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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
or Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@copyright.gov</li> </ul>
General instru	ems (Short Form) uctions are located o of this workbook	02/05/2024	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: ()	YYY/(Period))	
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	II - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the p		sidiary of another corporation, give the full	corporate
Owner	List any other name or names under w	/hich the owner conducts the business o	f the cable system.	
		the accounting period, only the owner o ty fee payment covering the entire accou	n the last day of the accounting period shoul Inting period.	d submit a
	Check here if this is the system's first f	illing. If not, enter the system's ID numbe	er assigned by the Licensing Division.	63490
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	И	
	WIKSTROM SYSTEMS LLC			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	PO BOX 217			
	(Number, street, rural route, apartment, or sui KARLSTAD, MN 56732 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bunches already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM			
	MAILING ADDRESS OF CABLE SYST	EM:		
		te 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WIKSTROM SYSTEMS LLC	SYSTEM 634
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye 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 mob	nunity" is the same as a "community unit" as defined in FCC rule d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno s.
Area Served	identified city.	nie nome parks should be reported in parentneses below the
Fired	CITY OR TOWN	STATE
First Community	HALLOCK	MN
id Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name								515	6349
Е	SECONDARY TRANSMISSION In General: The information in s					ny transmission	service of	the cable	
—	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							harden a	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n	•				•			
	separately for the particular serv					•	,	0	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc					ard rate variation	s within a	particular rate	
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers.	Give the numb	er of subs	cribers and rate	for each lis	sted category	
	that applies to your system. Not			Ũ		0			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system						different f	rom those	
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a sufficient.	and rates, in th	e right-l	hand block. A t	wo- or thre	ee-word descript	ion of the s	service is	
		DCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		450		FOON			40	
	Service to first set		158	92.50	ECON	OMY BASIC		10	38.0
	Service to additional set(s)								
	• FM radio (if separate rate)		27	- oo					
	Motel, hotel Commercial		37	5.00					
	Converter		31	44.23					
	Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for rate	te (not subscril	ber) info	ormation with re	espect to a	all your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0.	/	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that								
Rates	listed in block 1 and for which a				0	0			
	brief (two- or three-word) descrip		,						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATI
	Continuing Services:			ation: Non-res					
	• Pay cable	\$12	• Mo	otel, hotel					
	• Pay cable—add'l channel		• Co	mmercial		20.00			
	Fire protection		• Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l cł	nannel				
	Installation: Residential		• Fire	e protection					
	• First set	20.00	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00	Other	services:					
	• FM radio (if separate rate)		•Re	connect		10.00			
	Converter		• Dis	sconnect					ļ
			• Ou	tlet relocation		15.00			

				0)/07511
Name				SYSTEM II 6349
	WIKSTROM SYSTEM	-		0043
G rimary smitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, an <b>Substitute Basis Stations</b> basis under specific FCC ru- • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-t ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGFE	2	E	GRAND FORKS, ND
	KGFE KXJB	2	E N	GRAND FORKS, ND VALLEY CITY, ND
lecessary				GRAND FORKS, ND VALLEY CITY, ND GRAND FORKS, ND
Necessary	КХЈВ	4	N	VALLEY CITY, ND
Necessary	KXJB WDAZ	4 8	N	VALLEY CITY, ND GRAND FORKS, ND
lecessary	KXJB WDAZ WTBS	4 8 9	N N I	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA
cessary	KXJB WDAZ WTBS KBRR	4 8 9 10	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN
Vecessary	KXJB WDAZ WTBS KBRR KVLY	4 8 9 10 11	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND
s Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
15 Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
ıs Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
s Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
ıs Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
is Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA
s as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA

LEGAL NAME O								SYSTEM I 634
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cal					н
eceivable if (1) on the basis of	it is carried by monitoring, to	y the sys be rece	I-Band FM Carriage: Under o stem whenever it is received a ived at the headend, with the	at the system's he system's FM ante	eadend, and (2 enna, during c	) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
aper SA1-2 fo Column 1: lo	rm. dentify the call	sign of	ppyright Office regulations on each station carried.	this point, see pa	ge (v) of the g	eneral ir	nstructions in the.	
Column 3: If	<sup>t</sup> the radio stat this by placing	ion's sig g a chec	on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which tl					
			the community with which the			C 01, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KJKJ KQHT	FM FM		GRAND FORKS, ND GRAND FORKS, ND					
(VCK	FM FM		GRAND FORKS, ND					
KXL	FM		GRAND FORKS, ND					
(XPO	FM		GRAFTON, ND					
KZLT	FM		GRAND FORKS, ND					
(SNR	FM		THIEF RIVER FALLS, MN					
						·		
						·		

	od: 2023/2						FOF	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	WIKSTROM SYSTEMS	SLLC						63490
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	tify every not	nnetwork televi period, under sp	<i>ision program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, o	r authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN				no gonoral inc			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any nonr	network te	levision pro	gr <u>am</u>
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must comp	lete the pro	ogram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broa the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no a distant star egulations, of ries like "mo Bulls." m was broa sign of the adcast statif nadian statif nth and day ve "5/7." les when th . Example: a ter "R" if the and regulatin mming that	add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent station broadc on's location (' ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect c	I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra- er "Yes." Otherwise enter ' casting the substitute progra- the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 m was substituted for prog- luring the accounting period	e program") ti ed for the pro- neral instruct im titles, for e 'No." ram. e station is lid e station is lid e station is lid e program. Us r cable syste :15 p.m. to 6 ramming that id; enter the l	hat, during ogramming ions for fu example, " censed by lentified). se numera m. List the 3:28:30 p.r t your syst letter "P" if	the accour g of another rther inform I Love Lucy the FCC or als, with the times accu n. should be em was req the listed p	nting r station ation. " or ", in month urately e
	SI		E PROGRAM	1		N SUBST		7. REASON FOR
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S CALL SIGN			AGE OCO 6.	CURRED	7. REASON FOI DELETION
	-	UBSTITUT		4. STATION'S LOCATION	5. MONTH	AGE OCO	URRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	
	-	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED	

Accounting Period:	<b>2023/2</b> FORM SA1-2E. PAG	GE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	ID#
Name	WIKSTROM SYSTEMS LLC 634	490
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 total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	
		_
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 but less than or equal to \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00	0
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
		<u>·</u>
	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 \$ 263,800.00	
	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	
	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) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00	0
	EFT Trace # or TRANSACTION ID # 26SPN94L	
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. 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	LEGAL NAME OF OWNER OF CABLE SYSTEM: WIKSTROM SYSTEMS LLC	SYSTEM ID# 63490
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations .         2. Enter the total number of activated channels on which the cable system carried television broadcast stations .         and nonbroadcast services .	8 62
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name CARRIE KERN-TAGGART Telephone (218) 436	-2121
	Address       PO BOX 217 (Number, street, rural route, apartment, or suite number)         KARLSTAD, MN 56732 (City, town, state, zip)       Fax (optional) 218-436-3100	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as iden in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the call in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	
	X       /s/ CARRIE KERN-TAGGART         Enter an electronic signature on the line above to certify this statement.         Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: CARRIE KERN-TAGGART Title: CONTROLLER (Title of official position held in corporation or partnership)	
	Date: 02/05/2024	

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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
KSTROM SYSTEMS LLC		6349
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the sys scribers and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the gene located in the paper SA1-2 form.	e system for the basic stem shall not include sub- irsuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for s made by satellite carriers to satellite dish owners?	secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late pa For an explanation of interest assessment, see page (viii) of the general instructions located in	• • • •	Q
Line 1 Enter the amount of late payment or underpayment	×	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
	x xdays  x 0.00274	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x xdays 	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x xdays 	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays days  x 0.00274  (interest charge)	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays days days days 	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	Interest Assessment
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	Interest Assessmen

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