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 COPYRIGH	Return completed workbook by email to:		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>	
General instructions are located in the first tab of this workbook	2/7/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		

A	ACCO	UNTING PERIOD COVERED BY	' THIS STATEMENT: (YYYY/(Period))	
		2022/2	riod 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2022/2		
		Bar	rcode Data Filing Period (optional - see instructions)	
Accounting				
Period				
		Instructions:		
В		Give the full legal name of the owner of the ca title of the subsidiary, not that of the parent c	able system. If the owner is a subsidiary of another corporation, give the full corporate corporation.	
Owner		List any other name or names under which th	ne owner conducts the business of the cable system.	
		÷	ounting period, only the owner on the last day of the accounting period should submit a ayment covering the entire accounting period.	
		Chack have if this is the system's first filing. If	not, enter the system's ID number assigned by the Licensing Division.	770
		eneek nere it tills is the system s inst hing. It	not, enter the system s ib humber assigned by the Electronic Division.	
		LEGAL NAME OF OWNER/MAILING A		
		LEGAL NAME OF OWNER/MAILING A		
		SJOBERGS CABLEVISION INC		
		BUSINESS NAME(S) OF OWNER OF CA	ABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CA	ABLE SYSTEM	
		315 MAIN AVE N		
		Number, street, rural route, apartment, or suite number		
		THIEF RIVER FALLS, MN 567 (City, town, state, zip)	01-1905	
С			s or trade names used to identify the business and operation of the system give the mailing address of the system, if different from the address given in	
System	names	IDENTIFICATION OF CABLE SYSTEM:	give the maning address of the system, it different norm the address given in	space D
System	1	DENTIFICATION OF CABLE STSTEM.		
		MAILING ADDRESS OF CABLE SYSTEM:		
	2	Number, street, rural route, apartment, or suite numbe	er)	
		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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 770					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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						
Area Served	as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.						
First	CITY OR TOWN GREENBUSH	STATE MN					
Community	SKELNDOST						
Rows as Necessary							

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C		:					515	TEM IC 77	
	SJOBERGS CABLEVISION INC									
_	SECONDARY TRANSMISSION	SERVICE: S	UBSCRI	BERS AND R	ATES					
E	In General: The information in s									
Coordon	system, that is, the retransmissi about other services (including provide the services)									
Secondary Transmission	last day of the accounting period	, , ,	,		,		those exis	ung on the		
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken		
scribers and	down by categories of secondar	,		0 / 1						
Rates	each category by counting the n		•	0,0		•		s charged		
	separately for the particular server Rate: Give the standard rate of					•	,	de and the		
	unit in which it is generally billed									
	category, but do not include disc	counts allowed	for adva	ance payment.						
	Block 1: In the left-hand block	•		•						
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			0		•				
	subscriber who pays extra for ca	able service to	addition	al sets would b	e include	d in the count u	nder "Servi	ice to the		
	first set" and would be counted of									
	Block 2: If your cable system printed in block 1 (for example, the system)	-								
	with the number of subscribers a						,.			
	sufficient.		Ű			•				
	BLO	OCK 1	- 1				BLOCK	K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		109	96.29	MOTEL	EXTRA SE	Г	9	1.50/	
	 Service to additional set(s) 	N/C		N/C						
	• FM radio (if separate rate)	N/A								
	Motel, hotel		1	96.29						
	Commercial		6	96.29						
	Converter	N/A								
	Residential	N/A								
	Non-residential	N/A								
	SERVICES OTHER THAN SEC				e					
_	In General: Space F calls for ra				-	III your cable sy	stem's serv	vices that were		
F	not covered in space E, that is,	•	,		•	• •				
	service for a single fee. There a	•			•		0 (,		
Services Other Than	furnished at cost or (2) services									
Secondary	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.									
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 brief (two- or three-word) description and include the rate for each.									
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RAT	
	Continuing Services:	NATE		ation: Non-res		NATE	CATEG	JRT OF SERVICE	TVA I	
	Pay cable			tel, hotel	lacinta					
	Pay cable—add'l channel			nmercial						
	Fire protection			/ cable						
	•Burglar protection			/ cable-add'l ch	annel					
	Installation: Residential		-	protection						
	1			glar protection						
	First set		4						·····	
	First setAdditional set(s)		Other s	services:			L			
				services: connect						
	 Additional set(s) 		• Red							
	• Additional set(s) • FM radio (if separate rate)		• Red • Dise	connect						

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
lame	SJOBERGS CABLEV			77
	PRIMARY TRANSMITTERS:			
G smitters: evision	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. to case whether the station is a network wring the letter "N" (for network), "N-M" "E" (for noncommercial educational), or erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	he community with which the station 3. TYPE OF STATION	n is identified. 4. LOCATION OF STATION
		4		4. 2004 101 01 01 01 101
			N	EARCOMALLEY CITY ND
	КХЈВ		N	FARGO/VALLEY CITY, ND
	КСРМ	5	N I I	GRAND FORKS, ND
lecessary	КСРМ Ску	5 7	N 1 1	GRAND FORKS, ND WINNIPEG, MANITOBA
cessary	KCPM CKY CBWT	5 7 6	 	GRAND FORKS, ND WINNIPEG, MANITOBA WINNIPEG, MANITOBA
ecessary	KCPM CKY CBWT WDAZ	5 7 6 8	 N	GRAND FORKS, ND WINNIPEG, MANITOBA WINNIPEG, MANITOBA DEVILS LAKE, ND
≥cessary	KCPM	5	I	GRAND FORKS, ND
	CKY	7	I	WINNIPEG, MANITOBA
	CBWT	6	I	WINNIPEG, MANITOBA
	WDAZ	8	N	DEVILS LAKE, ND
	KVLY	11	N	FARGO/GRAND FORKS, ND
łecessary	KCPM	5	I	GRAND FORKS, ND
	CKY	7	I	WINNIPEG, MANITOBA
	CBWT	6	I	WINNIPEG, MANITOBA
	WDAZ	8	N	DEVILS LAKE, ND
	KVLY	11	N	FARGO/GRAND FORKS, ND
	KAWE	9	E	BEMIDJI, MN
Necessary	KCPM	5	I	GRAND FORKS, ND
	CKY	7	I	WINNIPEG, MANITOBA
	CBWT	6	I	WINNIPEG, MANITOBA
	WDAZ	8	N	DEVILS LAKE, ND
	KVLY	11	N	FARGO/GRAND FORKS, ND
	KAWE	9	E	BEMIDJI, MN
	KBRR	17	N	THIEF RIVER FALLS, MN
Vecessary	KCPM	5	I	GRAND FORKS, ND
	CKY	7	I	WINNIPEG, MANITOBA
	CBWT	6	I	WINNIPEG, MANITOBA
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	KAWE	9	E	BEMIDJI, MN
; Necessary	KCPM	5	I	GRAND FORKS, ND
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	KVLY	11	N	FARGO/GRAND FORKS, ND
	KAWE	9	E	BEMIDJI, MN
	KBRR	17	N	THIEF RIVER FALLS, MN

EGAL NAME O								SYSTEM I
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cat					н
special Instruct eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	ctions Concerning, it is carried by monitoring, to primation about rm. dentify the call tate whether the radio state this by placing Give the station	rning Al y the sys be recein the Co sign of a the static ion's sign g a check o's location	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office in the system's FM system's FM anter this point, see particular sed by the cable so ne station is licen	regulations, an eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	n FM sigr 2) it can l eertain sta general ir eparate a	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		ON LE OION		0,0		
						<u> </u>		
						 		
						 		
					1			

counting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTEM:						SYSTEM ID
Name	SJOBERGS CABLEVIS	SION INC						77
	SUBSTITUTE CARRIAG	E: SPECIAL ST	ATEME	NT AND PROGRAM L	OG			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	tify every nonnetwo	o <i>rk televi</i> under sp	sion program, broadcast becific present and former	by a <i>distant</i> sta FCC rules, reg	gulations, o	or authoriza	tions. For a further
Carriage:	1. SPECIAL STATEMEN				the general in	5114010115		
Special	During the accounting per				asis. anv non	network te	elevision pr	ogram
Statement and Program Log	broadcast by a distant sta	-	,				YES	-
	Note: If your answer is "No		of this na	ige blank. If your answer	is "Yes " vou	must com		
	log in block 2.			ige blank. It your anower	10 100, you	indot oom		logian
	2. LOG OF SUBSTITUTE	E PROGRAMS						
	In General: List each subs clear. If you need more spa Column 1: 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 broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please add a of every nonnetwork a distant station are egulations, or auth ries like "movies" . Bulls." m was broadcast sign of the station adcast station's lo nadian stations, if nth and day when we "5/7." the when the subs . Example: a prog	dditional vork tele nd that y norization or "bask live, ento n broadc bcation (f any, the n your sy stitute pro-	rows to the tables. vision program ("substitu our cable system substit ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter asting the substitute pro- the community to which the community with which the stem carried the substitute ogram was carried by yo	te program") t uted for the pr eneral instruc ram titles, for r "No." gram. he station is li he station is li te program. U ur cable syste	that, during ogrammin tions for fu example, ' censed by lentified). ise numera	g the accor g of anoth inther inform 'I Love Luc of the FCC of als, with th e times acc	unting er station mation. cy" or or, in e month curately
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s	n effect d	uring the accounting per	iod; enter the	letter "P" i	f the listed	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed and regulations in nming that your s	ystem w	uring the accounting per as permitted to delete ur	iod; enter the ader FCC rule:	letter "P" i s and regu	f the listed Ilations in	program
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed and regulations in nming that your s UBSTITUTE PR(ystem w	uring the accounting per as permitted to delete ur	iod; enter the ader FCC rule:	etter "P" i s and regu N SUBST	f the listed Ilations in	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed and regulations in nming that your s UBSTITUTE PR(2. LIVE? 3. ST.	o effect d ystem w	uring the accounting per as permitted to delete ur	iod; enter the ider FCC rule: WHE CARR 5. MONTH	etter "P" i s and regu N SUBST	f the listed lations in ITUTE CURRED	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed and regulations in nming that your s UBSTITUTE PR(2. LIVE? 3. ST.	OGRAM	uring the accounting per as permitted to delete ur	iod; enter the ider FCC rule: WHE CARR 5. MONTH	etter "P" i s and regu N SUBST	f the listed llations in FITUTE CURRED TIMES	7. REASON F
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed and regulations in nming that your s UBSTITUTE PR(2. LIVE? 3. ST.	OGRAM	uring the accounting per as permitted to delete ur	iod; enter the ider FCC rule: WHE CARR 5. MONTH	etter "P" i s and regu N SUBST	f the listed llations in FITUTE CURRED TIMES	7. REASON I DELETION
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SI	/STEM ID# 770
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all 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	1,096.04 ss 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 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 SA1-2 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 t accounting period is \$52.00	his six-mon	
	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 \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 Regis 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	LEGAL NAME OF OWNER OF CABLE SJOBERGS CABLEVISION INC				SYSTEM ID# 770
M Channels	to its subscribers, and (2) the cable 1. Enter the total number of channe	system's total nun Is on which the cal st stations ed channels television broadca	ist stations	ecounting period.	9 171
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED we can contact about this statemer		ORMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name Richard J Sj	oberg		Telephone 21	8-681-3044
		route, apartment, or s alls, MN 5670			
		erg@mncable.ne	-	Fax (optional) 218-681-6801	
O	I, the undersigned, hereby certify the (Owner other than corpord (Agent of owner other the in line 1 of space B are X (Officer or partner) I am in line 1 of space B. I have examined the statement of a are true, complete, and correct to the [18 U.S.C., Section 1001(1986)]	at (Check one, <i>but o</i> ration or partners an corporation or d that the owner is an officer (if a corp ccount and hereby best of my knowle Enter a Enter s d or printed name:	hip) I am the owner of the cable system a partnership) I am the duly authorized ag not a corporation or partnership; or oration) or a partner (if a partnership) of t declare under penalty of Iaw that all state dge, information, and belief, and are mac /s/ Richard J Sjoberg nelectronic signature on the line above to ignature using an "/s/ signature" (e.g., /s/.	as identified in line 1 of space B; o gent of the owner of the cable syste the legal entity identified as owner ements of fact contained herein de in good faith.	em as identified
	Date:			01/30/2023	

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 fing, a determination that would be made by a court of law.

Diverse Calle UNISION INC Section 2 Statement Section 2 Statemen	unting Period: 2022/2	FORM SA1-2E. PAGE 8.
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satelline Home Viewer Act of 1988 amended Tite 17, section 111(0)(1)(A), of the Copylight Act by adding the following sectorizes. "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- scribers and amount colorated from subscribers receiving secondary transmissions pursuant to secondary transmissions made by satellite carriers to satellite dish owners? P Image: State and the second these amounts, see the note on page (vii) of the general instructions to carden in the paper SA1-2 form. Image: State and the second the satellite carrier(s) below. S Image: State and the satellite carrier(s) below. S Image: State and the paper SA1-2 form. Image: State and the paper SA1-2 form. Image: State and the state of the satellite carrier(s) below. S Image: State and the paper SA1-2 form. Image: State and the paper SA1-2 form. Image: State and the state of the sate and enter the sum here	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
The Statellite Home Vexer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- tioning sentence: a vice of providing secondary transmissions and the gross amounts paid to the cable system for the basic serificers 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. The secondary transmissions pursuant to section 119.* Norme Maning Address Maning Address Maning Address Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate 'and enter the sum here	BERGS CABLEVISION INC	770
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? Image in the total here and list the satellite carrier(s) below. § Image intermediate intermediate intermediate carrier(s) below. § Name Marine Address Maing Address Marine Address INTEREST ASSESSMENT Marine Address You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment.	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maining Address Name Multiply Address Q 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. x Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
Name Name Maing Address Maing Address INTEREST ASSESSMENT You must complete this worksheet for those royally 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 Line 1 Enter the amount of late payment or underpayment x	X NO	
Mailing Address Mailing Address Image: Address Ima	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment and result payment payment payment and result payment payment pa		-
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment	INTEREST ASSESSMENT	
Line 1 Either the anound of rate payment of underpayment x		Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	x	
x	Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please - ** 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 -		
Line 4 Multiply line 3 by 0.00274** and enter here	Line 3 Multiply line 2 by the number of days late and enter the sum here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
(interest charge) * 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		
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Address ID number First community served		
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First community served		
	First community served Accounting period	

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