ONTACT 1	SA1-2 Short Form							
		F ACCOUNT		OFFICE USE ONLY	Return to: Library of Congress Copyright Office			
r Secondary Transmissions Cable Systems (Short Form) eneral instructions are at the d of this form [pages (i)–(vii)].		DATE RECEIVED	AMOUNT \$	 Licensing Division 101 Independence Ave. Washington, DC 20557- 				
			01/30/2018	ALLOCATION NUMBER	(202) 707-8150 For courier deliveries, see page ii of the genera instructions.			
IS WILL BE T	HE FINA	L PAPER MAILING YOU F	RECEIVE FROM THE LICENSING	DIVISION. SEE INSIDE COVER	R FOR MORE INFORMATIO			
A Accounting Period		OUNTING PERIOD COV Y 1 - DECEMBEI	/ERED BY THIS STATEMENT R 31, 2017	1				
B Owner	incorr Giv rate ti Lis	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. 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 sub- mit a single statement of account and royalty fee payment covering the entire accounting period.						
	CAE	BLE TV OF STAN	011816 2017/					
C	CAE 140 FRE	BLE TV OF STAN 5 E 23RD ST MONT NE 68025	011816 2017/	'2 identify the business and operat	ion of the system unless the he address given in space B			
C System	CAE 140 FRE	BLE TV OF STAN 5 E 23RD ST MONT NE 68025	011816 2017/ FON -2433 business or trade names used to 3. In line 2, give the mailing address	'2 identify the business and operat	ion of the system unless the he address given in space B			
C System	CAE 140 FRE	BLE TV OF STAN D5 E 23RD ST MONT NE 68025 Juctions: In line 1, give any s already appear in space E IDENTIFICATION OF CAN MAILING ADDRESS OF C (Number, street, rural route, apartme	011816 2017/ ION -2433 business or trade names used to 3. In line 2, give the mailing address BLE SYSTEM: CABLE SYSTEM: ent, or suite number)	'2 identify the business and operat	he address given in space B			
C System D Area Served	CAE 140 FRE Instru- name 1 2 Instru- in FC areas of sys- Note:	BLE TV OF STAN D5 E 23RD ST MONT NE 68025 DENTIFICATION OF CAN MAILING ADDRESS OF C (Number, street, rural route, apartme (City, town, state, zip) UCTIONS: List each separate of C rules: "a separate and dia and including single, discre- stem identification hereafter	011816 2017/ ION -2433 business or trade names used to 3. In line 2, give the mailing address BLE SYSTEM: CABLE SYSTEM: ent, or suite number)	2 identify the business and operati s of the system, if different from the stem. A "community" is the same a ity (including unincorporated com R. §76.5(dd). The first community lease use it as the first community	he address given in space E s a "community unit" as defin munities within unincorpora that you list will serve as a for o n all future filings.			
D Area	CAE 140 FRE Instru name 1 2 Instru in FC areas of sys Note: identi	BLE TV OF STAN D5 E 23RD ST MONT NE 68025 UCTIONS: In line 1, give any as already appear in space E IDENTIFICATION OF CAN MAILING ADDRESS OF C (Number, street, rural route, apartme (City, town, state, zip) UCTIONS: List each separate C rules: "a separate and dia and including single, discre- stem identification hereafter Entities and properties such a	011816 2017/ ION -2433 business or trade names used to 3. In line 2, give the mailing address BLE SYSTEM: CABLE SYSTEM: ent, or suite number) community served by the cable systement or municipal entered areas)." 47 C.F.I known as the "first community." P	2 identify the business and operati s of the system, if different from the stem. A "community" is the same a ity (including unincorporated com R. §76.5(dd). The first community lease use it as the first community	he address given in space B s a "community unit" as defir munities within unincorpora that you list will serve as a fo y on all future filings.			

с. 2

Form SA1-2c Rev: 10/2017

1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE TV OF STANTON	011816			Name		
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 <i>first community</i> on all <i>future filings</i> . Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
identified city.	apartments, condominium:	s, or mobile home parks should be reported ir	parentheses below the	Served		
CITY OR TOWN	STATE	CITY OR TOWN	STATE			
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM		.6					
E Secondary Transmission Service: Subscribers and Rates	SECONDARY TRANSMISS In General: The information in system, that is, the retransmissi about other services (including p day of the accounting period (Ju Number of Subscribers: Bo down by categories of secondar category by counting the number for the particular service at the Rate: Give the standard rate unit in which it is generally billed category, but do not include dis Block 1: In the left-hand bloc systems most commonly provide that applies to your system. No categories, that person or entity subscriber who pays extra for c set," and would be counted on Block 2: If your cable system printed in block 1, (for example, with the number of subscribers	space E shou ion of televisio pay cable) in source 30 or Dec- oth blocks in source 30 or Dec- oth blocks in source 30 or 10 or 10 or of billings in rate indicated charged for e d. (Example: "Source 31 or 10 charged for e d. (Example: "Source 31 counts allower source 31 or 10 counts allower source 31 or 10 counts allower source 31 or 10 counts allower source 31 or 10 counts allower source 31 counts allower source 31 co	ald cover all control of and radio by pace F, not here ember 31, as space E call for a service. In g that category — not the number of the number of the number of the number of the form lists is scribers. Give an individual or unted as a sub padditional ser "Service to a segories for set the form service to a section of the number of th	categories of roadcasts by re. All the fact the case may or the number eneral, you ca (the number of ber of sets re- of service. In marize any se payment. the categories the number of organization oscriber in each diditional set(se condary trans-	secondar your syst syou sta be). r of subs n compu f persons ceiving se clude bo standard i s of secon f subscrit is receiv ch applic chappic and applic secondar s."	ry transmis tem to sub- te must be cribers to t te the numb s or organiz ervice). th the amo rate variation dary trans- bers and ra- ing service able catego the count service that by transmis	scribers. Give info those existing on the cable system, ber of subscribers ations charged sep unt of the charge ons within a particu- mission service that te for each listed c that falls under of ory. Example: a res- under "Service to at are different from ssions), list them, t	rmation the las broken in each parately and the ular rate at cable at cable at each differen sidentia the firs n those ogethe
	sufficient.			1				
	BLOCK	1 NO. OF SUBSCRIBE	RS RATE	CATEGORY		BLOCK 2	NO. OF SUBSCRIBERS	RATE
F	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Nonresidential SERVICES OTHER THAN S In General: Space F calls for ranot covered in space E, that is, th	SECONDAR te (not subscr	Y TRANSMI iber) informati	SSIONS: RA	ATES ct to all ye	our cable s	ndary transmissior	servic
Services Other Than Secondary Transmissions: Rates	for a single fee. There are two at cost or (2) services or facilitie charge and the unit in which it i letters "PP" in the rate column. Block 1: Give the standard r Block 2: List any services th listed in block 1 and for which brief (two- or three-word) descr	exceptions: yo s furnished to s usually billed ate charged b nat your cable a separate ch	bu do not nee nonsubscrib d. If any rates y the cable sy system furnis	d to give rate ers. Rate infor are charged o stem for each shed or offere de or establis	information s mation s on a varia of the ap d during	ion conceri hould inclu ble per-pro oplicable se the accou	hing (1) services fund de both the amound gram basis, enter ervices listed. Inting period that work of the formation of the f	urnishe nt of th only th vere no
		BLOCK 1					BLOCK 2	1
	CATEGORY OF SERVICE		EGORY OF S		RATE	CATEGO	RY OF SERVICE	RAT
130 - 7.00 inemax - 4.00 Showtime TMC 2.00 ncore 8.00	Continuing Services: • Pay cable • Pay cable–add'l channel • Fire protection • Burglar protection Installation: Residential • First set	60.00 Pc	allation: Non otel, hotel ommercial by cable by cable-add' e protection orglar protection	l channel		· · · · · · · · · · · · · · · · · · ·		
	installation. Residentia	60.00 • Bu • Bu • Bu • Bu	e protection			· · · · · · · · · · · · · · · · · · ·		

Move to new address

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CABLE TV OF STANTON 011816

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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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.

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
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ACCOUNTING PERIOD 2017/2

Name

Primary

Transmitters:

Television

Call Sign	B'Cast Channel	Type of Station	Location of Station
KMTV	3	N	Omaha, NE
KMTV LAFF TV	309	N	Omaha, NE
KMTV ESCAPE	310	- N	Omaha, NE
KTIV	4	N	Sioux City, IA
CW	313	N	Sioux City, IA
KTIV METV	314	N	Sloux City, IA
KETV	7	Ν	Omaha, NE
KETV METV	303	Ν	Omaha, NE
KCAU	9	N	Sioux City, IA
KPTH - FOX	44	Ν	Sloux City, IA
KMEG	14	Ν	Sioux City, (A
KMEG TBD TV	307	Ν	Sloux City, IA
KMEG COMET SCI-FI	308	Ν	Sioux City, IA
NET1	315	E	Norfolk, NE
NET2 WORLD	316	E	Norfolk, NE
NET3 CREATE	317	E	Norfolk, NE
NEWS CHANNEL NE	35	1	Norfolk, NE
NCN ANTENNA TV	36	1	Norfolk, NE
NCNWEATHER NATION	37	1	Norfolk, NE
KPTH CHARGE TV	312	N	Sioux City, IA
KPTH THIS	311	Ν	Sioux City, IA
KLKN LAFF TV	306	Ν	Lincoln, NE
KLKN GRIT	304	N	Lincoln, NE
KLKN ESCAPE	305	N	Lincoln, NE
KCAU BOUNCE	302	N	Sioux City, IA
KCAU ESCAPE	300	Ν	Sioux City, IA
KCAU LAFF TV	301	N	Sloux City, IA
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ACCOUNTING PERIOD 2017/2

Name	LEGAL NAME OF OT							
H Primary Transmitters: Radio	all-band basis Special Instru receivable if (* the basis of m detailed inform Column 1: Column 2: Column 3: signal, indicat Column 4:	ist every rac s whose sign uctions Cor 1) it is carried conitoring, to mation abou Identify the State wheth If the radio te this by pla Give the sta	tio sta nals we be rec t the the call signer the station action a attion's	5: RADIO tion carried on a separate and ere generally receivable by young All-Band FM Carriage: Use system whenever it is receivable by young at the headend, with the the Copyright Office regulation gn of each station carried. station is AM or FM. It's signal was electronically pro- tocheck mark in the "S/D" co- location (the community with with f any, the community with with with	our cable systen nder Copyrigh ved at the systen e system's FM ns on this poin processed by to lumn. which the stat	em during th t Office regu em's header I antenna, du nt, see page the cable syst ion is license	le acc lation id; and uring c (iv) of stem a ed by	ounting period. s, an FM signal is generally d (2) it can be <i>expected</i> , on certain stated intervals. For the general instructions.
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	CALL SIGN	AM or FM		1994	CALL SIGN	AM OF FM	5/D	LOCATION OF STATION
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	94 Rocks.	FM		<i>• // 1/</i>				
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FORM SA1-2. PAGE 4.

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FORM SA1-2. PAGE 5. ACCOUNTING PERIOD 2017/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE TV OF STANTON 011816 SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis 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 Substitute the general instructions. Carriage: Special 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Statement and During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program Program Log broadcast by a distant station? 🗌 Yes XNo Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting 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 permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM 7. REASON CARRIAGE OCCURRED FOR DELETION 5. MONTH 2. LIVE? 3. STATION'S 6. TIMES 1. TITLE OF PROGRAM Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM TO

ACCOUNTING E	PERIOD 2017/2 FORM SA1-2. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	CABLE TV OF STANTON 011816							
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 (vi) of the general instructions. • 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 AND FILING FEES							
	Instructons: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3							
Copyright Royalty Fee	 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 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. Boyalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8							
	Line 3. Filing Fee \$15.00							
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3							
	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							
	9. Filing Fee							
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.							
	10. IOIAL ROYALIY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9							
	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. Hoyaity due on the lifet \$205,000 of gloss receipts (and of statutory formats)							
	6. Interest Charge. Enter the amount from line 4, space Q, page 8							
	7. Flung Fee							
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7 · · · · · · · · · · · · · · · · · ·							
	IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page i of t general instructions for more information.							

	NTING PERIOD 201
EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE TV OF STANTON 011816	Name
CHANNELS nstructions: You must give (1) the number of channels on which the cable system carried television broadcast o its subscribers, and (2) the cable system's total number of activated channels during the accounting period . Enter the total number of channels on which the cable system carried television broadcast stations. 2.7 . Enter the total number of activated channels on which the cable system carried television broadcast stations. 2.7 . Enter the total number of activated channels on which the cable system carried television broadcast stations. 2.40	l. Channels
NDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED Identify an individual we can contact about this statement of account.) Name Pamela Gist Name Telephone 70.3 - 584 Address 8300 Greensboro Dr., Suite (Number, street, rural route, apartment, or suite number) 120.0 Tyson, VA 32.10.2	Information
Email (optional) Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Offic fions, as explained in the general instructions.)	
 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 space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of 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 identif 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 f tained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are good faith. [See 18 U.S.C. sec.1001] 	f the fied as fact con-
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Handwritten signature: LEONAK Paden Typed or printed name: hEona Paden	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

	FORM SA1-2. PAGE 8.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	CABLE TV OF STANTON 011816						
P Special Statement Concerning Gross Receipts Exclusions	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 (vi) of the general instructions. 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? XNO YES. Enter the total here and list the satellite carrier(s) below.						
	Name Name						
	Mailing address Mailing address						
Q Interest Assessment	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 (vi) of the general instructions. Line 1. Enter the amount of late payment or underpayment. \$						
	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 x .00274						
	Line 4, Multiply line 3 by .00274** and enter here and 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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