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						
2/22/2024	\$					
_,,	ALLOCATION NUMBER					

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	ACCOUNTING 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
	Chequamegon Communications Coop. Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	d/b/a Norvado
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 67 (Number, street, rural route, apartment, or suite number)
	Cable, WI 54821-0067
	(City, town, state, zip)
С	NSTRUCTIONS: 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	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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM I						
Name	Chequamegon Communications Coop. Inc.	615						
	Instructions: List each separate community served by the cable system. A "community"							
_	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, di							
D	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 community." Please use it as the first community on all future filings.							
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	no parks should be reported in parentheses below the identi-						
Area	city.	ie parks should be reported in parentheses below the identi						
Served	City.							
	CITY OR TOWN	STATE						
First	Hayward	WI						
Community	Ashland	WI						
	Barnes	WI						
Rows as Necessary	Bayfield	WI						
	Benoit	WI						
	Cable	WI						
	Cornucopia	WI						
	Drummond	WI						
	Grand View	WI						
	Iron River	WI						
	La Pointe	WI						
	Maple	WI						
	Marengo	WI						
	Mason	WI						
	Mellen	WI						
	Namakagon/Clam Lake	WI						
	Poplar	WI						
	Portwing/Herbster	WI						
	Soo Lake	WI						
	Washburn	WI						
	Washburn	VVI						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61536

Chequamegon Communications Coop. 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.

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	568	67.99	Res. Basic - Expanded	377	138.99
 Service to additional set(s) 			Res. Expanded Plus	1,052	154.99
• FM radio (if separate rate)					
Motel, hotel	1	9.95	Bus. Basic - Expanded	29	138.99
Commercial			Bus. Expanded Plus	82	154.99
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel	Time & Mat'l		
 Pay cable—add'l channel 		Commercial	Time & Mat'l	НВО	17.95
 Fire protection 		Pay cable		Cinemax	13.95
•Burglar protection		Pay cable-add'l channel		Showtime/TMC	15.95
Installation: Residential		Fire protection		Showtime/TMC - new	10.99
• First set	Time & Mat'l	Burglar protection		Starz	14.95
 Additional set(s) 	Time & Mat'l	Other services:		Playboy	14.95
 FM radio (if separate rate) 		Reconnect	75.00	Red Zone	48.00
Converter		Disconnect		FS Wisconsin	39.50
		Outlet relocation	Time & Mat'l	Big Ten	39.50
		Move to new address	Time & Mat'l		
				Add'l set top box	6.00

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 61536

Chequamegon Communications Coop. Inc.

substitute program basis, as explained in the next paragraph.

G

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 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
WEUX	49	N	Eau Claire, WI
KBJR-DT2	6.2	N	Duluth, MN
KBJR	6.1	N	Duluth, MN
KDHL-DT1	3.1	N-M	Duluth, MN
WDIO	10	N	Duluth, MN
KQDS	21.1	N	Duluth, MN
WKBT	14	N	La Crosse, WI
WQOW	18	N	Eau Claire, WI
WHA	19	E	Madison, WI
KTCA	2	E	St. Paul, MN
WDSE	8.1	E	Duluth, MN
KBJR-DT3	6.3	N-M	Duluth, MN
WDIO-DT2	10.2	N-M	Duluth, MN
WDSE-DT3	8.3	N-M	Duluth, MN
WDSE-DT4	8.4	N-M	Duluth, MN
WDSE-DT2	8.2	N-M	Duluth, MN
KQDS-DT2	21.2	N-M	Duluth, MN
KCWV	17	I	Duluth, MN
KDLH-DT6	3.6	N-M	Duluth, MN
KDLH-DT2	3.2	N-M	Duluth, MN
KDLH-DT3	3.3	N-M	Duluth, MN
KDLH-DT4	3.4	N-M	Duluth, MN
KBJR-DT3	6.4	N-M	Duluth, MN
WDSE-DT5	8.5	N-M	Duluth, MN

Accounting Period: 2023/2 FORM SA1-2E, PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61536 Chequamegon Communications Coop. Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Chequamegon Communications Coop. Inc.

61536

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 CION	AM 534	0/5	LOCATION OF STATION	CALL CION	AM = 14	0.15	LOCATION OF STATION
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 Paris	d. 2022/2						F05	M SA1 OF DAGE 5		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FUR	M SA1-2E. PAGE 5.		
Name	Chequamegon Commu							61536		
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identiful substitute basis during the acceptanation of the programming the acceptanation of the programming the accounting periphroadcast by a distant state to the state of the state	fy every non- coounting pe- ing that muss CONCER iod, did you- cion? ', leave the	nnetwork televis eriod, under spe et be included in NING SUBST r cable system rest of this pag	cion program, broadcast by ecific present and former FC this log, see page (v) of the ITUTE CARRIAGE a carry, on a substitute base ge blank. If your answer is	a distant statio CC rules, regula e general instru is, any nonnet "Yes," you mu	ations, or auth	on progran YES the progran	For a further 2 form. n X NO		
	clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	S	UBSTITUT	E PROGRAM	1	1 1	N SUBSTIT	_	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIN	MES	DELETION		
		100 01 140	C/ LE CICIT	4. 67/1101/0 200/1101/	7445 5711		-			
				 						
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ccounting Period:	2023/2				SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Chequamegon Communications Coop. Inc.			;	SYSTEM II 6153				
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 explanat 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.	system's so	econdary transm to 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 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 th information	an \$527,600 n.	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is \$52.00	y fee that y	ou must pay for th	is 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	ines 1 and 2	2	<u></u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	nore than \$137,	00)					
	Base amount under statutory formula	\$	263,800.00						
	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 \$26	3,800 (but	t less than \$527	,600)					
	Enter the amount of gross receipts from space K	. \$	419,404.00						
	Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	155,604.00						
	4. Multiply line 3 by .01		\$	1,556.04	_				
	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		\$	2,875.04				
	FILING FEE AND TOTAL REMITTANCE D	UE							
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,875.04					
otal Remittance Due	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			\$	2,895.04				
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper SA				ghts!				

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.				
Name		WNER OF CABLE SYSTEM: Communications Coop. I	lnc.			SYSTEM ID# 61536				
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									
	on which the	I number of activated channe cable system carried television deast services	n broadca	st stations		276				
N Individual to Be Contacted		about this statement of accou		RMATION IS NEEDED (Identify an individual to whom						
for Further Information	Name Address	PO Box 67			Telephone	715-798-7116				
		(Number, street, rural route, aparts Cable, WI 54821 (City, town, state, zip)	ment, or suit	e number)						
	Email	ecarlson@norv	ado.com	Fax (optional						
0	CERTIFICATION (This statement of account mo	ust be cert	ified and signed in accordance with Copyright Office re	egulations)					
Certification		d, hereby certify that (Check or			4 -f D					
			-	 am the owner of the cable system as identified in line rtnership) I am the duly authorized agent of the owner o 						
	X (Office			not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity iden	itified as own	er of the cable system				
	I have examined	the statement of account and le, and correct to the best of m		lare under penalty of law that all statements of fact conta ge, information, and belief, and are made in good faith.	ined herein					
				/s/ Eugene Carlson electronic signature on the line above to certify this statementature using an "/s/ signature" (e.g., /s/ John Smith)	ent.					
		Typed or printed	I name:	Eugene Carlson						
		Title:	CFO tle of official	position held in corporation or partnership)						
		Date:		02/02/202-	4					

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.

FORM SA1-2E. PAGE 8 Accounting Period: 2023/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 61536 Chequamegon Communications Coop. Inc. 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 sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** 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? 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. Interest Assessment 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@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. 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 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.