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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

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

Α	ACCO	DUNTING 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
		North Alabama Electric Cooperative
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		NAEC Fiber
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		41103 US Hwy 72, PO Box 628 (Number, street, rural route, apartment, or suite number)
		Stevenson, AL 35772 (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)
	<u> </u>	(City, town, state, zip code)
Driveou Act Notice	. Conting	111 of title 17 of the United States Code authorizes the Convight Offee to called the personally identifying information (DII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

7/31/2023

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
	North Alabama Electric Cooperative	6368					
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 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						
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h city.	ome parks should be reported in parentheses below the identifie					
	CITY OR TOWN	STATE					
First	Hollywood	AL					
Community	Bridgeport	AL					
	Stevenson	AL					
d Rows as Necessary	Woodville	AL					
	Skyline	AL					
	Scottsboro	AL					
	Guntersville	AL					

	1								1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								STEM ID
	North Alabama Electric	Cooperative)						6368
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBE	RS AND RATE	ES				
E	In General: The information in s	-		-					
Cocondom	system, that is, the retransmission about other services (including particulation)								
Secondary Transmission	last day of the accounting period	, , ,	,		,		lnose exis	aing on the	
Service: Sub-	Number of Subscribers: Both						ble systen	n, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n			0 , (,	s charged	
	separately for the particular serv Rate: Give the standard rate of							rae and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc	· · ·	,		otarraar				
	Block 1: In the left-hand block	•		0		-			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	once again und	er "Servic	e to additional s	set(s)."				
	Block 2: If your cable system	-							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	and rates, in the	e ngnt-nar	ID DIOCK. A LWO-	- or three	e-word descript	ion of the	Service is	
		DCK 1					BLOCI	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	GORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIADE			0/112		(INCL	CODOCINIDENC	1011
	Service to first set		158	37.63					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		44	37.63					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				4 41		4 ?		
F	In General: Space F calls for rain not covered in space E, that is, t			-					
-	service for a single fee. There a					•			
Services	furnished at cost or (2) services	or facilities furr	nished to r	nonsubscribers	. Rate ir	formation shou	ld include	both the	
Other Than	amount of the charge and the ur		usually bi	lled. If any rate	s are ch	arged on a vari	able per-p	rogram basis,	
Secondary Fransmissions:	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.								
Rates	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							e form of a	
	brief (two- or three-word) description and include the rate for each.								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGO	RY OF SERVIC	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			on: Non-reside	ential				
	• Pay cable		• Motel	·					
	Pay cable—add'l channel		• Comr						
	Fire protection		• Pay c						
	•Burglar protection			able-add'l chan	inel				
	Installation: Residential		•	rotection					
	• First set		-	ar protection					
	Additional set(s)		Other se						
	 FM radio (if separate rate) 		 Record 	Inect					
	, , ,		. D:						
	• Converter		• Disco	nnect					
	, , ,		Outle		_				

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Name	North Alabama Elect	ric Cooperative		63					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syste	entify every television station (including tra m during the accounting period, <i>except</i> (1) stations carried only on a part-ti	me basis under					
Primary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61)							
ansmitters:	substitute program basis, a	as explained in the next paragraph.							
elevision	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 station was carried only or	re in space G—but do list it in space I (the	Special Statement and Program I	Log)—if the					
	List the station here, and	also in space I, if the station was carried b							
		on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro							
	multicast stream associate	d with a station according to its over-the-a	-	•					
	"WETA-2" as the same on Column 2: Give the chann	the form. el number the FCC assigned to the televis	sion station for broadcasting over	the air in its community					
	of license. For example, V	VRC is channel 4 in Washington, D.C.	C C						
		h case whether the station is a network sta ering the letter "N" (for network), "N-M" (fo	· · · · · · · · · · · · · · · · · · ·						
	(for independent multicast	, "E" (for noncommercial educational), or '	'E-M" (for noncommercial educati						
		erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th		is licensed by the					
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	community with which the station	is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WRCB	3	Ν	CHATTANOOGA,TN					
	WRCB-2	4	N-M	CHATTANOOGA,TN					
ows as Necessary	WHDF	15	N	HUNTSVILLE,AL					
	WHNT	19	N	HUNTSVILLE,AL					
	WHNT-2	20	N-M	HUNTSVILLE,AL					
	WHIQ	25	E	HUNTSVILLE,AL					
	WHIQ-2	26	E-M	HUNTSVILLE.AL					
	WHIQ-3	27	E-M	HUNTSVILLE,AL					
	WHIQ-3 WAAY	27 31	E-M N						
				HUNTSVILLE,AL					
	WAAY	31	N	HUNTSVILLE,AL HUNTSVILLE,AL					
	WAAY WAAY-2	31 32	N N-M	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL					
	WAAY WAAY-2 WTCI	31 32 45	N N-M E	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL CHATTANOOGA,TN					
	WAAY WAAY-2 WTCI WAFF	31 32 45 48	N N-M E N	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL CHATTANOOGA,TN HUNTSVILLE,AL					
	WAAY WAAY-2 WTCI WAFF WAFF-2	31 32 45 48 49	N N-M E N N	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL CHATTANOOGA,TN HUNTSVILLE,AL HUNTSVILLE,AL					
	WAAY WAAY-2 WTCI WAFF WAFF-2 WAFF-3	31 32 45 48 49 50	N N-M E N N N	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL CHATTANOOGA,TN HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL					
	WAAY WAAY-2 WTCI WAFF WAFF-2 WAFF-3 WZDX	31 32 45 48 49 50 54	N N-M E N N N N N	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL CHATTANOOGA,TN HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL					
	WAAY WAAY-2 WTCI WAFF WAFF-2 WAFF-3 WZDX WZDX-2	31 32 45 48 49 50 54 53	N N-M E N N N N N N N N	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL CHATTANOOGA,TN HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL					
	WAAY WAAY-2 WTCI WAFF WAFF-2 WAFF-3 WZDX WZDX-2 WZDX-3	31 32 45 48 49 50 54 53 55	N N-M E N N N N N N N N N-M	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL CHATTANOOGA,TN HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL					
	WAAY WAAY-2 WTCI WAFF WAFF-2 WAFF-3 WZDX WZDX-2 WZDX-3	31 32 45 48 49 50 54 53 55	N N-M E N N N N N N N N N-M	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL CHATTANOOGA,TN HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL					
	WAAY WAAY-2 WTCI WAFF WAFF-2 WAFF-3 WZDX WZDX-2 WZDX-3	31 32 45 48 49 50 54 53 55	N N-M E N N N N N N N N N-M	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL CHATTANOOGA,TN HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL					
	WAAY WAAY-2 WTCI WAFF WAFF-2 WAFF-3 WZDX WZDX-2 WZDX-3	31 32 45 48 49 50 54 53 55	N N-M E N N N N N N N N N-M	HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL CHATTANOOGA,TN HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL HUNTSVILLE,AL					

EGAL NAME OF								SYSTEM ID
North Alaba	na Electric	Coop	erative					6368
	every radio s	tation ca	rried on a separate and discre					Н
Special Instruct eceivable if (1) in the basis of it for detailed info aper SA1-2 for Column 1: Id Column 2: S	tions Concer it is carried by nonitoring, to rmation abou m. entify the call tate whether t	rning All y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically processe	opyright Office re the system's hea system's FM ante his point, see pag	gulations, an adend, and (2) nna, during ce ge (v) of the ge	FM sign) it can b ertain sta eneral in	al is generally be expected, ated intervals. structions in the.	Primary Transmitters: Radio
ignal, indicate Column 4: G	this by placing ive the statior	g a checl n's locati	<pre>x mark in the "S/D" column. on (the community to which th the community with which the</pre>	e station is licens	ed by the FC0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Period							10	ORM SA1-2E. PAGE 5
Namo	LEGAL NAME OF OWNER OF							SYSTEM ID#
	North Alabama Electric	c Coopera	ative					63689
	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	ify every non ccounting pe	network televisi priod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static CC rules, regula	ations, or au	uthorizations	s. For a further
Carriage:	1. SPECIAL STATEMENT	-			<u> </u>			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork telev	ision progra	am
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No"	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ust comple	te the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE							
	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 Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s adcast statio hadian statio nth and day ve "5/7." es when the	nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ons, if any, the o when your syst a substitute pro	ision program ("substitute ur cable system substitute s. See page (v) of the ger stall." List specific progra r "Yes." Otherwise enter " asting the substitute progra the community to which the community with which the tem carried the substitute	ed for the prog neral instruction m titles, for ex No." am. e station is lice station is ider program. Use cable system.	ramming c ns for furth ample, "I L nsed by th tified). numerals, List the tin	of another s er informat ove Lucy" o e FCC or, i , with the m mes accura	tation ion. or n onth
	stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	· er "R" if the and regulation nming that y	ons in effect du	iring the accounting perio	d; enter the let	ter "P" if th	e listed pro	
	stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the and regulatic nming that y	ons in effect du	iring the accounting period s permitted to delete und	d; enter the let er FCC rules a	ter "P" if th	e listed pro ions in ITUTE	gram
	stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the and regulatic nming that y	ons in effect du rour system wa	iring the accounting period s permitted to delete und	d; enter the let er FCC rules a	ter "P" if th and regulat N SUBST	e listed pro ions in ITUTE	gram
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	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the and regulatic nming that y UBSTITUT 2. LIVE?	E PROGRAM	iring the accounting periods is permitted to delete und	d; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	e listed pro ions in TTUTE CURRED TIMES	gram
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Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	North Alabama Electric Cooperative		63689
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	5,607.00 sss 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 \$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 th	is six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	<u>52.00</u> 0.00
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: North Alabama Electric Cooperative	SYSTEM ID# 63689
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	18 30
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Terri K. Firestein Telephone 3	01-788-6889
Information	Address Address 10806 Garrison Hollow Rd (Number, street, rural route, apartment, or suite number) Clear Spring, MD 21722 (City, town, state, zip)	
	Email tfireccg@myactv.net Fax (optional	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	tem as identified
	X /s/ Terri K. Firestein Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Terri K. Firestein Title: Sr. Director Regulatory Compliance (Title of official position held in corporation or partnership)	
	Date: July 31, 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.

counting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
orth Alabama Electric Cooperative	63689
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	_
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 \$ -	
(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.	

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