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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/14/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting		2018/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Barcode Data Filing Period (optional - see instructions)	
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.	40648
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		SIREN COMMUNICATIONS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 506	
		(Number, street, rural route, apartment, or suite number) (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SIREN COMMUNICATIONS INC	40648
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future film	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	SIREN	WI
Community		
Add Rows as Necessary		
	การแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกร	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID
Name	SIREN COMMUNICATIO	NS INC							4064
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissio about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity s	SERVICE: SL bace E should on of television ay cable) in sp (June 30 or D blocks in spar transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc where an inc	cover al and rad ace F, n ecembe ce E call service. gs in that ndicated h catego 20/mth"). for adva e form lis ribers. G dividual	Il categories of lio broadcasts not here. All the r 31, as the ca l for the number In general, yo t category (the d—not the num ory of service. . Summarize a ince payment. sts the categor Give the number or organization	secondary by your sy e facts you se may be er of subso u can com number o hber of set Include bo ny standar ries of seco er of subso n is receivi	stem to subscrit state must be t b). There is to the cat pute the numbe f persons or org s receiving serv th the amount o rd rate variations ondary transmis ribers and rate to ng service that f	bers. Give i hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic for each list alls under o	nformation ng on the broken ibers in charged e and the articular rate e that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again und nas rate catego ers of services	additiona er "Serv pries for that inc	al sets would b ice to addition secondary trai clude one or m	e included al set(s)." nsmission ore second	l in the count un service that are dary transmissio	der "Servic different fr ns), list the	e to the om those m, together	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		294	\$87.75	Remote	e/Converter		2	\$2.2
	<ul> <li>Service to additional set(s)</li> </ul>		172	\$83.75	Outlet	Maintenance		1	· · · · · ·
	• FM radio (if separate rate)		480	\$4.95	Econor			11	
	Motel, hotel					ded Basic Lit	e	11	
	Commercial				Lifeline	e Basic		34	
	Converter		2	\$1.00	DVR			19	\$7.0
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rate not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a se brief (two- or three-word) descrip	e (not subscrib nose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem furn e was m	mation with re not offered in ( do not need to p nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to al combination give rate ers. Rate in ates are ch ach of the a ed during t	on with any seco information condu- nformation shoul arged on a varia applicable service the accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that	smission services oth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential		Devilor		\$4E 0
	Pay cable     Add'l shappel			tel, hotel		\$99.00	Pay IPT		\$15.9 ¢0.0
	Pay cable—add'l channel     Fire protection			nmercial / cable		\$99.00	Pay IPT Pay IPT		\$9.9 \$2.9
	•Burglar protection		,	/ cable-add'l ch	nannel		. ay ii 1	-	ψ2.3
	Installation: Residential		,	protection			Rec Va	c IPTV	\$10.0
	First set	\$99.00		glar protection			Rec Va		\$35.0
	<ul> <li>Additional set(s)</li> </ul>	\$35.00		services:					
	• FM radio (if separate rate)		• Rec	connect			Rec No	n-pay IPTV	\$32.0
	Converter		• Disc	connect			Rec No	n-pay CATV	\$50.0
			• Out	let relocation		\$110.00			
				ve to new addr		\$99.00			

	LEGAL NAME OF OWNER O	E CARLE SYSTEM		SYSTEM
Name	SIREN COMMUNICA			406
	PRIMARY TRANSMITTERS:			
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chanr of license. For example, V <b>Column 3:</b> Indicate in each educational station, by ent (for independent multicast) For the meaning of these the <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part the carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program d both on a substitute basis and all see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- lictions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial upendent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КТСА	2	E	ST PAUL, MN
	wcco	4	N	MINNEAPOLIS, MN
Necessary	KSTP	5	N	ST PAUL, MN
ws as Necessary		T		
	WFTC	29	<u> </u>	MINNEAPOLIS, MN
	WFTC WEUX	29 48	 	MINNEAPOLIS, MN CHIPPEWA FALLS, WI
-			   	
	WEUX	48	I I I E	CHIPPEWA FALLS, WI
	WEUX KMSP	48 9	I I I E N	CHIPPEWA FALLS, WI MINNEAPOLIS, MN
	WEUX KMSP WHWC	48 9 28		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI
	WEUX KMSP WHWC KARE	48 9 28 11		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN
	WEUX KMSP WHWC KARE WUCW	48 9 28 11 23		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
	WEUX KMSP WHWC KARE WUCW KPXM	48 9 28 11 23 41		CHIPPEWA FALLS, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN

EGAL NAME O								SYSTEM ID 4064
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
Special Instruc- eceivable if (1) in the basis of for detailed infr aper SA1-2 fo Column 1: la Column 2: S Column 3: la ignal, indicate Column 4: C	ctions Conce of it is carried b monitoring, to ormation about rm. dentify the call State whether of the radio state this by placing Sive the station	rning Al y the syst be recein at the Co l sign of the static tion's sig g a chech n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office in at the system's he system's FM anter this point, see par sed by the cable s ne station is licen	regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can eertain si general i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		r —				r		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>						
		+						
		+						
		+						
		7				[		

	d: 2018/1						FOR	M SA1-2E. PAGE 5.
NI	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	SIREN COMMUNICATI	ONS INC						40648
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	G			
	In General: In space I, identi	ifv everv nor	nnetwork televis	ion program, broadcast by	a <i>distant</i> stat	on, that your	cable syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televis	<u>ion</u> progran	n
Statement and Program Log	broadcast by a distant stat	tion?					YES	NO
Frogram Log	Neter If your anowar is "No"	' loovo tho	reat of this near	o block. If your opower is "				-
	Note: If your answer is "No'	, leave the	rest of this pag	e Diank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incurning io	,
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re							n.
	Do not use general categori "NBA Basketball: 76ers vs.		vies of Daske	toali. List specific program	i lilles, ioi exa	ample, i Lov	le Lucy O	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the s			with the mor	ath
	first. Example: for May 7 giv		when your sys		ologiani. Ose	numerais, v		101
			substitute pro	gram was carried by your o	cable system.	List the time	es accurate	lv
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."	"D"						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							dill
	effect on October 19, 1976.							
	s			l				7 REASON FOR
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	1		AGE OCCL		7. REASON FOR DELETION
	S			4. STATION'S LOCATION	CARRI	AGE OCCL	JRRED	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED IMES	1

Accounting Period:	2018/1		FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SIREN COMMUNICATIONS INC		ç	8YSTEM ID# 40648
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hor 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.	s secondary trans w to compute thi	smission servi s amount, see \$ 24	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00 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	· · <u> </u>	<u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r		100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	246,870.53		
	3. Subtract line 2 from line 1	16,929.47		
	4. Enter the amount of gross receipts from space K	. \$ 2	46,870.53	
	5. Enter the amount from line 3	. \$	16,929.47	
	6. Subtract line 5 from line 4	\$ 2	229,941.06	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,149.71
	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		\$	1,149.71
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	ut less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	i		
	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)	<b>\$</b>	1,149.71	
Due	2. 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		\$	1,169.71
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f	-		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SIREN COMMUNICATIONS INC	SYSTEM ID# 40648
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	20 79
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name KAREN C SHERSTAD Telephone	715-349-2224
	Address PO BOX 506 (Number, street, rural route, apartment, or suite number) SIREN, WI 54872 (City, town, state, zip)	
	Email karen13@sirentel.net Fax (optional)	
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;  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership) or partnership) or partnership I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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)]	stem as identified
	Date: 8/14/2018	

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 the 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
EN COMMUNICATIONS INC	406
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?	P Special Statemen Concerning Gross Receipts Exclusio
NO         YES. Enter the total here and list the satellite carrier(s) below.         \$	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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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.