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

63490

				Return completed workbook
STATEMENT OF ACC	OUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
for Secondary Transmissio	•	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
Cable Systems (Short Form General instructions are located in the first tab of this workbook	,	2-28-25	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING F	ERIOD COVERED I	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
Period				
B the subsidiary,	not that of the parent corp		liary of another corporation, give the full corp e cable system.	orate title of
If there were d	ifferent owners during the a	accounting period, only the owner on th	ne last day of the accounting period should sul	bmit a single

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
		WIKSTROM SYSTEMS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 217
		(Number, street, rural route, apartment, or suite number)
		KARLSTAD, MN 56732
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	-	(number, street, rurar 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.

F

Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WIKSTROM SYSTEMS LLC	SYSTEM ID# 63490						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
First	CITY OR TOWN	STATE						
Community	HALLOCK	MN						
Add Rows as Necessary								

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	WIKSTROM SYSTEMS LLC											
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES											
	In General: The information in sp system, that is, the retransmission			-	•							
Secondary	about other services (including p											
Transmission	last day of the accounting period	(June 30 or D	ecembe	er 31, as the cas	se may be).		-				
Service: Sub-	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											
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 F, the form lists the categories of secondary transmission service that cable											
	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.											
	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											
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is											
	sufficient.											
	BLC	DCK 1 NO. OF	:				BLOCK	K 2 NO. OF				
	CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SE				RAT							
	Residential:											
	 Service to first set 		141	99.50	ECONC	DMY BASIC		10	42.2			
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel		36	5.00								
	Commercial		30	44.23								
	Converter											
	• Residential											
	Non-residential											
	SERVICES OTHER THAN SECO		NSMISS									
-	In General: Space F calls for rat					your cable syste	em's servi	ces that were				
F	not covered in space E, that is, th											
. .	service for a single fee. There are	•			•		0 ()					
Services Other Than	furnished at cost or (2) services of											
Secondary	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.											
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	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.											
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	E RATE			
	Continuing Services:	RATE		ation: Non-res		RATE	CATEG	JRT OF SERVICE	: KAII			
	Pay cable	\$12		tel, hotel	acintia							
	• Pay cable—add'l channel	···-		mmercial		20.00						
	• Fire protection			y cable								
	•Burglar protection			y cable-add'l ch	annel							
	Installation: Residential			e protection								
	First set	20.00		rglar protection								
	Additional set(s)	15.00		services:								
	• FM radio (if separate rate)	10.00		connect		10.00						
				00111000		10.00						
	Converter		 Die 	connect								
	• Converter			connect		15.00						
	• Converter		۰Ou	connect tlet relocation we to new addr	266	15.00 10.00						

Name				OVOTEMIC							
				SYSTEM ID 6349							
	WIKSTROM SYSTEMS LLC										
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these for	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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 (v) of the general instructions in the paper SA1-2 for									
	FCC. For Mexican or Cana 1. CALL SIGN	is identified. 4. LOCATION OF STATION									
	KGFE	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION E	GRAND FORKS, ND							
	КХЈВ	4	N	VALLEY CITY, ND							
Rows as Necessary	WDAZ	8	N	GRAND FORKS, ND							
	WTBS	9	I	ATLANTA, GA							
	KBRR	10	N	THIEF RIVER FALLS, MN							
	KVLY	11	N	FARGO, ND							
	СВЖТ	12	I	WINNIPEG, MB, CANADA							
	WGNA	23	I	CHICAGO, IL							

Accounting P	eriod: 2024	/2						FORM	M SA1-2E. PAGE 4
LEGAL NAME OF			YSTEM:						SYSTEM ID#
WINSTROW	STSTENIS								63490
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	
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S	it is carried by monitoring, to ormation abou rm. dentify the call state whether t	y the sys be recei it the Co sign of e the statio	-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. nal was electronically proces	at sy th	the system's he ystem's FM ante iis point, see pag	adend, and (2 nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a check n's locatio	< mark in the "S/D" column. on (the community to which t the community with which the	he	e station is licens	sed by the FC			
		8/D					8/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	+	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KJKJ	FM	<u> </u>	GRAND FORKS, ND	-					
KQHT KYCK	FM FM	+	GRAND FORKS, ND GRAND FORKS, ND	-					
KKXL	FM	+	GRAND FORKS, ND	-					
KXPO	FM		GRAFTON, ND						
KZLT	FM		GRAND FORKS, ND]					
KSNR	FM	+	THIEF RIVER FALLS, MI	N					
		+		-					
		+		-					
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Accounting I cho	d: 2024/2						FO	RM SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	WIKSTROM SYSTEMS	LLC						63490			
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG	i						
Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:											
Special	During the accounting per				is any nonne	work telev	vision progra	m			
Statement and	broadcast by a distant sta	-		ourly, on a capolitato sao	io, any nonno						
Program Log	-						YES				
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ist comple	te the progra	am			
	log in block 2.										
	2. LOG OF SUBSTITUTE In General: List each subs	titute progra	am on a separa		wherever pos	sible, if the	eir meaning	is			
	clear. If you need more spa				n rograms") tha	t duminath		~			
	period, was broadcast by a			ision program ("substitute ur cable system substitute							
	under certain FCC rules, re										
	Do not use general categor	ries like "mo									
		n was broad		r "Yes." Otherwise enter "N							
				isting the substitute progra ne community to which the		nsed by th	e FCC or in	ı			
	the case of Mexican or Car						010001, 1	•			
			when your sys	tem carried the substitute	program. Use	numerals	, with the mo	onth			
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	List the tir	mes accurat	oly			
	to the nearest five minutes.							leiy			
	stated as "6:00-6:30 p.m."										
				was substituted for progra							
	to delete under FCC rules a was substituted for program							gram			
			our system wa	is permitted to delete dride		ina regulat					
	effect on October 19, 1976.										
			E PROGRAM			N SUBST		7. REASON FOR			
		UBSTITUT 2. LIVE?	TE PROGRAM		5. MONTH	AGE OCO 6.	CURRED	7. REASON FOR DELETION			
	s	UBSTITUT		4. STATION'S LOCATION	CARR	AGE OCC	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED				

Accounting Period:	2024/2 FORM SA1-2E. PAG	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM	
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 of 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, see 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.	
	COPYRIGHT ROYALTY FEE	
L 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-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period \$ 52.00)
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8)
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00	נ
	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)
	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	
	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)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00)
	EFT Trace # or TRANSACTION ID # 26SPN94L	
	Important: 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:	2024/2					FORM SA1-2E. PAGE 7		
Name	LEGAL NAME OF (WIKSTROM S	OWNER OF CABLE SYSTEM: YSTEMS LLC				SYSTEM ID# 63490		
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic ed television broadcast station al number of activated channe cable system carried television idcast services	total number of ac th the cable is els on broadcast static	tivated channels during the a	ccounting period.	8 64		
N Individual to Be Contacted		O BE CONTACTED IF FURTI about this statement of accou		ON IS NEEDED (Identify an in	dividual to whom			
for Further Information	Name	CARRIE KERN-TAGO	GART		Telephone	(218) 436-2121		
	Address	PO BOX 217 (Number, street, rural route, apartu KARLSTAD, MN 567 (City, town, state, zip)						
	Email	CAK@WIKTEL	COM		Fax (optional 218-436-3100)		
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (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 cable system in line 1 of space B. 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)] 							
			Enter an electroni	ARRIE KERN-TAGGAF	certify this statement.			
		Typed or printed	name: CAR	RIE KERN-TAGGART				
		Title: (Ti	CONTROLL	ER eld in corporation or partnership)				
		Date:			02/28/2025			

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.

Inting Period: 2024/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
STROM 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 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
x	 ys
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>.</u>
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	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u> </u>
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u> </u>

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.

C	Cable Worksheet		Total amount of remittance	Nu	1	Initials		
			Date of remittance	Check	🗆 EFT	FILIN	G FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocati	on number			
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for Jul-De	ec period) No sp	aces)	
Period	🗆 Letter	r sent	C] Information re	eceived			
		oted	C] Phone call/Da	te/Contact			
Space B Owner								
	□ Letter	r sent	□ Information received					
		oted	Phone call/Date/Contact					
Space D Area Served								
	□ Letter	r sent	Ľ	Information re	eceived			
		oted	Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	□ Letter	r sent	Information received					
and Rates		oted	C] Phone call/Da	te/Contact			
Space G Primary Transmitters:								
Television	□ Letter	r sent	C	Information re	eceived			
		oted	Ľ] Phone call/Da	te/Contact			
Space H Primary Transmitters:								
Radio		oted	C] Phone call/Da	te/Contact			

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
□ Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
C Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	