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

for Seconda Cable Syste General instru in the first tab	ary Transn ems (Shor		DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
<i>Cable Syste</i> General instru	ems (Shor				<ul> <li><u>coplicsoa@copyright.gov</u></li> </ul>
-	ictions are			\$	For additional information, contact the U.S. Copyright
	of this worl		02/19/2024	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.
Α	ACCOUN	TING PERIOD COVERE	D BY THIS STATEMENT: (Y	'YYY/(Period))	
	2023,	/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
В	Give t	<b>ictions:</b> the full legal name of the owner o subsidiary, not that of the parent		idiary of another corporation, give the full corp	porate title
Owner	List ar	ny other name or names under wh	nich the owner conducts the business of	the cable system.	
			he accounting period, only the owner or y fee payment covering the entire accou	the last day of the accounting period should sont in the period.	
	Check	chere if this is the system's first fil	ling. If not, enter the system's ID numbe	r assigned by the Licensing Division.	62353
	LEG	GAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	1	
	нам	KEYE TELEPHONE CO			
	BUSI	INESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	T)	
	MAIL	ING ADDRESS OF OWNER O	DF CABLE SYSTEM		
		BOX 835	a number)		
	MO	er, street, rural route, apartment, or suite NONA, IA 52159 own, state, zip)			
С				entify the business and operation of the he system, if different from the address	
System		TIFICATION OF CABLE SYSTEM:			
		NG ADDRESS OF CABLE SYSTE			
	2 (Numb	er, street, rural route, apartment, or suite	e number)		
	(City, to	own, state, zip code)			

Privacy Act Notice: Section 111 of 1itle 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	HAWKEYE TELEPHONE CO	623
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
D	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 know
	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 l	nome parks should be reported in parentheses below the
Area	identified city.	
Served		
		07475
_		STATE
First	HAWKEYE	A
Community	ARLINGTON	IA
	FAYETTE	IA
Add Rows as Necessary	LAWLER	IA
	MAYNARD	IA
	ST. LUCAS	AI III
	WAUCOMA	IA
	WESTGATE	A
	WEST UNION	IA

	LEGAL NAME OF OWNER OF C	ABI E SVSTEM							2E. PAGE
Name								515	6235
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of t	he cable	
	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p						those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetom	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n			•		•			
	separately for the particular serv					•	,	na and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-					-	
	category, but do not include disc				iny standa				
	Block 1: In the left-hand block	in space E, the	e form	lists the catego					
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			•		0			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		Singin						
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	-DS	RATE	САТИ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATI
	Residential:	SUBSCRIBE	-13	RATE	CAT	EGORT OF SEI	<b>VICE</b>	SUBSCRIBERS	NAT
	Service to first set		356	\$29.95	Digital	IPTV - Basic	Plus	196	\$78.9
	Service to additional set(s)		219	\$4.95		IPTV - Expa		125	\$95.9
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		s				•
-	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Samiaaa	service for a single fee. There and furnished at cost or (2) services	•			0		• • • •		
Services Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			,				- 3,	
ransmissions:	Block 1: Give the standard rate								
Rates	<b>Block 2:</b> List any services that listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	\$17.95	• Mo	otel, hotel			HD Equ	uipment Fee	\$4.9
	<ul> <li>Pay cable—add'l channel</li> </ul>	\$15.45	• Co	mmercial			DVR		\$4.9
	Fire protection		•Pa	y cable			Whole	Home DVR	\$9.9
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set			rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		\$20.00			
	Converter								
			• Ou	tlet relocation					
				ve to new addr		\$20.00			

				eveter
Name	LEGAL NAME OF OWNER O			SYSTEN 62
	HAWKEYE TELEPHO			
	PRIMARY TRANSMITTERS:			
G		lentify every television station (including t em during the accounting period, <i>except</i>		
	FCC rules and regulations	in effect on June 24, 1981, permitting th	ne carriage of certain network prog	rams [sections
Primary ransmitters:		(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain st	tations carried on a
Television	Substitute Basis Stations	s: With respect to any distant stations ca	arried by your cable system on a s	ubstitute program
		rules, regulations, or authorizations: re in space G—but do list it in space I (th	ne Special Statement and Progran	n Loa)—if the
	station was carried only or	n a substitute basis.		
		also in space I, if the station was carried ion concerning substitute basis stations,		
	Column 1: List each statio	on's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	SPN, etc. Identify each
	"WETA-2" as the same on	ed with a station according to its over-the the form.	e-air designation. For example, re	port multistream
	Column 2: Give the chann	nel number the FCC assigned to the telev	vision station for broadcasting ove	er the air in its community
		/RC is channel 4 in Washington, D.C. h case whether the station is a network s	station, an independent station, or	a noncommercial
	educational station, by ente	tering the letter "N" (for network), "N-M" (f	for network multicast), "I" (for inde	pendent), "I-M"
	,	), "E" (for noncommercial educational), o terms, see page (iv) of the general instru		tional multicast).
	Column 4: Give the location	on of each station. For U.S. stations, list	the community to which the statio	5
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	ne community with which the static	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KRIN	11	E-M	WATERLOO, IA
	KGAN	2	N-M	CEDAR RAPIDS, IA
Rows as Necessary	KWWL	7	N-M	WATERLOO, IA
	KCRG	9	N-M	CEDAR RAPIDS, IA
	KCRG KWKB	9	N-M N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB	5	N	CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWKB KPXR	5 10	N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA

LEGAL NAME C								SYSTEM 623
	st every radio s	station c	) arried on a separate and disc enerally receivable by your cal					н
receivable if (1 on the basis of For detailed inf paper SA1-2 fo	) it is carried b monitoring, to formation abou orm.	y the system be recent t the Co	II-Band FM Carriage: Under stem whenever it is received a vived at the headend, with the opyright Office regulations on each station carried.	at the system's I system's FM ar	neadend, and ( itenna, during o	2) it car certain s	be expected, stated intervals.	Primary Transmitters Radio
Column 3: I signal, indicate Column 4: 0	f the radio stat this by placin Give the statio	tion's sig g a chec n's locat	on is AM or FM. Inal was electronically process ik mark in the "S/D" column. ion (the community to which t	he station is lice	nsed by the FC	-		
	1		the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KWVI	FM		WAVERLY, IA	KNWS	FM		WATERLOO, IA	
KRJE	FM		HAWKEYE, IA	KNEI	FM		WAUKON, IA	
KUNI	FM		CEDAR FALLS, IA	KVIK	FM		DECORAH, IA	
KKHQ	FM		OELWEIN, IA	KOKZ	FM		WATERLOO, IA	
WQPC	FM		PRAIRIE DU CHIEN, WI	KROC	FM		ROCHESTER, MN	
KCZE	FM		NEW HAMPTON, IA	KFMW	FM		WATERLOO, IA	
KDHK	FM		DECORAH, IA					
		1						
		1						
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			· · · · · · · · · · · · · · · · · · ·	 				
			· · · · · · · · · · · · · · · · · · ·	 				

Accounting Perio	od: 2023/2								FORM	
Name	LEGAL NAME OF OWNER OF									SYSTEM ID#
Nume	HAWKEYE TELEPHON	NE CO								62353
	SUBSTITUTE CARRIAGE	E: SPECIAL ST	TATEME	NT AND PROGRAM	M LOG					
	In General: In space I, ident									
0	substitute basis during the a explanation of the programm									
Substitute Carriage:	1. SPECIAL STATEMEN					generarina		n uie p		AT-2 IOIIII.
Special	During the accounting per					anv nonn	etwork te	levisio	n proara	am
Statement and Program Log	broadcast by a distant sta	•	,	<b>3</b> 7	,	,			res [	× NO
• •	<b>Note:</b> If your answer is "No		of this na	ge blank. If your ansy	werie "V		nust comr			
	log in block 2.	, leave the lest t	or this pay	ge blank. If your ans	Swells I	es, your	nust comp		ie progr	an
	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 Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the timu to the nearest five minutes.	a distant station ar egulations, or auth ries like "movies" . Bulls." m was broadcast sign of the station adcast station's lo nadian stations, if nth and day when ive "5/7." we when the subs	nd that yo horizatior ' or "baske t live, ente on broadca ocation (t f any, the n your sys stitute pro	our cable system sub as. See page (v) of th etball." List specific p er "Yes." Otherwise e asting the substitute he community to whi community with whic stem carried the subs	bstituted f he genera program ti program. ich the sta ich the sta stitute pro y your cal	for the pro al instructi itles, for e ation is lic ation is lic ogram. Us ble syster	ogramming ons for fu example, " censed by entified). se numera n. List the	g of an rther ir I Love the FC Ils, with	nother s nformati Lucy" c CC or, in h the m	tation ion. or n onth
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the listed and regulations in	d program n effect di	uring the accounting	period; e	· iming that enter the l	etter "P" if	the lis	sted pro	
	Column 7: Enter the lett	ter "R" if the listed and regulations in mming that your s	d program n effect di	uring the accounting	period; e	iming that enter the li FCC rules	etter "P" if and regu	the lis lations	sted pro	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the listed and regulations ir nming that your s	d program n effect di system wa	uring the accounting as permitted to delete	i period; e te under F	WHE CARRI	etter "P" if and regu N SUBST AGE OCC	the lis lations	sted pro s in E ED	
	<b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the listed and regulations in mming that your s UBSTITUTE PR 2. LIVE? 3. ST	d program n effect di system wa	uring the accounting as permitted to delete	period; e te under F	ming that enter the le CC rules WHE	etter "P" if and regu N SUBST AGE OCC	the lis lations	sted pro s in E ED	gram 7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the listed and regulations in mming that your s UBSTITUTE PR 2. LIVE? 3. ST	d program n effect di system wa ROGRAM	uring the accounting as permitted to delete	period; e te under F	WHE CARRI. MONTH	etter "P" if and regu N SUBST AGE OCC	the lis lations	sted pro	gram 7. REASON FOF
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the listed and regulations in mming that your s UBSTITUTE PR 2. LIVE? 3. ST	d program n effect di system wa ROGRAM	uring the accounting as permitted to delete	period; e te under F	WHE CARRI. MONTH	etter "P" if and regu N SUBST AGE OCC	the lis lations	sted pro	gram 7. REASON FOF
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the listed and regulations in mming that your s UBSTITUTE PR 2. LIVE? 3. ST	d program n effect di system wa ROGRAM	uring the accounting as permitted to delete	period; e te under F	WHE CARRI. MONTH	etter "P" if and regu N SUBST AGE OCC	the lis lations	sted pro	gram 7. REASON FOF
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Accounting Period:	2023/2	FORM SA	1-2E. PAGE 6.
News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	HAWKEYE TELEPHONE CO		62353
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, se	5,140.35
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ 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.</li> </ul>	263,800	
	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 accounting period is \$52.00.	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 lines 1 and 2		<u></u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	)0)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 165,140.35		
	3. Subtract line 2 from line 1		
		65,140.35	
	5. Enter the amount from line 3	98,659.65	
	6. Subtract line 5 from line 4	66,480.70	
	7. Multiply line 6 by .005 (enter figure here)	\$	332.40
	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	\$	332.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	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	0.00	
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	332.40	
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	\$	352.40
	EFT Trace # or TRANSACTION ID # 76637752250		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more tables and the paper SA1-2 form and the Excel instructions tab for more tables and tables are tables as the paper SA1-2 form and the Excel instructions tab for more tables are tables as the paper SA1-2 form and tables are tables as the paper SA1-2 form and tables are tables as the paper SA1-2 form and tables are tables as the paper SA1-2 form are t		

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE HAWKEYE TELEPH					SYSTEM ID# 62353
M Channels	to its subscribers, and 1. Enter the total num system carried telev 2. Enter the total num	I (2) the cable system's ber of channels on whic ision broadcast stations ber of activated channe	total numl			29
		system carried television		stations		309
N Individual to Be Contacted		CONTACTED IF FURTH this statement of accou		<b>PRMATION IS NEEDED</b> (Identify an individual		
for Further Information	Name SH	ANNON RETH			Telephone	563-539-2122
	(Nun MC	D S MAIN ST, PO I nber, street, rural route, apart DNONA, IA 52159 , town, state, zip)	tment, or su			
	Email	sreth@neitel.co	om	Fax (optional)	563-539-200	3
O Certification	<ul> <li>I, the undersigned, he</li> <li>(Owner other othe</li></ul>	ereby certify that (Check er than corporation or p wner other than corpor of space B and that the o partner) I am an officer of space B. statement of account and d correct to the best of m	one, <i>but of</i> partnersh ation or p owner is n (if a corpo d hereby d y knowled	rtified and signed in accordance with Copyright Office in <i>nly one</i> , of the boxes.) <b>ip</b> I am the owner of the cable system as identified in line <b>partnership</b> I am the duly authorized agent of the owner of a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity ide eclare under penalty of law that all statements of fact cor ge, information, and belief, and are made in good faith. /s/ David Byers electronic signature on the line above to certify this statem nature using an "/s/ signature" (e.g., /s/ John Smith)	e 1 of space of the cable entified as ov	system as identified vner of the cable system
		Typed or printer	d name:	David Byers		
		Title: (Title of c		ral Manager on held in corporation or partnership)		
		Date:		2/15/2024		

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

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
WKEYE TELEPHONE CO	6235
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 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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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