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.

ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))

SA1-2E Short Form

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

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2023/1 Period 1 – Sandary 1 - Sune So Period 2 – Suly 1 - December St
Accounting		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
		Price County Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		d/b/a Norvado
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 67
		(Number, street, rural route, apartment, or suite number) Cable, WI 54821-0067
		(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	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
form in order to proc numbers. By providi	ess your ng PII, yo	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone ou 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 he 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 suffciency of the fling, a determination that would be made by a court of law.

Α

General instructions are located in the first tab of this workbook

STATEMENT OF ACCOUNT

08/15/23

DATE RECEIVED

AMOUNT \$ ALLOCATION NUMBER

FOR COPYRIGHT OFFICE USE ONLY

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Price County Telephone Company	25
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	ne parks should be reported in parentheses below the identi
Served		
_	CITY OR TOWN	STATE
First Community	Phillips	WI WI
Community	Park Falls Town of Eisenstein	WI
	Town of Elk	WI WI
Rows as Necessary		WI
	Town of Emery Town of Fifield	WI
	Town of Flambeau	
	Town of Hackett	WI WI
	Town of Harmony Town of Lake	WI WI
	Town of Prentice	wi wi
	Town of Winter	WI
	Town of Worcester	WI
	Village of Prentice	WI
	Village of Frentice	WI

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name	Price County Telephone							010	252
		oompany							
Е	SECONDARY TRANSMISSION		-	-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the ne								
Ruico	separately for the particular serv							laigea	
	Rate: Give the standard rate c								
	unit in which it is generally billed.	· · ·	,		y standar	d rate variations	within a pa	rticular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondarv transmiss	sion service	that cable	
	systems most commonly provide			0					
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count und	ler Service	to the	
	Block 2: If your cable system					service that are	different fro	m those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	ind block. A two	o- or three	e-word description	on of the se	rvice is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF	I	DATE	0.17			NO. OF	DATE
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		220	110.99	Pos Ba	sic-Expande	d-E	200	124.9
	Service to additional set(s)		220			sic-Expande		140	124.9
	• FM radio (if separate rate)					panded-Plus		140	154.9
	Motel, hotel					panded-Fide		125	134.3
	Commercial		13	81.99	Bus Ba	sic-Expande	W-be	1	138.9
	Converter					panded-Plus			154.9
	Residential							•	104.0
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
F	In General: Space F calls for rat								
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•					• • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			f f			1:-41		
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							ere not	
Ruco	listed in block 1 and for which a				•	0.			
	brief (two- or three-word) descrip	otion and includ	le the rat	e for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable		• Mot	el, hotel		Time & Mat'l			
	Pay cable—add'l channel		• Con	nmercial		Time & Mat'l	НВО		17.9
	Fire protection		•Pay	cable			Cinema	X	13.9
	•Burglar protection		•Pay	cable-add'l cha	annel		Showtin		15.9
	Installation: Residential		• Fire	protection			Starz		14.9
	• First set	Time & Mat'l	• Burg	glar protection					
	1	Time & Mat'l	1	ervices:			FSN (co	ommercial)	20.0
	 Additional set(s) 								20.0
	 Additional set(s) FM radio (if separate rate) 		• Rec	onnect		75.00	FSN (ho	ospitality)	39.5
	.,		1			75.00		ospitality) (commercial)	
	• FM radio (if separate rate)		• Disc	onnect		75.00 Time & Mat'l	Big Ten	(commercial)	39.5
	• FM radio (if separate rate)		• Disc • Out	onnect connect	SS		Big Ten		39.5 8.0

lame	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
laine	Price County Teleph	one Company		
	PRIMARY TRANSMITTERS:	TELEVISION		
G smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	1) stations carried only on a part-tir e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also bee page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repo- ision station for broadcasting over the tation, an independent station, or a for network multicast), "I" (for independent "E-M" (for noncommercial education tions in the paper SA1-2 form. the community to which the station i	ne basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WZAW-DT	7-1.	N	Wausau, WI
	MyNetwork	7-2.	N-M	Wausau, WI
vs as Necessary	WLEF	36-1	E	Park Falls, WI
	WPT2	36-2	E-M	Park Falls, WI
	WPT3	36-3	E-M	Park Falls, WI
	WPT3 WPT4	36-3 36-4	E-M E-M	Park Falls, WI Park Falls, WI
	WPT4	36-4	E-M	Park Falls, WI
	WPT4 WAOW-DT	36-4 9	E-M N	Park Falls, WI Wausau, WI
	WPT4 WAOW-DT CW	36-4 9 9-2.	E-M N N-M	Park Falls, WI Wausau, WI Wausau, WI
	WPT4 WAOW-DT CW Decades	36-4 9 9-2. 9-3.	E-M N N-M N-M	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI
	WPT4 WAOW-DT CW Decades WJFW-DT	36-4 9 9-2. 9-3. 12-1.	E-M N N-M N	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI
	WPT4 WAOW-DT CW Decades WJFW-DT Antenna TV	36-4 9 9-2. 9-3. 12-1. 12-2.	E-M N N-M N-M N N N-M	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI
	WPT4 WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD	36-4 9 9-2. 9-3. 12-1. 12-2. 33-1	E-M N N-M N N N-M N-M N	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI
	WPT4 WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV	36-4 9 9-2. 9-3. 12-1. 12-2. 33-1 33-2	E-M N N-M N-M N N N-M N N-M	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI Wausau, WI
	WPT4 WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	36-4 9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	E-M N N-M N-M N N-M N N-M N-M	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI
	WPT4 WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	36-4 9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	E-M N N-M N-M N N-M N N-M N-M	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI
	WPT4 WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	36-4 9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	E-M N N-M N-M N N-M N N-M N-M	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI
	WPT4 WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	36-4 9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	E-M N N-M N-M N N-M N N-M N-M	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI
	WPT4 WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	36-4 9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	E-M N N-M N-M N N-M N N-M N-M	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI
	WPT4 WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	36-4 9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	E-M N N-M N-M N N-M N N-M N-M	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI
	WPT4 WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	36-4 9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	E-M N N-M N-M N N-M N N-M N-M	Park Falls, WI Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI

Accounting P			STEM:					A SA1-2E. PAGE
Price County								252
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pag ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
						0.15		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Period	d: 2023/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Price County Telephor	ne Compa	iny					2526
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, ident	ifv everv nor	nnetwork televis	<i>ion program</i> , broadcast by	a <i>distant</i> statio	on. that vour ca	able svsten	n carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or autho	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the p	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable system	carry, on a substitute bas	sis, any nonne	etwork televisi	on progra	
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this nar	a blank. If your answer is	"Ves " vou m		-	
	-	, leave the		je blalik. Il your aliswel is	res, you m	ust complete	uie piogra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			te line. Use abbreviations	wherever pos	ssible, if their	meaning i	s
	clear. If you need more spa	ace, please	add additional	rows to the tables.			-	
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		VIES OF DASKE	toali. List specific progra		ample, 1200	e Lucy of	
			dcast live, ente	r "Yes." Otherwise enter "	No."			
				asting the substitute progra				
	the case of Mexican or Car			ne community to which the			-CC or, in	
				tem carried the substitute			ith the mo	nth
	first. Example: for May 7 gi	ve "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	28:30 p.m. sh	ould be	
		ter "R" if the	listed program	was substituted for progr	amming that y	vour system w	las require	ed
	to delete under FCC rules a	and regulati	ons in effect du	iring the accounting period	d; enter the le	tter "P" if the	listed prog	ram
	was substituted for program	nming that y						
	effect on October 19, 1976	-						
					WHE	N SUBSTITU	ITE	
	S	SUBSTITUT	E PROGRAM			AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Name	Price County Telephone Company		2526
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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.	ission service amount, see	5 ,169.00 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	s 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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Bue	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 information		s!

Accounting Period:	2023/1							FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: V Telephone Company						SYSTEM ID# 2526
M Channels	to its subscrit 1. Enter the t system car 2. Enter the t on which th	You must give (1) the number pers, and (2) the cable system's otal number of channels on which ried television broadcast station otal number of activated channe ne cable system carried television padcast services	total nun ch the cal is els on broado	nber of activated c ole	hannels during the	e accounting period.		21 259
N Individual to Be Contacted		TO BE CONTACTED IF FURT		ORMATION IS NE	EDED (Identify a	n individual to whom		
for Further Information	Name	Eugene Carlson				Telep	hone 715-798-	7116
	Address	PO Box 67 (Number, street, rural route, apart Cable, WI 54821 (City, town, state, zip)	ment, or su	iite number)				
	Email	ecarlson@norv	ado.con	1		Fax (optional		
	CERTIFICATIO	N (This statement of account m	ust be ce	rtified and signed	in accordance wit	h Copyright Office regulati	ons)	
O Certification	(Ow (Age X (Of • I have examin are true, comp	ned, hereby certify that (Check or ner other than corporation or p ent of owner other than corpora in line 1 of space B and that th ficer or partner) I am an officer (i in line 1 of space B. ed the statement of account and P blete, and correct to the best of my section 1001(1986)]	artnershi tion or p e owner is f a corpor	p) I am the owner o artnership) I am the not a corporation o ation) or a partner (clare under penalty	of the cable system e duly authorized a or partnership; or if a partnership) of of law that all state	gent of the owner of the cab the legal entity identified as ments of fact contained here	le system as identif owner of the cable :	
				/s/ Eugene a electronic signatur gnature using an "/s	e on the line above	to certify this statement. s/ John Smith)	_	
		Typed or printed	I name:	Eugene Ca	rlson			
		Title: (Ti	CFO tle of officia	al position held in corp	oration or partnership)		
		Date:				8/2/2023		

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: 2023/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
e County Telephone Company	25
 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? 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	-
Name Name Mailing Address Mailing Address	
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
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme

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