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

STATEN	IENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	lary Transmissions by tems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
	ructions are located b of this workbook	02/25/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (YY	(YY/(Period))	

Accounting Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period
Accounting Period
Accounting Period
Period
Instructions
Instructions.
B 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.
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
Venture Communications Coop.
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
MAILING ADDRESS OF OWNER OF CABLE SYSTEM
PO Box 157
(Number, street, rural route, apartment, or suite number)
Highmore, SD 57345 (City, town, state, zip)
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System 1 IDENTIFICATION OF CABLE SYSTEM:
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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Venture Communications Coop.	2797
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo 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 fi Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Served		
	CITY OR TOWN	STATE
First	Rosholt	SD
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								TEM I
Name								313	279
	Venture Communication	is coop.							
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary	/		0 / 1					
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	. (Example: "\$2	20/mth"). Summarize a					
	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								
	subscriber who pays extra for ca	ble service to a	addition	al sets would b	e included				
	first set" and would be counted of								
	Block 2: If your cable system I								
	printed in block 1 (for example, the with the number of subscribers a								
	sufficient.		,			5 a accompa			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		219	75.95	Core			15	19
	 Service to additional set(s) 				My Cho	oice		11	45
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NEMIE		•			•	
-	In General: Space F calls for rat				-	l vour cable sys	tem's servi	ices that were	
F	not covered in space E, that is, th	hose services t	that are	not offered in o	combinatio	n with any seco	ndary tran	smission	
. .	service for a single fee. There ar		,		0				
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	Dilleu. Il ally la	lites are ch	argeu on a vana	able per-pr	ografii basis,	
ransmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ch of the a	pplicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	vices in the	form of a	
	bhei (two- of three-word) descrip								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:	IVILE		ation: Non-res		TUTE	UNTEO		
	• Pay cable	13.95		otel, hotel		49.95	set top	box	9.
	Pay cable—add'l channel	18.95		mmercial		49.95			
	Fire protection			y cable					1
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	49.95		rglar protection					
	Additional set(s)	••••••		services:					
	• FM radio (if separate rate)			connect		49.95			
	· · · /					-0.00			
	Converter		• []]	sconnect					
	Converter			sconnect		49 95			
	• Converter		• Ou	sconnect tlet relocation ove to new addr	ess	49.95 49.95			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
me	Venture Communica			
	PRIMARY TRANSMITTERS:	•		
ry ters: ion	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 here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- te carriage of certain network prog 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. .PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDLO	3	N	FLORENCE, SD
	KDLT	5	Ν	SIOUX FALLS, SD
essary	WDAY	6	Ν	FARGO, ND
	кттw	7	Ν	SIOUX FALLS, SD
	KABY	9	Ν	ABERDEEN, SD
			F	
	KDSD	10	E	PIERPONT, SD
	KDSD KWCM	<u>10</u>	E	PIERPONT, SD APPLETON, MN
				APPLETON, MN
	кwсм	10	E	
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN
	кwсм	10	E	APPLETON, MN

Accounting F							FORM	I SA1-2E. PAGE 4
LEGAL NAME OF Venture Cor								SYSTEM ID
	innunicatio		op.					279
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sys be recein at the Co sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved 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 th	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen:	adend, 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, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		s, if any,	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+						t	

Accounting Perio							FOF	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Venture Communication	ons Coop.	I					2797
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	ifv everv non	network televis	<i>sion program</i> , broadcast by	a distant stat	ion. that voi	ur cable svste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must	t be included in	this log, see page (v) of the	e general instr	uctions in th	ne paper SA1	I-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did your	cable system	carry, on a substitute basi	is, any nonnei	twork televi	ision program	n
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Neter If your anowar is "No"	" loovo tho r	ant of this non	o block If your onewer in	"Vaa" vau mu	-		
	Note: If your answer is "No'	, leave the h	est of this pag	e Diarik. Il your answer is	res, you mu	ist complete	e the progra	
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sihle if the	ir meaning i	s
	clear. If you need more spa						in meaning is	5
	Column 1: Give the title	of every non	network televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categori "NBA Basketball: 76ers vs.		nes of baske	IDall. List specific program	i lilles, ioi exa	ample, i Lo	Jve Lucy OI	
			cast live, enter	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the st	tation broadca	sting the substitute progra	m.			
				e community to which the			e FCC or, in	
	the case of Mexican or Can	adian station	ns, if any, the o	tem carried the substitute	station is iden	itified).	with the mo	nth
	first. Example: for May 7 giv		when your sys		piogram. Use	numerais,		
			substitute pro	gram was carried by your	cable system.	List the tin	nes accurate	elv
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."	"D"						
	to delete under FCC rules a			was substituted for progra				
	In delete under FCC fules a	anu regulatio	iis iii eilect du		, enter the let		e listeu prog	
	was substituted for program				r FCC rules a	nd regulation		
	was substituted for program effect on October 19, 1976.	nming that yo			r FCC rules a	nd regulation		
		nming that yo				-	ons in	1
	effect on October 19, 1976.	nming that yo	our system wa	s permitted to delete unde	WHE	N SUBST	ons in	
	effect on October 19, 1976.	UBSTITUTI	E PROGRAM	s permitted to delete unde	WHE CARRI	N SUBST	ons in	7. REASON FOR DELETION
	effect on October 19, 1976.	UBSTITUTI	our system wa	s permitted to delete unde	WHE	N SUBST	ITUTE	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	BUBSTITUTI	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR

Accounting Period:	2018/2 FORM SA1-26	E. PAGE 6.
Name		FEM ID#
	Venture Communications Coop.	2797
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	
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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00	
	Line 1. Royalty fee for accounting period \$ 5	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 \$ 5	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	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)	
	4. Entry the employet of group receipte from encode //	
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	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
	EFT Trace # or TRANSACTION ID # 75687375552	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	: 2018/2			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: nmunications Coop.	:	SYSTEM ID# 2797
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	ers, and (2) the cable system' otal number of channels on while d television broadcast station otal number of activated channel cable system carried television	ns	8
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FUR ct about this statement of accc	THER INFORMATION IS NEEDED (Identify an individual to whom ount.)	
for Further Information	Name	Brad Ryan	Telephone	e <u>605 852-2224</u>
	Address	PO Box 157 (Number, street, rural route, ap	artment or suite number)	
		Highmore, SD 5734 (City, town, state, zip)		
	Email	bryan@ventu	Jrecomm.net Fax (optional)	
O Certification			must be certified and signed in accordance with Copyright Office regulations))
			r partnership) I am the owner of the cable system as identified in line 1 of space I	B; or
			pration or partnership) I am the duly authorized agent of the owner of the cable s e owner is not a corporation or partnership; or	system as identified
	 I have examinare true, comp 	in line 1 of space B.	r (if a corporation) or a partner (if a partnership) of the legal entity identified as own nd hereby declare under penalty of law that all statements of fact contained herein my knowledge, information, and belief, and are made in good faith.	
			X /s/ Randy Houdek 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 print	ted name: Randy W. Houdek	
		Title:	General Manager of official position held in corporation or partnership)	
		(Title o		

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

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ture Communications Coop.	279
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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