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 COPYRIGH	T OFFICE USE ONLY
DATE RECEIVED	AMOUNT
1/25/2024	\$
	ALLOCATION NUMBER

Return completed workbook by email to

#### coplicsoa@copyright.gov

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

Α	ACC	OUNTING 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.	63006
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Wilkes Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1400 River Street (Number, street, rural route, apartment, or suite number)	
		Wilkesboro NC 28697 (City, town, state, zip)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles	es these
С		es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		RiverStreet Networks  MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE STSTEM:	
	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 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.

Name I		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated areas) and including single, dis unincorporated areas). "A CF.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "community." Please use it as the first community that you list will serve as a form of system identification hereafter known as the "community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the iden city.  CITY OR TOWN STATE  Wilkesboro NC  North Wilkesboro NC  Hays NC  Hays NC  MIBIERS Creek NC  Boomer NC  Ferguson NC  Ferguson NC  Roaring Falls NC  Purlear NC  Roaring Gap NC  Roaring Gap NC  Roaring River NC  Roaring River NC  Roaring River NC  State Road NC  Traphill NC  Deep Gap NC  Lenoir NC  Lenoir NC  Hamptonville NC  Union Grove NC  West Jefferson NC  King NC	Name		630
separate and distinct community or municipal entity (including unincorporated areas and including single, dis 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 "it community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identity.    CITY OR TOWN			
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 "to community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identity.  First  COMMUNITY  First  Willkesboro  NC  Hays  NC  Hays  NC  MoGrady  NC  Boomer  NC  Ferguson  NC  Ferguson  NC  Purlear  NC  Roaring River  Roaring Gap  Roaring Gap  Roaring River  Roaring River  Ronda  NC  Thurmond  NC  Traphill  NC  Boone  Lenoir  Lenoir  NC  Hamptonville  NC  Hamptonville  NC  Hamptonville  NC  West Jefferson  NC  NC  NC  NC  NC  NC  NC  NC  NC  N	D	separate and distinct community or municipal entity (including unincorporated commu	unities within unincorporated areas and including single, discr
community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identity.    CITY OR TOWN	ט	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	
City OR TOWN STATE		community." Please use it as the first community on all future filings.	
City Or Town	Δrea		ne parks should be reported in parentheses below the identif
CITY OR TOWN		city.	
First	Jti vou	l	
First   Wilkesboro   NC		<u> </u>	<u>,</u> _
Community         North Wilkesboro         NC           Hays         NC           Rows as Necessary         McGrady         NC           Millers Creek         NC           Boomer         NC           Ferguson         NC           Moravian Falls         NC           Purlear         NC           Roaring Gap         NC           Roaring River         NC           Ronda         NC           State Road         NC           Thurmond         NC           Traphill         NC           Deep Gap         NC           Boone         NC           Lancel Springs         NC           Laurel Springs         NC           Jefferson         NC           Hamptonville         NC           Union Grove         NC           West Jefferson         NC           Danbury         NC           King         NC			
Hays   NC	First	Wilkesboro	NC
McGrady   NC	Community	North Wilkesboro	NC
McGrady   NC		Hays	NC
Millers Creek         NC           Boomer         NC           Ferguson         NC           Moravian Falls         NC           Purlear         NC           Roaring Gap         NC           Roaring River         NC           Ronda         NC           State Road         NC           Thurmond         NC           Traphill         NC           Deep Gap         NC           Boone         NC           Lenoir         NC           Laurel Springs         NC           Jefferson         NC           Hamptonville         NC           Union Grove         NC           West Jefferson         NC           Danbury         NC           King         NC	Rows as Necessary		
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Accounting Period: 2023/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Wilkes Communications, Inc.

SYSTEM ID# 63006

# E

#### 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:					
<ul> <li>Service to first set</li> </ul>	2,733	40.00			
Service to additional set(s)	714	4.99	Digital Basic/Plus	88	#####
FM radio (if separate rate)			Digital Premier	62	#####
Motel, hotel					
Commercial	64	4.99			
Converter					
Residential					
Non-residential					
	[	T			

# 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		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		Pay cable		
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set		Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Wilkes Communications, Inc.

SYSTEM ID# 63006

Primary Transmitters: Television

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 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
WLXI	2	l	GREENSBORO
wcwg	3	l	GREENSBORO
WUNL	4	E	WINSTON-SALEM
WGPX	5	l	GREENSBORO
WGHP	8	N	HIGH POINT
WFMY	9	N	GREENSBORO
WXLV	10	N	WINSTON-SALEM
WMYV	11	l	GREENSBORO
WXII	12	N	WINSTON-SALEM
WXII Me-TV	23	N-M	WINSTON-SALEM

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Wilkes Communications, Inc.

63006

#### 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).

CALLOCAL	AN4	0.15	LOCATION OF STATION	CALLOCOL	AM = 1.4	0/5	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 Perio	d: 2023/2 LEGAL NAME OF OWNER OF O	ARI E SVSTI	=N4:					FOR	M SA1-2E. PAGE 5.
Name	Wilkes Communication		zivi.						SYSTEM ID# 63006
	SUBSTITUTE CARRIAGE	SPECIAL	_ STATEMEN	T AND PROGRAM LOC	3				
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC	CC i	rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special Statement and	During the accounting peri-	od, did your	cable system	carry, on a substitute bas	sis,	any nonne	twork televi	ision prograr	n
Program Log	broadcast by a distant stat	on?						YES	X NO
0 0	Note: If your answer is "No,"	' leave the i	est of this pag	e blank. If your answer is	"Y	es," you mu	ıst complet		
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	In General: List each substi		•		wh	nerever pos	sible, if the	ir meaning is	5
	clear. If you need more space Column 1: Give the title of				pro	ogram") tha	ıt, during th	e accounting	1
	period, was broadcast by a	distant statio	on and that you	ur cable system substitute	ed f	for the prog	ramming o	f another sta	tion
	under certain FCC rules, reg								
	Do not use general categori "NBA Basketball: 76ers vs. I		les or baske	tball. List specific progra	ım t	ities, for ex	ampie, i L	ove Lucy or	
	Column 2: If the program		cast live, enter	"Yes." Otherwise enter "	No.	."			
	Column 3: Give the call s							F00 :	
	Column 4: Give the broathe case of Mexican or Cana		`	,			,	e FCC or, in	
	Column 5: Give the mon							with the mo	nth
	first. Example: for May 7 giv								
	<b>Column 6:</b> State the time to the nearest five minutes.					•			ely
	stated as "6:00–6:30 p.m."	<u> глантріс. а</u>	program came	od by a system from 0.01	. 10	p.iii. to 0.2	.0.00 p.iii. s	siloula be	
	Column 7: Enter the lette		. •				-	•	
	to delete under FCC rules a was substituted for program	•		0.					ram
	effect on October 19, 1976.	illing that y	our system wa	s permitted to delete und	CI I	OO Tulos a	ind regulati	OHS III	
					11				
	S	JBSTITUT	E PROGRAM				EN SUBST IAGE OCC	_	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
					_				
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Accounting Period:	: 2023/2 FG	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Wilkes Communications Inc.	SYSTEM ID#
	Wilkes Communications, Inc.	63006
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission sr (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	ervice
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  • Complete block 1, block 2, or block 3.  • Use block 1 if the amount of gross receipts in space K is \$137,100 or less.  • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800.  • 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.	
	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 this six-m accounting period is \$52.00.	onth
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	· · · · · · · · · · · · · · · · · · ·	
		20
	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	.00_
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	2,270.20
	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)	.20
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	2,290.20
	EFT Trace # or TRANSACTION ID # 76614970700	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyl See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: unications, Inc.				SYSTEM ID# 63006
M Channels	to its subscribed  1. Enter the total system carried  2. Enter the total on which the	rs, and (2) the cable system's all number of channels on whice the television broadcast stational number of activated channe cable system carried television	total num  h the cab s  ls n broadca	ast stations	counting period.	232
N Individual to Be Contacted	INDIVIDUAL TO	D BE CONTACTED IF FURTH about this statement of accou	IER INFO	PRMATION IS NEEDED (Identify an indi	vidual	
for Further Information	Name	Christine Craven			Telephone	336-973-6199
	Address	1400 River Street (Number, street, rural route, apartn Wilkesboro NC 28697 (City, town, state, zip)		e number)		
	Email	christinecraven@	@myrive	street.net	Fax (optional 336-973-559	2
	CERTIFICATION	(This statement of account mu	ıst be cer	tified and signed in accordance with Cop	pyright Office regulations)	
O Certification		ed, hereby certify that (Check or		y one, of the boxes.)  o) I am the owner of the cable system as i	identified in line 1 of space F	l'or
		t of owner other than corpora	tion or pa	artnership) I am the duly authorized agent		
	X (Offic	·		not a corporation or partnership; or ation) or a partner (if a partnership) of the	legal entity identified as owr	er of the cable system
		ete, and correct to the best of my	-	clare under penalty of law that all statemer ge, information, and belief, and are made		
	ı		X	/s/ Eric S Cramer	_	
				electronic signature on the line above to cer lature using an "/s/ signature" (e.g., /s/ Joh	•	
		Typed or printed	name:	Eric S Cramer		
		Title:		Executive Officer position held in corporation or partnership)		
		Date:			01/23/2024	

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.

ounting Period: 2023/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
kes Communications, Inc.	63006
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
×	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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