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	IT OFFICE USE ONLY	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	2/13/24	\$ 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)) Period 2 = July 1 - December 31	

		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
		SJOBERGS CABLEVISION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 315 MAIN AVE N
		(Number, street, rural route, apartment, or suite number) THIEF RIVER FALLS, MN 56701-1905 (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 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#
	SJOBERGS CABLEVISION INC	26254
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	or mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	WARROAD	MN
Community		
Rows as Necessary		

	LEGAL NAME OF OWNER OF C						FORM SA1-	TEM ID
Name			•				515	2625
	SJOBERGS CABLEVIS							
Е	SECONDARY TRANSMISSION							
	In General: The information in s	•	-		•			
Secondary	system, that is, the retransmission about other services (including provide the services)							
Transmission	last day of the accounting period	d (June 30 or E	ecember 31, as the	case may b	e).		-	
Service: Sub-	Number of Subscribers: Bot	•				-		
scribers and Rates	down by categories of secondar each category by counting the n							
Rates	separately for the particular serv						chargeu	
	Rate: Give the standard rate of				•	,	ge and the	
	unit in which it is generally billed	· ·	,	•	ard rate variatior	ns within a	particular rate	
	category, but do not include disc				ondon <i>u</i> tronomi	ccion con <i>i</i> i	as that ashla	
	Block 1: In the left-hand block systems most commonly provide			-	•			
	that applies to your system. Not							
	categories, that person or entity							
	subscriber who pays extra for ca					nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					e different l	rom those	
	printed in block 1 (for example, t	-	•					
	with the number of subscribers a	and rates, in th	e right-hand block. A	two- or thre	ee-word descrip	tion of the	service is	
	sufficient.	OCK 1				BLOCK	()	
		NO. OF	-			BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:					_		
	Service to first set		634 98.79	MOTEL	_ EXTRA SE	Γ	72	1.50/
	Service to additional set(s)	N/A						
	• FM radio (if separate rate)	N/A	_					
	Motel, hotel		5 98.79					
	Commercial		4 98.79					
	Converter	N/C						
	Residential	N/C						
	Non-residential	N/C						
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISSIONS: RA	TES				
F	In General: Space F calls for ra	ite (not subscri	ber) information with	respect to a	all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t							
Services	service for a single fee. There a furnished at cost or (2) services	•		•		0 (,	
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.			Ū		0 /	
ransmissions:								
Rates	Block 2: List any services tha listed in block 1 and for which a			0	•	•		
	brief (two- or three-word) descrip		•					
		BLO	CK 1				BLOCK 2	
			CATEGORY OF SE	RVICE	RATE	CATEG	DRY OF SERVICE	RAT
	ICATEGORY OF SERVICE	RATE						
	CATEGORY OF SERVICE Continuing Services:	RATE	Installation: Non-r	esidential				
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE		esidential				
	Continuing Services:	RATE	Installation: Non-r	esidential				
	Continuing Services: • Pay cable	RATE	Installation: Non-r • Motel, hotel	esidential				
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installation: Non-r • Motel, hotel • Commercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installation: Non-r • Motel, hotel • Commercial • Pay cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l	channel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection	channel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti	channel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti Other services:	channel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'I • Fire protection • Burglar protection Other services: • Reconnect	channel				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Name	SJOBERGS CABLEVI			262
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations i 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 informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t 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	also in space I, if the station was carried 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	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other stions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КХЈВ	4	N	
	NAJD	-	IN	FARGO/VALLEY CITY, ND
	СВЖТ	5	N I	FARGO/VALLEY CITY, ND WINNIPEG, MANITOBA
vs as Necessary		•	N 1 1	
vs as Necessary	CBWT	5	N I N	WINNIPEG, MANITOBA
rs as Necessary	CBWT CKY	5 7		WINNIPEG, MANITOBA WINNIPEG, MANITOBA
s as Necessary	CBWT CKY WDAZ	5 7 8	 	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND
s as Necessary	CBWT CKY WDAZ KVLY KCPM	5 7 8 11	 	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND GRAND FORKS, ND
s as Necessary	CBWT CKY WDAZ KVLY	5 7 8 11 13	 	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND GRAND FORKS, ND PEMBINA, ND
as Necessary	CBWT CKY WDAZ KVLY KCPM KVRR KAWE	5 7 8 11 13 17 9	1 1 N N 1 1 1	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND GRAND FORKS, ND PEMBINA, ND BEMIDJI, MN
is as Necessary	CBWT CKY WDAZ KVLY KCPM KVRR	5 7 8 11 13 17	 	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND GRAND FORKS, ND PEMBINA, ND
ws as Necessary	CBWT CKY WDAZ KVLY KCPM KVRR KAWE	5 7 8 11 13 17 9	1 1 N N 1 1 1	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND GRAND FORKS, ND PEMBINA, ND BEMIDJI, MN
ws as Necessary	CBWT CKY WDAZ KVLY KCPM KVRR KAWE	5 7 8 11 13 17 9	1 1 N N 1 1 1	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND GRAND FORKS, ND PEMBINA, ND BEMIDJI, MN
ws as Necessary	CBWT CKY WDAZ KVLY KCPM KVRR KAWE	5 7 8 11 13 17 9	1 1 N N 1 1 1	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND GRAND FORKS, ND PEMBINA, ND BEMIDJI, MN
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ws as Necessary	CBWT CKY WDAZ KVLY KCPM KVRR KAWE	5 7 8 11 13 17 9	1 1 N N 1 1 1	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND GRAND FORKS, ND PEMBINA, ND BEMIDJI, MN
ows as Necessary	CBWT CKY WDAZ KVLY KCPM KVRR KAWE	5 7 8 11 13 17 9	1 1 N N 1 1 1	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND GRAND FORKS, ND PEMBINA, ND BEMIDJI, MN
ows as Necessary	CBWT CKY WDAZ KVLY KCPM KVRR KAWE	5 7 8 11 13 17 9	1 1 N N 1 1 1	WINNIPEG, MANITOBA WINNIPEG, MANITOBA GRAND FORKS, ND FARGO, ND GRAND FORKS, ND PEMBINA, ND BEMIDJI, MN
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SJOBERGS	CABLEVIS	ION IN	c					262
	every radio s	station ca	rried 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 ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	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 s pyright Office regulations on t each station carried. In 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	t the system's he system's FM ante his point, see pa ed by the cable s re station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								
			1					

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST						SYSTEM ID
Name	SJOBERGS CABLEVI							2625
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	DG			
	In General: In space I, ident	tify every non	network televi	<i>ision program,</i> broadcast b	y a <i>distant</i> sta	tion, that yo	our cable sys	stem carried on a
	substitute basis during the a							
Substitute	explanation of the programm				the general ins	structions in	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per		r cable syster	m carry, on a substitute ba	asis, any noni	network tele		
Program Log	broadcast by a distant sta				- "X "		YES	NO
	Note: If your answer is "No log in block 2.	o", leave the l	rest of this pa	ige blank. If your answer	s "Yes," you i	nust compi	lete the prog	gram
	period, was broadcast by a under certain FCC rules, re Do not use general categou "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	stitute program ace, please a of every nor a distant stati egulations, or ries like "mov . Bulls." m was broad sign of the s adcast statio nadian statio nth and day v ive "5/7." nes when the . Example: a	m on a separ add additional nnetwork tele ion and that y r authorization vies" or "bask dcast live, entu station broadc on's location (ion's location (ion's location (ion's location (ion's location (ion's any, the when your sy a substitute pr	I rows to the tables. vision program ("substitut our cable system substitu ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter sasting the substitute prog the community to which the stem carried the substitut ogram was carried by you	e program") ti ted for the pro- eneral instruct am titles, for e "No." rram. he station is lid e station is id e program. U ir cable syste	hat, during ogramming ions for fur example, "I censed by f entified). se numeral m. List the	the accoun of another ther informa Love Lucy" the FCC or, s, with the r times accur	ting station ation. or in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that ye	ons in effect d		od; enter the	etter "P" if	the listed pr	
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that yo 3.	ons in effect d our system w	luring the accounting peri as permitted to delete un	d; enter the l der FCC rules	N SUBSTI	the listed pr ations in TUTE	ogram
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Accounting Period:	2023/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC			Ş	8YSTEM ID# 26254
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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	stem's see	condary transmi compute this a	ssion service mount, see	
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 bl • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bl See page (vi) of the general instructions located in the paper SA1-2 form for more in	ut less tha formation	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for t	his six-mon	
	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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re 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 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	336,974.38		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	73,174.38		
	4. Multiply line 3 by .01		\$	731.74	
	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 .	······	\$	2,050.74
	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)		\$	2,050.74	
Due	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			\$	2,070.74
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2023/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 26254
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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	9 170
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Richard J Sjoberg Telephone 2	218-681-3044
	Address 315 Main Ave N (Number, street, rural route, apartment, or suite number) Thief River Falls, MN 56701 (City, town, state, zip)	
	Email rsjoberg@mncable.net Fax (optional) 218-681-6801	
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 owr 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)] 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: Richard J Sjoberg Title: President (Title of official position held in corporation or partnership)	ystem as identified
	Date: 01/30/2024	

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.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
BERGS CABLEVISION INC	2625
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- 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
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	-
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	
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, \$	-
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	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	n
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	n

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