANCE #:

C	Cable Worksheet	ble Total amount of remittance		Number of SAs rec'd		nitials		
		Date of remittance	Check	EFT	FILI	NG FEES		
Cable ID #					Amount	Initials		
Examined by	Reviewed by	Date examination completed	Allocation n	umber				
Space A	2021/2	(enter four digit year and	I /1 (for Jan-Jun perio	od) or /2 (for Jul-E	Dec period) No spa	ces)		
Accounting Period	Letter sent		Information receiv					
	Accepted		Phone call/Date/Co	ontact				
Space B Owner								
	Letter sent		Information received					
	Accepted	Accepted Phone call/Date/Contact						
Space D Area Served								
	Letter sent		Information receiv	ed				
	Accepted		Phone call/Date/Co	Phone call/Date/Contact				
Space E Secondary Transission								
Service Subscribers:	Letter sent	red						
and Rates	Accepted		Phone call/Date/Co	ontact				
Space G Primary Transmitters:								
Television	Letter sent		Information received					
	Accepted Phone call/Date/Contact							
Space H Primary Transmitters:								
Radio	Accepted		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	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
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	