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> For additional information,
General instructions are located in the first tab of this workbook	07/26/2018	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	452
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Midcontinent Communications	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 5040 (Number, street, rural route, apartment, or suite number)	
		Sioux Falls, SD 57117-5040 (City, town, state, zip)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	inless these
С		s 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:	
		Balaton, MN	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)	
		Sioux Falls, SD 57117-5040 (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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	Midcontinent Communications	452
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fil	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or i	
Served	identified city.	
First	CITY OR TOWN Balaton	STATE MN
Community		
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								TEM ID
Name								510	45
	Midcontinent Communi	cations							т
Е	SECONDARY TRANSMISSION								
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc				<b>.</b>			- 46 - 4 64 -	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as	a subscriber in	each appl	icable category	Example:	a residential	
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					sonvice that are	difforant fr	om thoso	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.								
	BLO	OCK 1 NO. OF					BLOCK	X 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		78	19.95		ss Accounts		5	19.
	<ul> <li>Service to additional set(s)</li> </ul>					ef Converter		6	16.
	<ul> <li>FM radio (if separate rate)</li> </ul>				Nursing	g Homes		48	7.
	Motel, hotel								
	Commercial		4	61.95					
	Converter		63	4.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NGMIG		<u>د</u>				
-	In General: Space F calls for rat	-			-	l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Comilana	service for a single fee. There ar	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		acaany	billou: If uny fe				ogram bablo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
								BLOCK 2	
		BL O(	~K 1						
	CATEGORY OF SERVICE	BLOO RATE		GORY OF SER	VICE	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services:		CATE	GORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RAT
			CATE(			RATE 50.00	CATEGO Digital	DRY OF SERVICE	
	Continuing Services:	RATE	CATEC Install	ation: Non-res				DRY OF SERVICE	12.0
	Continuing Services: • Pay cable	RATE	CATEC Install • Mo • Co	ation: Non-res itel, hotel		50.00	Digital	DRY OF SERVICE 1 IX	RAT 12.( 16.( 16.(
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEC Install • Mo • Co • Pa	ation: Non-res tel, hotel mmercial	idential	50.00	Digital Cinema Showti	DRY OF SERVICE 1 IX	12.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEC Install • Mo • Co • Pa • Pa	<b>ation: Non-res</b> itel, hotel mmercial y cable	idential	50.00	Digital Cinema Showti	DRY OF SERVICE 1 1x me	12.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATEC Install • Mo • Co • Pa • Pa • Fire	<b>ation: Non-res</b> itel, hotel mmercial y cable y cable-add'l cl	idential	50.00	Digital Cinema Showti	DRY OF SERVICE 1 1x me	12.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 16.00	CATEC Install • Mo • Co • Pa • Pa • Fin • Bu	ation: Non-res itel, hotel mmercial y cable y cable-add'l cl e protection	idential	50.00	Digital Cinema Showti	DRY OF SERVICE 1 1x me	12.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 16.00 50.00	CATEC Install • Mo • Co • Pa • Pa • Firr • Bu Other	ation: Non-res ttel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential	50.00	Digital Cinema Showti	DRY OF SERVICE 1 1x me	12.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 16.00 50.00	CATEC Install • Mo • Co • Pa • Fin • Bu Other • Re	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	idential	50.00 50.00	Digital Cinema Showti	DRY OF SERVICE 1 1x me	12.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 16.00 50.00	CATEC Install • Mo • Co • Pa • Firr • Bu Other • Re • Dis	ation: Non-res ttel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential	50.00 50.00	Digital Cinema Showti	DRY OF SERVICE 1 1x me	12.0 16.0 16.0

				OVOTEN ID #
me	LEGAL NAME OF OWNER OF			SYSTEM ID# 452
	Midcontinent Commu			
hary hitters: ision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channer of license. For example, With <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carried n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE-DT	11	Ν	MINNEAPOLIS, MN (NBC)
	KARE-DT KELO-DT	11 11	<u>N</u>	MINNEAPOLIS, MN (NBC) SIOUX FALLS, SD (CBS)
ssary				
sary	KELO-DT	11	N	SIOUX FALLS, SD (CBS)
ssary	KELO-DT KMSP-DT	11 9	N I	SIOUX FALLS, SD (CBS) MINNEAPOLIS, MN (FOX)
sary	KELO-DT KMSP-DT KSTP-DT	11 9 35	N       	SIOUX FALLS, SD (CBS) MINNEAPOLIS, MN (FOX) ST PAUL, MN (ABC)
sary	KELO-DT KMSP-DT KSTP-DT KSFY-DT	11 9 35 13	N I N N	SIOUX FALLS, SD (CBS) MINNEAPOLIS, MN (FOX) ST PAUL, MN (ABC) SIOUX FALLS, SD (ABC)
sary	KELO-DT KMSP-DT KSTP-DT KSFY-DT KWCM-DT	11 9 35 13 10	N I N N E	SIOUX FALLS, SD (CBS) MINNEAPOLIS, MN (FOX) ST PAUL, MN (ABC) SIOUX FALLS, SD (ABC) APPLETON, MN (PBS)
sary	KELO-DT KMSP-DT KSTP-DT KSFY-DT KWCM-DT WCCO-DT	11 9 35 13 10 32	N I N N E	SIOUX FALLS, SD (CBS) MINNEAPOLIS, MN (FOX) ST PAUL, MN (ABC) SIOUX FALLS, SD (ABC) APPLETON, MN (PBS) MINNEAPOLIS, MN (CBS)
sary	KELO-DT KMSP-DT KSTP-DT KSFY-DT KWCM-DT WCCO-DT WFTC-DT	11 9 35 13 10 32 29	N I N N E	SIOUX FALLS, SD (CBS) MINNEAPOLIS, MN (FOX) ST PAUL, MN (ABC) SIOUX FALLS, SD (ABC) APPLETON, MN (PBS) MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT)
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								SYSTEM II
Midcontiner	nt Commun	ication	S					4
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat	y the sys be recein at the Co sign of e the static ion's sign	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process c mark in the "S/D" column.	at the system's h system's FM and this point, see pa	eadend, and ( enna, during c age (v) of the c	2) it can certain si general i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: C	Give the station	n's locati	on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						+		
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Accounting Perio	a: 2018/1						FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	Midcontinent Commur	nications						452
	SUBSTITUTE CARRIAGI	E: SPECIAL		NT AND PROGRAM LO	G			
	In General: In space I, identi	ify every nonr	network televis	ion program, broadcast by	a distant stat	on, that you	ir cable syste	em carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that must	be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	I-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did your	cable system	carry, on a substitute bas	is, any nonnei	work televi	<u>sion</u> prograr	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	X NO
Trogram Log	Note: If your answer is "No'	" loovo tho ra	est of this nad	e blank. If your answer is	"Vee " vou mi			
	-		est of this pag	e blatik. Il your allswel is	res, you me	ist complete	e lite progra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if thei	ir meaning is	s
	clear. If you need more spa						i mouning k	-
	Column 1: Give the title	of every nonr	network televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		ies of baske	Iball. List specific program		ampie, i Lu	We Lucy Of	
			cast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv		men your sys		program. Ose	numerais,	with the mo	
			substitute pro	gram was carried by your	cable system.	List the tim	nes accurate	ely
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."	an "D" if the a liv						l
				was substituted for progra				
	TO DELETE LINDER FULL FULLES 2							
	to delete under FCC rules a was substituted for program							
	was substituted for program effect on October 19, 1976.	nming that yo						
	was substituted for program	nming that yo			r FCC rules a	nd regulatio	ons in	1
	was substituted for program effect on October 19, 1976.	nming that yo	our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ITUTE	7. REASON FOR
	was substituted for program effect on October 19, 1976.	BUBSTITUTE	E PROGRAN 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI	ITUTE URRED FIMES	
	was substituted for program effect on October 19, 1976.	UBSTITUTE	our system wa	s permitted to delete unde	r FCC rules a WHE CARRI	nd regulation	ITUTE	7. REASON FOR
	was substituted for program effect on October 19, 1976.	BUBSTITUTE	E PROGRAN 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI	ITUTE URRED FIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976.	BUBSTITUTE	E PROGRAN 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI	ITUTE URRED FIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976.	BUBSTITUTE	E PROGRAN 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI	ITUTE URRED FIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976.	BUBSTITUTE	E PROGRAN 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI	ITUTE URRED FIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976.	BUBSTITUTE	E PROGRAN 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI	ITUTE URRED FIMES	7. REASON FOR
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Accounting Period:	2018/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	S	YSTEM ID# 452
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 trans         (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 servic s amount, see	e 1 <b>,904.43</b>
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 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.	\$263,800	
	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 accounting period is \$52.00	this six-month	
	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	7,600)	
	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	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 452
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 .         and nonbroadcast services .	9
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 Wynne Haakenstad Telephone 952-8	844-2622
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip)	
	Email wynne.haakenstad@midco.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(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 in line 1 of space B.</li> <li>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)]</li> <li>X /s/ Wynne Haakenstad</li> </ul>	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Wynne Haakenstad	
	Title: Director of Programming (Title of official position held in corporation or partnership) Date: 07/26/18	

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 telephol 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 fling, a determination that would be made by a court of lav

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
continent Communications	45
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     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.	-
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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