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				
02/04/2025	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	DUNTING 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							
		Tech Com, Inc.						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 409						
		(Number, street, rural route, apartment, or suite number) Richland Center, WI 53581						
		(City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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: Genuine Telecom						
		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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2024) 2	FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Tech Com, Inc.	63391					
	Instructions: List each separate community served by the cable system. A "com						
D	"a separate and distinct community or municipal entity (including unincorporat						
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification he						
	as the "first community." Please use it as the first community on all future filing						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
Served	activities city.						
	CITY OR TOWN	STATE					
First	Richland Center	WI					
Community							
Add Rows as Necessary							

Accounting Period: 2024/2 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63391 Tech Com, Inc. SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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 BLOCK 1 BLOCK 2 NO. OF NO OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 280 · Service to first set 50.00 · Service to additional set(s) 296 5.00 • FM radio (if separate rate) 208 15.00 Motel, hotel Commercial 3 220.00 Converter Residential Non-residential 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

F

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 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
 Pay cable—add'l channel 		Commercial				
Fire protection		• Pay cable				
•Burglar protection		 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: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Tech Com, Inc.

FORM SA1-2E. PAGE 3.

SYSTEM ID#

18391

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

WISC

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.

2. B'CAST CHANNEL NUMBER

3

15.5

15.6

WISC DT-2 3.2 N-M **WKBT** 8 Ν 8.2 N-M WKBT DT-2 **WMSN** 47 Ν WMSN DT-2 47.2 N-M WMSN DT-3 47.3 N-M N-M WMSN DT-4 47.4 **WXOW** 19 Ν **WXOW DT-2** 19.2 N-M WXOW DT-3 19.3 N-M **WXOW DT-4** 19.4 N-M 15 Ν WMTV WMTV DT-2 15.2 N-M WMTV DT-3 15.3 N-M WHA 21 Ε WHA DT-2 21.2 E-M E-M WHA DT-4 21.4 WKOW 27 Ν **WKOW DT-2** 27.2 N-M **WIFS** 57 WMTV DT-4 15.4 N-M

N-M

N-M

3. TYPE OF STATION

Ν

Add Rows as Necessary

WMTV DT-5

WMTV DT-6

4. LOCATION OF STATION

Accounting Period: 2024/2	FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Tech Com, Inc. 63391

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).

CVIT SICK	AM or EM	S/D	LOCATION OF STATION	CALL SICN	AM or EM	S/D	I OCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
			 				
							
			 				
			 				
	L						

period, was broadcast by a under certain FCC rules, ru Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim	E: SPECIA tify every not accounting p ning that mu T CONCER riod, did you ation? b", leave the E PROGRA stitute progra ace, please of every no a distant state egulations, o ries like "mo bulls." m was broa sign of the adcast stati nadian stati nth and day ive "5/7."	AL STATEME nnetwork televiveriod, under spist be included RNING SUBS ur cable system e rest of this paradd additiona connetwork televition and that your authorizatio covies" or "bask dcast live, ent station broadd on's location (ons, if any, the or when your sy	ision program, broadcast be becific present and former in this log, see page (v) of in this log, see page blank. If your answer are line. Use abbreviation if rows to the tables. Program ("substitut your cable system substitut in s. See page (v) of the greatball." List specific program ("er "Yes." Otherwise enter casting the substitute program the community to which the community with which the stem carried the substitute program carried the substitute program in the sub	y a distant stare CC rules, reg the general instants asis, any nonres "Yes," you res wherever per e program") the for the program titles, for e "No." rram. The station is like e program. Us	ulations, ostructions in the interventions in the intervention in	rour cable sy or authorization the paper elevision pro YES plete the protection of their meaning of another inform of the FCC or als, with the	ons. For a further SA1-2 form. gram X NO ogram ng is nting r station nation. " or
Tech Com, Inc. SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim	E: SPECIA tify every not accounting p ning that mu T CONCER riod, did you ation? b", leave the E PROGRA stitute progra ace, please of every no a distant state egulations, o ries like "mo bulls." m was broa sign of the adcast stati nadian stati nth and day ive "5/7."	AL STATEME nnetwork televiveriod, under spist be included RNING SUBS ur cable system e rest of this paradd additiona connetwork televition and that your authorizatio covies" or "bask dcast live, ent station broadd on's location (ons, if any, the or when your sy	ision program, broadcast be becific present and former in this log, see page (v) of in this log, see page blank. If your answer are line. Use abbreviation if rows to the tables. Program ("substitut your cable system substitut in s. See page (v) of the greatball." List specific program ("er "Yes." Otherwise enter casting the substitute program the community to which the community with which the stem carried the substitute program carried the substitute program in the sub	y a distant stare CC rules, reg the general instants asis, any nonres "Yes," you res wherever per e program") the for the program titles, for e "No." rram. The station is like e program. Us	ulations, ostructions in the interventions in the intervention in	r authorization the paper elevision pro YES plete the pro their meaning the account g of another in the rinform I Love Lucy the FCC or als, with the	rstem carried on a ons. For a further SA1-2 form. gram X NO ogram ng is nting r station faction. " or
In General: In space I, iden substitute basis during the explanation of the program? 1. SPECIAL STATEMEN • During the accounting period broadcast by a distant state of the program of the product of the product of the period of the period of the period, was broadcast by a under certain FCC rules, ruden of the period of th	tify every not accounting pring that mu T CONCEF riod, did you ation? T', leave the extra prograce, please of every not a distant station at the extra program was broad sign of the adcast stationation and that and day live "5/7."	erest of this paradd additional and that yor authorization broadd on's location (ons, if any, the vertex when your sy	ision program, broadcast be becific present and former in this log, see page (v) of in this log, see page blank. If your answer are line. Use abbreviation if rows to the tables. Program ("substitut your cable system substitut in s. See page (v) of the greatball." List specific program ("er "Yes." Otherwise enter casting the substitute program the community to which the community with which the stem carried the substitute program carried the substitute program in the sub	y a distant stare CC rules, reg the general instants asis, any nonres "Yes," you res wherever per e program") the for the program titles, for e "No." rram. The station is like e program. Us	ulations, ostructions in the interventions in the intervention in	r authorization the paper elevision pro YES plete the pro their meaning the account g of another in the rinform I Love Lucy the FCC or als, with the	ons. For a further SA1-2 form. gram X NO ogram ng is nting r station nation. " or
Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim	sign of the adcast station nadian station of the station of the state	station broadd on's location (ons, if any, the when your sy	casting the substitute prog the community to which the community with which the estem carried the substitute	ram. ne station is lid e station is id e program. Us	entified).	als, with the	
stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progral effect on October 19, 1976	Example: a ter "R" if the and regulati mming that y	a program car e listed prograr ions in effect c your system w	ried by a system from 6:0 m was substituted for prog during the accounting peri vas permitted to delete un	1:15 p.m. to 6 gramming that od; enter the I der FCC rules WHE	:28:30 p.r t your syst etter "P" if and regu	m. should be tem was <i>req</i> f the listed p llations in	e nuired orogram
SUBSTITUTE PROGRAM				CARRIAGE OCCURRED			7. REASON FOR DELETION
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	б. FROM	— TO	BELETION
	to delete under FCC rules was substituted for prograi effect on October 19, 1976	to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	to delete under FCC rules and regulations in effect during the accounting periods substituted for programming that your system was permitted to delete undeffect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	to delete under FCC rules and regulations in effect during the accounting period; enter the I was substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976. WHE SUBSTITUTE PROGRAM CARRI.	to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" i was substituted for programming that your system was permitted to delete under FCC rules and regulated to October 19, 1976. WHEN SUBSTITUTE PROGRAM CARRIAGE OCTOBER	SUBSTITUTE PROGRAM SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S WHEN SUBSTITUTE CARRIAGE OCCURRED 5. MONTH 6. TIMES

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Tech Com, Inc.	Sì	STEM ID# 63391
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (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.	mission service amount, se	,961.46
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 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.	\$263,80(
	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 fo accounting period is \$52.00	r this six-mont	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	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)	
	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	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
	EFT Trace # or TRANSACTION ID # 27LDGJC3		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r		

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7.
Name	Tech Com, Inc.	WNER OF CABLE SYSTEM:			SYSTEM ID# 63391
M Channels	to its subscribers	s, and (2) the cable system's to	f channels on which the cable system carried otal number of activated channels during the		
		number of channels on which television broadcast stations .	The cable		24
	on which the ca	number of activated channels able system carried television b ast services			150
N Individual to Be Contacted		BE CONTACTED IF FURTHE	ER INFORMATION IS NEEDED (Identify an t.)	individual to whom	
for Further Information	Name	Michelle Harwick		Telephone 608-	-649-8316
	Address	430 W. Union Street, Street, rural route, apartme	Suite 3 rent, or suite number)		
	***************************************	Richland Center, WI (City, town, state, zip)	53581		
	Email	mharwick@genu	uinetel.com	Fax (optional)	
0	CERTIFICATION	(This statement of account mu	ust be certified and signed in accordance with	n Copyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check one	ne, but only one, of the boxes.)		
	(Owne	r other than corporation or par	rtnership) I am the owner of the cable system	as identified in line 1 of space B; or	
			ion or partnership) I am the duly authorized a vner is not a corporation or partnership; or	gent of the owner of the cable systen	n as identified
		er or partner) I am an officer (if a ine 1 of space B.	a corporation) or a partner (if a partnership) of	the legal entity identified as owner of	the cable system
		e, and correct to the best of my k	ereby declare under penalty of law that all state knowledge, information, and belief, and are ma		
			X /s/ John Bartz		
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed r	name: John Bartz		
			CEO/GM ficial position held in corporation or partnership)		
		Date:		2/4/2025	

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 th 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 telephon 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 i 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

Accounting Period: 2024/2	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Tech Com, Inc.	63391
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to For more information on when to exclude these amounts, see the note on page (vii) of the general instrulocated in the paper SA1-2 form.	for the basic I not include subsection 119." Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondar made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	y transmissions
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions located in the paper. Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	- nterest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further a contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	assistance please
** 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 Copyrig list below the owner, address, first community served, ID number, and accounting period as given in the	
Owner Address	
ID number First community served Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th 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.