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					
02/12/2024	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20232 Barcode Data Filing Period (optional - see instructions)
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
	VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 7
	(Number, street, rural route, apartment, or suite number) HERREID, SD 57632
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:
.,	1
	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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.	2995							
	Instructions: List each separate community served by the cable system. A "communit								
D	"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.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the							
	OLEV OR TOWN	07475							
First	CITY OR TOWN HERREID	STATE SD							
Community	HOSMER	SD							
	EUREKA	SD							
Add Davis as Nassassas	IPSWICH	SD							
Add Rows as Necessary	LEOLA	SD							
	LONG LAKE	SD							
	GLENHAM	SD							
	POLLOCK	SD							
	MOUND CITY	SD							

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

2995

VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.

Ε

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.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	948	19.99	Economy	948	25.30	
 Service to additional set(s) 						
 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 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		BASIC	80.97
 Pay cable—add'l channel 		Commercial		BASIC PLUS	89.47
Fire protection		• Pay cable		EXPANDED	91.41
•Burglar protection		 Pay cable-add'l channel 		EXPANDED PLUS	99.67
Installation: Residential		Fire protection		НВО	16.99
• First set		Burglar protection		CINEMAX	12.99
Additional set(s)		Other services:		SHOWTIME	14.94
 FM radio (if separate rate) 		Reconnect		STARZ/ENCORE	12.99
Converter		Disconnect		NFL REDZONE	12.99
		Outlet relocation			
		 Move to new address 			
				100000000000000000000000000000000000000	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.

2995

G

Primary Transmitters: Television PRIMARY 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
KDLO	3.1	N	Sioux Falls, SD
KDLO-2	3.2	N-M	Sioux Falls, SD
KFYR	5.1	N	Bismarck, ND
KELO-2	11.2	N-M	Sioux Falls, SD
KELO-4	11.4	N-M	Sioux Falls, SD
KXMB	12.1	N	Bismarck, ND
KSFY	13.1	N	Sioux Falls, SD
KSFY-2	13.2	N-M	Sioux Falls, SD
KSFY-3	13.3	N-M	Sioux Falls, SD
KCSD	24.1	E	Sioux Falls, SD
KCSD-3	24.3	E-M	Sioux Falls, SD
KCSD-4	24.4	E-M	Sioux Falls, SD
КСРО	26.1	<u> </u>	Sioux Falls, SD
KWSD-DT	36.1	N	Sioux Falls, SD
KDLT	46.1	N	Sioux Falls, SD
KDLT-2	46.2	N-M	Sioux Falls, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.

2995

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
					 	 	
						 	
					 	 	
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Accounting Danie	.d. 2022/2					F05	M CA1 OF DAGE		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:			FOF	SYSTEM ID#		
Name	VALLEY TELECOMMU			ASSOCIATION INC.			2995		
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
Subatituta	In General: In space I, identi substitute basis during the a	ccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or authorizati	ons. For a further		
Substitute Carriage:									
Special	• During the accounting period did your cable system carry on a substitute basis, any nonnetwork television p								
Statement and Program Log	broadcast by a distant station?								
r rogram Log	Note: If your answer is "No		rest of this pa	age blank. If your answer is	s "Yes," you r	_			
	log in block 2.		·	,					
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Use abbreviations	s wherever p	ossible, if their meani	ng is		
	clear. If you need more spa					L _	4:		
	period, was broadcast by a under certain FCC rules, re	distant sta	tion and that y		ed for the pro	ogramming of anothe	station		
	Do not use general categor "NBA Basketball: 76ers vs.	ies like "mo Bulls."	ovies" or "bask	etball." List specific progra	m titles, for e				
				er "Yes." Otherwise enter ' casting the substitute progr					
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		, in		
	the case of Mexican or Can Column 5: Give the mon			e community with which the stem carried the substitute			month		
	first. Example: for May 7 giv	ve "5/7."							
	Column 6: State the time to the nearest five minutes.			ogram was carried by you ried by a system from 6:01					
	stated as "6:00–6:30 p.m."	•	. 0	•	•	•			
	Column 7: Enter the letter to delete under FCC rules a			n was substituted for progr luring the accounting perio					
	was substituted for program	nming that					9		
	effect on October 19, 1976.								
					WHEN SUBSTITUTE				
	St	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		CARRIAGE OCCURRED 5. MONTH 6. TIMES		7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
						_			
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Name					
	LEGAL NAME OF OWNER OF CABLE SYSTEM: VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.			S	SYSTEM I 29
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (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.	system's s ion of how	secondary trans to compute this	mission services amount, se	
	IMPORTANT: You must complete a statement in space P concerning gross r			•	ross 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less t	han \$527,600	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that	you must pay fo	or this six-mont	tł
	Line 1. Royalty fee for accounting period			· · <u> </u>	
	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 I	ines 1 and	12	<u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K			_	
	3. Subtract line 2 from line 1			_	
	4. Enter the amount of gross receipts from space K		·		
	5. Enter the amount from line 3		·		
	6. Subtract line 5 from line 4		-		
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	7,600)	
	Enter the amount of gross receipts from space K	\$	297,642.00		
	Enter the amount of gross receipts from space K		297,642.00 263,800.00	.	
	<u> </u>	\$			
	2. Base amount under statutory formula	\$	263,800.00 33,842.00	- - - 338.42	
	2. Base amount under statutory formula 3. Subtract line 2 from line 1	\$	263,800.00 33,842.00	- - - 338.42 1,319.00	
	2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 3 by .01	\$ \$	263,800.00 33,842.00 \$		
	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).	\$ \$ 	263,800.00 33,842.00 \$	1,319.00	1,657.42
	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8	\$	263,800.00 33,842.00 \$	1,319.00	1,657.42
	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	\$	263,800.00 33,842.00 \$	1,319.00	1,657.42
otal Remittance	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	\$	263,800.00 33,842.00 \$ \$	1,319.00	1,657.42
Filing Fee and otal Remittance	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines FILING FEE AND TOTAL REMITTANCE DU	\$ \$ 4, 5, and 6	263,800.00 33,842.00 \$ \$	1,319.00	1,657.42
otal Remittance	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) . 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines FILING FEE AND TOTAL REMITTANCE DU 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	263,800.00 33,842.00 \$ \$	1,319.00 0.00 \$ 1,657.42 20.00	
Total Remittance	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines. FILING FEE AND TOTAL REMITTANCE DU 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) 2. Filling Fee (See the instructions for more information on filing fee calculations)	\$	263,800.00 33,842.00 \$ \$	1,319.00 0.00 \$ 1,657.42 20.00	1,657.42

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: COMMUNICATIONS COO	P ASSOCIATION INC.		SYSTEM ID# 2995
M Channels	to its subscribers	s, and (2) the cable system's	otal number of activated channels do		16
	on which the ca	I number of activated channel able system carried television cast services			186
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Id nt.)	ntify an individual to whom	
for Further Information	Name	Arnie Hanson		Telephone 6	05-437-2615
	Address	PO Box 7 (Number, street, rural route, apart	ment, or suite number)		
		Herreid, SD 57632-00 (City, town, state, zip)	007		
	Email	arnie.h@valley	el.coop	Fax (optional)	
	CERTIFICATION	(This statement of account m	ust be certified and signed in accord	nce with Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, but only one, of the boxes.)		
	(Owne	r other than corporation or p	artnership) I am the owner of the cable	system as identified in line 1 of space B	; or
			tion or partnership) I am the duly aut wner is not a corporation or partnershi	orized agent of the owner of the cable sy ; or	vstem as identified
		er or partner) I am an officer (i line 1 of space B.	f a corporation) or a partner (if a partne	rship) of the legal entity identified as own	er of the cable system
		e, and correct to the best of my	hereby declare under penalty of law the knowledge, information, and belief, an	t all statements of fact contained herein I are made in good faith.	
			X /s/ Jeff Symens		
			Enter an electronic signature on the lin Enter signature using an "/s/ signature'		
		Typed or printed	name: Jeff Symens		
		Title:	General Manager/CEO	ip)	
		Date:		February 8, 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 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 telephon 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 i 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

Accounting Period: 2023/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Owner Address

ID number

First community served Accounting period SYSTEM ID#

LEY TELECOMMUNICATIONS COOP ASSOCIATION INC.	2995
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."	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 Assessment
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
(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@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 Office, please	

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

list below the owner, address, first community served, ID number, and accounting period as given in the original filing.