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					
8/22/23	\$					
	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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filling 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					
	Runestone Telephone Assn						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		Runestone Telecom Association					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 336					
		(Number, street, rural route, apartment, or suite number)					
		Hoffman MN 56339 (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.

Runestone Telephone Assn Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kno as the "first 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 identified city. CITY OR TOWN STATE Barrett MN			FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kno as the "first 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 identified city. CITY OR TOWN STATE Barrett MIN Cyrus MIN Cyrus MIN Hoffman MIN Kensington Lowry MIN Norcross MIN Tintah MIN Wendell MIN Elbow Lake MIN Herman MIN	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kno as the "first 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 identified city. CITY OR TOWN STATE Barrett MN Cyrus MN Donnelly MN Hoffman MN Kensington MN Norcross MN Tintah MN Wendell MN Elbow Lake MN Herman MN MN			
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CITY OR TOWN STATE		identified city.	
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Elbow Lake MN Herman MN			MN
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Herman MN		Elbow Lake	MN
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Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 27469

Runestone Telephone Assn

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Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set			Broadcast	243	38.85	
Service to additional set(s)			Basic	717	90.85	
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
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	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE			
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		• Pay cable		
 Burglar protection 		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	35.00	Burglar protection		
 Additional set(s) 		Other services:		
 FM radio (if separate rate) 		Reconnect	35.00	
Converter		Disconnect	-	
		Outlet relocation	60.00	
		Move to new address	35.00	

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

27469

Runestone Telephone Assn

PRIMARY TRANSMITTERS: TELEVISION

GPrimary
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
WFTC	4	l	Minneapolis, MN
KSTP	5	N	St Paul, MN
WCCO-TV	7	N	Minneapolis, MN
KMSP-TV	9	<u>l</u>	Minneapolis, MN
KWCM	10	E	Appleton, MN
KARE	11	N	Minneapolis, MN
KSTC-TV	12	<u>l</u>	Minneapolis, MN
KVLY-TV	13	N	Fargo, ND
	······································		
	•		
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Runestone Telephone Assn

27469

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
KJJK	FM		Fergus Falls, MN				
NJJN	LIVI		reigus raiis, iviiv				
						 	·
	-					 	

A	-1-2022/4						500	101105 51055		
Accounting Perio	od: 2023/1 LEGAL NAME OF OWNER OF	CARLE SYS	TFM:				FORI	SYSTEM ID#		
Name	Runestone Telephone		, i ∟ivi.					27469		
	ranotono rotopnono							21403		
I	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a	tify every nor	nnetwork televi	sion program, broadcast by	a distant sta					
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE						
Special Statement and	During the accounting period did your cable system carry on a substitute basis, any nonnetwork television program.									
Program Log	broadcast by a distant sta	tion?					YES	X NO		
	Note: If your answer is "No	o." leave the	rest of this pa	ge blank. If your answer is	s "Yes." vou i	must com	plete the prod	ıram		
	log in block 2.	,		g	, ,			,		
	2. LOG OF SUBSTITUTI	E PROGRA	AMS							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is		
	clear. If you need more spa			rows to the tables. vision program ("substitute	nrogram") t	hat durin	n the account	ing		
	period, was broadcast by a									
	under certain FCC rules, re	,								
	Do not use general categoring (NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, '	'I Love Lucy"	or		
			dcast live, ente	er "Yes." Otherwise enter '	"No."					
		0		asting the substitute progr			500			
	the case of Mexican or Car			he community to which the			the FCC or,	in		
				stem carried the substitute			als, with the r	nonth		
	first. Example: for May 7 gi						e.			
	to the nearest five minutes			ogram was carried by you ried by a system from 6:01				ately		
	stated as "6:00–6:30 p.m."	. шхатрю. с	a program oan	iod by a cyclom nom c.c.	o p to c	7.20.00 p.i	n. chould bo			
				n was substituted for prog						
	to delete under FCC rules was substituted for prograr							ogram		
	effect on October 19, 1976		your oyotom m	ao pormitto de doloto and	101 1 00 14100	o ana roge				
	9	I IBSTITI IT	E PROGRAM	1		N SUBS	TITUTE CURRED	7. REASON FOR		
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
							_			
							_			
							_			
								"		
								,		
							_			
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			ļ							

IEGAL NAME OF OWNER OF CABLE SYSTEM: Runestone Telephone Assn GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to compage (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. OPYRIGHT ROYALTY FEE structions: To compute the royalty fee you owe	ry transmission service pute this amount, se \$\ 402,176.39\$
Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ry transmission service pute this amount, se \$\ 402,176.39\$
	(Amount of gross receipts)
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 e Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 the 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	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must accounting period is \$52.00.	pay for this six-month
Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · · · · · · · <u> </u>
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	\$137,100)
1. Base amount under statutory formula	00.00
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 that	n \$527,600)
1 Enter the amount of gross receipts from space K \$ 402.1	76.39
·	
 	1,383.76
	1,319.00
	0.00
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
EUNO EEE AND TOTAL DENUTTANOE DUE	
FILING FEE AND TOTAL REMITTANCE DUE	
Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	2,702.76
2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,722.76
EFT Trace # or TRANSACTION ID #	
Important: Your remittance must be in the form of an electronic payment payable to the	Register of Copyrights.
	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 accounting period is \$52.00. Line 1. Royalty fee for accounting period

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: ephone Assn			SYSTEM ID# 27469
M Channels	to its subscribers The the total system carried Enter the total on which the car	, and (2) the cable system's number of channels on which	total numl h the cabl	st stations	. 8 70
N Individual to Be Contacted	INDIVIDUAL TO		HER INFO	PRMATION IS NEEDED (Identify an individual	
for Further Information	Name	Pam Randt		Telephone	320-986-2013
	Address	PO Box 336 (Number, street, rural route, apart	ment, or sui	te number)	
	311111111111111111	Hoffman, MN 56339 (City, town, state, zip)			
	Email	pam.randt@rui	nestone.c	Fax (optional)	
0	CERTIFICATION (This statement of account m	ust be ce	rtified and signed in accordance with Copyright Office regulations)
Certification	• I, the undersigne	ed, hereby certify that (Check	one, <i>but or</i>	nly one, of the boxes.)	
	(Owner	other than corporation or p	oartnersh	ip) I am the owner of the cable system as identified in line 1 of space	e B; or
		-		nartnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or	e system as identified
		er or partner) I am an officer ne 1 of space B.	(if a corpo	ration) or a partner (if a partnership) of the legal entity identified as o	owner of the cable system
		e, and correct to the best of m		eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	ein
				Kent Hedstrom electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printe	d name:	Kent Hedstrom	
		Title: (Title of c		ral Manager/CEO on held in corporation or partnership)	
		Date:		8/22/2023	

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

ccounting Period: 2023/1	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
unestone Telephone Assn	27469
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 actioning sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall nescribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?	r the basic of include sub-ection 119." Special Statement Concerning Gross Receipts Exclusion
NO YES. Enter the total here and list the satellite carrier(s) below	
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 upon an explanation of interest assessment, see page (viii) of the general instructions located in the paper. Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days
Line 3 Multiply line 2 by the number of days late and enter the sum here	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	rest charge)
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 list below the owner, address, first community served, ID number, and accounting period as given in the community served.	
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 th 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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)