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							
2/28/2025	\$						
	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 ames 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. PAGE SYSTEM II
Name		615
	Chequamegon Communications Coop. Inc. Instructions: List each separate community served by the cable system. A "community"	
_	separate and distinct community or municipal entity (including unincorporated community	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	e as a form of system identification hereafter known as the file
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ma parks should be reported in parentheses below the identifi
Area		me parks should be reported in parentheses below the identifi
Served	city.	
	OLEV OR TOWN	07475
	CITY OR TOWN	STATE
First Community	Hayward	WI
Community	Ashland	WI
	Barnes	WI
d 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
	Winter	WI
	 	

Accounting Period: 2024/2

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				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	769	78.99	Res. Basic - Expanded	372	152.99		
 Service to additional set(s) 			Res. Expanded Plus	997	168.99		
 FM radio (if separate rate) 							
Motel, hotel	1	9.95	Bus. Basic - Expanded	28	152.99		
Commercial			Bus. Expanded Plus	83	168.99		
Converter							
 Residential 							
 Non-residential 							
	1			1	1		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 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 - new	10.99
Installation: Residential		Fire protection		Starz	14.95
• First set	Time & Mat'l	Burglar protection		Playboy	14.95
Additional set(s)	Time & Mat'l	Other services:		Red Zone	49.95
 FM radio (if separate rate) 		Reconnect	60.00	Bally Sports WI (comm	20.00
 Converter 		Disconnect		Bally Sports WI (hospi	39.50
		Outlet relocation	Time & Mat'l	Big Ten (commercial)	8.00
		Move to new address	Time & Mat'l	Big Ten (hospitality)	39.50
				Add'l set top box	6.00

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 61536

Chequamegon Communications Coop. Inc.

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
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	l l	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: 2024/2 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).

			T	1	T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 -					
		L					
							<u> </u>

Accounting Dagin	d: 2024/2						F05	M SA1 OF BACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FUR	SYSTEM ID#
Name	Chequamegon Commu							61536
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptanation of the programming 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title or substitute in the substitute of the substit	fy every non- cocounting pe- ing that muss? CONCER iod, did you cion? ', leave the EPROGRA itute progra ce, please a	nnetwork televis eriod, under spe et be included in NING SUBST r cable system rest of this pag ms am on a separa add additional	cion program, broadcast by secific present and former FC this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute base ge blank. If your answer is te line. Use abbreviations	a distant statio CC rules, regula e general instru is, any nonnet "Yes," you mu wherever pos	ations, or authoritions in the attwork televisions at the attwork television at the attwork television attwork televisions attwork television attwo	norizations. paper SA1- ion progran YES the progran meaning is	For a further 2 form. NO m
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 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 effect on October 19, 1976.								nth ely
	S	UBSTITUT	E PROGRAM	1	1 1	N SUBSTIT	JRRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –		DELETION
							<u></u>	

ccounting Period:	2024/2				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 se ion of how t	econdary transmi 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 the	an \$527,600	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	ty fee that yo	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 lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but m	ore than \$137,1	100)					
	Base amount under statutory formula	\$	263,800.00	•					
	2. Enter amount of gross receipts from space K			•					
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K		· :		_				
	5. Enter the amount from line 3				_				
	6. Subtract line 5 from line 4		-		_				
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	t less than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	526,076.08						
	2. Base amount under statutory formula	\$	263,800.00	•					
	3. Subtract line 2 from line 1	\$	262,276.08	•					
	4. Multiply line 3 by .01		\$	2,622.76	-				
	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 .		\$	3,941.76				
	FILING FEE AND TOTAL REMITTANCE D	UE							
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,941.76	-				
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			\$	3,961.76				
	Important: Your remittance must be in the form of an electronic page i of the general instructions in the paper SA				ghts!				

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Chequamegon Commu		C.			SYSTEM ID# 61536
M Channels	to its subscribers, and (2)	of channels on which on broadcast stations of activated channels stem carried television	the cable	st stations	ng period.	384
N Individual to Be Contacted	we can contact about this	s statement of account		RMATION IS NEEDED (Identify an individual		
for Further Information	Name Wend Address PO Bo	y Danielson ox 67			I elephone	15-798-7115
	Cable	street, rural route, apartme , WI 54821 n, state, zip)	ent, or suite	number)		
	Email	wdanielson@norv	vado.co	m Fax i	(optional	
O Certification	I, the undersigned, hereby (Owner other the line in line 1 of line 1 o	certify that (Check one nan corporation or par other than corporation of space B and that the	e, but only rtnership on or pa owner is	fied and signed in accordance with Copyright one, of the boxes.) I am the owner of the cable system as identified the action of the cable system as identified the action of the action of partnership; or the legal end of the legal end of the legal end of a corporation or partnership; or	ed in line 1 of space B; c	tem as identified
		rrect to the best of my l		lare under penalty of law that all statements of face, information, and belief, and are made in good		
				/s/ Wendy Danielson lectronic signature on the line above to certify thi ature using an "/s/ signature" (e.g., /s/ John Smit		
		Typed or printed n	name:	Wendy Danielson		
			CIO of official	position held in corporation or partnership)		
		Date:		2	/28/2025	

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.

ounting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
equamegon Communications Coop. Inc.	61536
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	P Special Statement Concerning Gross Receipts Exclusion
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	1
Name Mailing Address Name Mailing Address	-
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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 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	

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