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

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
for Seconda	ny Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syste General instru in the first tab	ctions	are located	08/22/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	
		2018/1	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
Accounting Period		20181		- see instructions)	
В		Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c		diary of another corporation, give the full co	rporate title
Owner		List any other name or names under whic	h the owner conducts the business of th	he cable system.	
				he last day of the accounting period should s	ubmit a
		single statement of account and royalty for			62954
		Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		NEX-TECH LLC			
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT))	
		MAILING ADDRESS OF OWNER OF 145 N MAIN	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite r	number)		
		City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	-	MAILING ADDRESS OF CABLE SYSTEM	Λ:		
	2	(Number, street, rural route, apartment, or suite r	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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	NEX-TECH LLC	629
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future to Note: Entities and properties such as hotels, apartments, condominiums, or	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter know illings.
Area Served	identified city.	
First	CITY OR TOWN WAKEENEY	STATE KS
Community		
-		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1-	
Name	NEX-TECH LLC							629
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period	pace E should on of television bay cable) in sp I (June 30 or D	l cover all cate and radio bro bace F, not her becember 31, a	gories of seconda adcasts by your s re. All the facts yo as the case may b	system to subscripu state must be be).	ibers. Give those exist	information ting on the	
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of 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. Not categories, that person or entity	y transmission umber of billing rice at the rate harged for eac (Example: "\$ counts allowed in space E, th e to their subsc e: Where an ir	service. In gei gs in that categ indicated—noi ch category of 20/mth"). Sum for advance p the form lists the cribers. Give the advidual or org	neral, you can con gory (the number t the number of se service. Include b marize any stand ayment. e categories of se the number of subs ganization is recei	mpute the number of persons or orgets receiving service both the amount of ard rate variation condary transmis scribers and rate iving service that	er of subsc ganizations vice). of the charg as within a ssion servi- for each lis falls under	ribers in s charged ge and the particular rate ce that cable sted category r different	
	subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	able service to once again unc has rate categ iers of services and rates, in th	additional sets ler "Service to ories for secor s that include o	would be include additional set(s). dary transmission one or more second	n service that are	nder "Servi e different f ons), list th tion of the s	ce to the from those em, together service is	
	BLC	DCK 1 NO. OF	:			BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		TE CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		408	24.95 PREM	IERE		321	48.
	Service to additional set(s) FM radio (if separate rate) Motel, hotel							
	Commercial Converter • Residential							
	Non-residential							
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscril hose services re two exceptic or facilities fun hit in which it is rate column. te charged by t t your cable sy separate charge	ber) informatio that are not of ons: you do noi nished to nons usually billed. the cable syste stem furnished ge was made of de the rate for	n with respect to fered in combinat t need to give rate ubscribers. Rate If any rates are c em for each of the d or offered during or established. Lis	ion with any sec e information con information shou charged on a vari e applicable servi g the accounting	ondary tran icerning (1 ild include iable per-p ces listed. period that	nsmission) services both the rogram basis, : were not	
	CATEGORY OF SERVICE	RATE	CATEGORY	OF SERVICE	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:			Non-residential			-	-
	Pay cable Pay cable—add'l channel	72.95	Motel, hot Commerc			Sports Cinema	& Entertain.	13. 11.
	Fire protection		Pay cable			HBO		17.
	 Burglar protection 		Pay cable Fire prote	-add'l channel ction		Showti Starz! I	me & TMC Encore	14. 12.
	Installation: Residential							14.
	Installation: Residential • First set	99.00	• Burglar pr	otection				
	• First set		• Burglar pr	es: ct	110.00			12:

	2018/1			FORM SA1-2E. P.
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
	NEX-TECH LLC			62
	PRIMARY TRANSMITTERS:			
G Primary Insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations c ules, regulations, or authorizations: re in space G—but do list it in space I (t n a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations,	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other
	Column 1: List each statio	on's call sign. <i>Do not</i> report origination	program services such as HBO, ES	PN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann	el number the FCC assigned to the tele		
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t	(for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station	pendent), "I-M" ional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	N	GREAT BEND, KS
	KLBY	4	Ν	WICHITA, KS
ws as Necessary	KBSH	7	Ν	HAYS, KS
	KSNK	8	N	McCOOK, NE
	KOOD	9	E	
				HAYS, KS
	KAKE	10	N	WICHITA, KS
	KAKE KMTW	10 17		
			N	WICHITA, KS
	KMTW	17	N	WICHITA, KS WICHITA, KS
	KMTW KSCW	17 23	N 	WICHITA, KS WICHITA, KS WICHITA, KS
	KMTW KSCW KSAS	17 23 24	N 1 1 N	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KMTW KSCW KSAS KWCH-DT2	17 23 24 110	N I I N N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KMTW KSCW KSAS KWCH-DT2 KAKE-DT2	17 23 24 110 180	N I I N N-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KMTW KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2	17 23 24 110 180 181	N I I N N-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KMTW KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3	17 23 24 110 180 181 182	N I I N N-M N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KMTW KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4	17 23 24 110 180 181 182 183	N I I N N-M N-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KMTW KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2	17 23 24 110 180 181 182 183 183 184	N I I N N-M N-M I-M I-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KMTW KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3	17 23 24 110 180 181 182 183 183 184 185	N I I N N-M N-M I-M I-M E-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KMTW KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3	17 23 24 110 180 181 182 183 183 184 185 186	N I I N N-M N-M I-M I-M E-M I-M N-M I-M	WICHITA, KS WICHITA, KS
	KMTW KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2	17 23 24 110 180 181 182 183 184 185 186 186 187	N I I N N-M N-M I-M I-M I-M I-M N-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KMTW KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2	17 23 24 110 180 181 182 183 184 185 186 186 187	N I I N N-M N-M I-M I-M I-M I-M N-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KMTW KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2	17 23 24 110 180 181 182 183 184 185 186 186 187	N I I N N-M N-M I-M I-M I-M I-M N-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS

NEX-TECH	F OWNER OF (CABLE 5	TSTEM:					SYSTEM 629
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be recein to the Co sign of the static ion's sig g a chech n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
(KQY	FM FM		HILL CITY, KS					
(RSL (KDT	FM FM		RUSSELL, KS BURDETT, KS					
							·	
						_		

Accounting Perio	od: 2018/1						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							62954
					-			
	SUBSTITUTE CARRIAG				-			
	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ne general in			
Special	During the accounting per				eie anv noni	notwork tolov	ision prog	ram
Statement and		-	ui cable syster	in carry, on a substitute ba	515, any nom			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must complet	e the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	ir meaning	g is
				vision program ("substitute	e program") t	hat. during th	e account	ina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pr	ogramming o	f another s	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" of "bask	etball." List specific progra	am titles, for e	example, "I Lo	ove Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute progr				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			e FCC or,	in
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. s	snould be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your system	was requ	ired
	to delete under FCC rules	and regulat	ions in effect d	luring the accounting perio	d; enter the	letter "P" if th	e listed pro	
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regulati	ons in	
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
						_		
					(_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 62954
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	5, 420.23 ss receipts)
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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 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	this six-mon	
	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		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 \$137,1	00)	
	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		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)	
	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		FG GG	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	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		nts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CA NEX-TECH LLC	BLE SYSTEM:			SYSTEM ID# 62954
M Channels	 to its subscribers, and (2) the of 1. Enter the total number of ch system carried television bro 2. Enter the total number of ac on which the cable system carried 	cable system's total num nannels on which the cab adcast stations stivated channels arried television broadcas	st stations	accounting period.	19 343
N Individual to Be Contacted	we can contact about this state	CTED IF FURTHER INFO	DRMATION IS NEEDED (Identify an i		
for Further Information	Address 2418 Vin (Number, stree Hays, KS	e Street t, rural route, apartment, or su 6 67601	ilte number)	Telephone 7	785-625-7070
		sroe@nex-tech.com		Fax (optional)	
O Certification	 I, the undersigned, hereby cer (Owner other than of (Agent of owner other in line 1 of space) X (Officer or partner) in line 1 of space I have examined the statemen 	tify that (Check one, but or corporation or partnersh her than corporation or p B and that the owner is r I am an officer (if a corpore B. to f account and hereby d to the best of my knowled	rtified and signed in accordance with <i>nly one</i> , of the boxes.) hip) I am the owner of the cable system bartnership) I am the duly authorized a tot a corporation or partnership; or bration) or a partner (if a partnership) o variation) or a partner (if a partnership) o leclare under penalty of law that all stat lge, information, and belief, and are mat	n as identified in line 1 of space B agent of the owner of the cable sy f the legal entity identified as own tements of fact contained herein	ystem as identified
		Enter sig	/s/ Rhonda S. Goddard electronic signature on the line above t gnature using an "/s/ signature" (e.g., /s Rhonda S. Goddard Financial Officer on held in corporation or partnership)	•	
	C	Date:		08/20/2018	

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 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.

Dunting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
X-TECH LLC	6295
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
You must complete this workshoot for these revalty payments submitted as a result of a late payment or underpayment	-
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
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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
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
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
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
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
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
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
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
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
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
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
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 Assessment
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
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 Assessmer

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.