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

STATEME	ΕΝΤ	OF ACCOUNT	FOR COPYRIGE	Return completed workbook by email to:			
for Seconda	ny Tr	ansmissions by	DATE RECEIVED	AMOUNT	<u> </u>		
Cable Syste General instru in the first tab	ctions	are located	02/01/2019	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150			
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	/YY/(Period))			
		2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		20182	Barcode Data Filing Period (optional	- see instructions)			
Accounting Period							
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title		
Owner		List any other name or names under which	the owner conducts the business of th	he cable system.			
		If there were different owners during the a single statement of account and royalty fee		he last day of the accounting period should s ing period.	ubmit a		
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	61429		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM				
		MidlandsNet LLC					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		PO Box 330 (Number, street, rural route, apartment, or suite nu	imber)				
		Remsen, IA 51050 (City, town, state, zip)					
С		RUCTIONS: In line 1, give any busing a already appear in space B. In line 2					
System		IDENTIFICATION OF CABLE SYSTEM:	, give the maning address of the				
	1	MidlandsNet LLC dba WesT	el Systems				
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite nu	mber)				
		(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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	MidlandsNet LLC	61429					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Area		ome parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First Community	Marcus						
Commanity	Quimby Sutherland/Calumet	Ai Ai					
Rows as Necessary	Alton	IA IA					
,	Remsen/Oyens	IA					

								FORM SA1		
Name									SYSTEM ID: 6142	
	MidlandsNet LLC								0172	
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in s	-		-		•				
Secondary	system, that is, the retransmission about other services (including particular services)									
Transmission	,	· · ·								
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).									
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	· ·		,	ny standa	rd rate variation	s within a	particular rate		
	category, but do not include disc				rian of and	ondon transmi		as that ashla		
	Block 1: In the left-hand block systems most commonly provide			-		•				
	that applies to your system. Not									
	categories, that person or entity						•			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-ł	nand block. A tv	vo- or thre	e-word descript	ion of the s	service is		
	sufficient.						BLOCK	(2)		
	BLOCK 1 NO. OF							NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	• Service to first set		1,279	24.95	Potran	smission Fe	•		13.	
	Service to additional set(s)		1,273	24.93	Netran	SIIISSIOII Fe	E		13.	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra	•	,		•	• •				
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•			•			,		
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are cl	narged on a vari	able per-p	rogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1		BL			BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services:			ation: Non-res	idential					
	• Pay cable			tel, hotel						
	Pay cable—add'l channel Eire protection		_	mmercial v cable						
	 Fire protection Burglar protection 		-	y cable y cable-add'l ch	annel					
	•Burgiar protection			y caple-add I cn e protection	annei					
	• First set	\$25		glar protection						
	Additional set(s)	ΨZJ		services:						
	• FM radio (if separate rate)			connect		25.00				
	Converter			connect						
			• Ou	tlet relocation						
				tlet relocation ve to new addr	ess	25.00				

	LEGAL NAME OF OWNER OF	CADIE OVOTEM		SYSTEM						
Name	MidlandsNet LLC	CABLE SYSTEM:		61						
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary	In General: In space G, ide carried by your cable system FCC rules and regulations i	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a								
elevision	substitute program basis, as Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations ca								
	• Do not list the station here station was carried only on		· ·	<i></i>						
	basis. For further information Column 1: List each station multicast stream associated	also in space I, if the station was carried in concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination put d with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each						
	of license. For example, W	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	Ū.							
	educational station, by ente (for independent multicast),	case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or	or network multicast), "I" (for inde _l r "E-M" (for noncommercial educa	pendent), "I-M"						
	Column 4: Give the locatio	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	4. LOCATION OF STATION								
	KTIV-S	4.1	N	SIOUX CITY, IA						
	KTIV-2	4.2	N-M	SIOUX CITY, IA						
ows as Necessary	KTIV-3	4.3	N-M	SIOUX CITY, IA						
Nows as Necessal y										
	KCAU-S	9.1	Ν	SIOUX CITY, IA						
	KCAU-S KCAU-2	9.1 9.2	N N-M	SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2	9.2	N-M	SIOUX CITY, IA						
	KCAU-2 KCAU-3	9.2 9.3	N-M N-M	SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4	9.2 9.3 9.4	N-M N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S	9.2 9.3 9.4 14.1	N-M N-M N-M N	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S KMEG-2	9.2 9.3 9.4 14.1 14.2	N-M N-M N-M N N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S KMEG-2 KMEG-3	9.2 9.3 9.4 14.1 14.2 14.3	N-M N-M N-M N N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S KMEG-2 KMEG-3 KSIN-S	9.2 9.3 9.4 14.1 14.2 14.3 27.1	N-M N-M N-M N N-M N-M E	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S KMEG-2 KMEG-3 KSIN-S KSIN-2	9.2 9.3 9.4 14.1 14.2 14.3 27.1 27.2	N-M N-M N-M N N-M N-M E E E-M	SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S KMEG-2 KMEG-3 KSIN-S KSIN-S KSIN-2 KSIN-3	9.2 9.3 9.4 14.1 14.2 14.3 27.1 27.2 27.3	N-M N-M N-M N N-M N-M E E E-M E-M	SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3 KSIN-4	9.2 9.3 9.4 14.1 14.2 14.3 27.1 27.2 27.3 27.4	N-M N-M N-M N-M N-M E E E-M E-M E-M	SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3 KSIN-4 KPTH-S	9.2 9.3 9.4 14.1 14.2 14.3 27.1 27.2 27.3 27.4 44.1	N-M N-M N-M N-M N-M E E E-M E-M E-M N	SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3 KSIN-4 KPTH-S KPTH-2	9.2 9.3 9.4 14.1 14.2 14.3 27.1 27.2 27.3 27.4 44.1 44.2	N-M N-M N-M N-M N-M E E-M E-M E-M N N-M	SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3 KSIN-4 KPTH-S KPTH-2 KPTH-3	9.2 9.3 9.4 14.1 14.2 14.3 27.1 27.2 27.3 27.4 44.1 44.2 44.3	N-M N-M N-M N-M N-M E E E-M E-M E-M N N-M N-M	SIOUX CITY, IA SIOUX CITY, IA						
	KCAU-2 KCAU-3 KCAU-4 KMEG-S KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3 KSIN-4 KPTH-S KPTH-2 KPTH-3	9.2 9.3 9.4 14.1 14.2 14.3 27.1 27.2 27.3 27.4 44.1 44.2 44.3	N-M N-M N-M N-M N-M E E E-M E-M E-M N N-M N-M	SIOUX CITY, IA SIOUX CITY, IA						

PRIMARY TRANSMITTERS: RADIO In General: List every radio station carriall-band basis whose signals were general signals were general signal information about the copy paper SA1-2 form. Column 1: Identify the call sign of ear Column 2: State whether the station Column 3: If the radio station's location's location's location Mexican or Canadian stations, if any, the call SIGN AM or FM S/D Column 1: Identify the call sign of ear Column 4: Give the station's location's location Mexican or Canadian stations, if any, the column 4: Give the station is a control of the station is control of the statis a control of the station is a control of th	erally receivable by your cab Band FM Carriage: Under C em whenever it is received at ed at the headend, with the s byright Office regulations on t ach station carried. h is AM or FM. al was electronically process mark in the "S/D" column. n (the community to which th	le system during Copyright Office r t the system's he system's FM ante his point, see pa ed by the cable s te station is licens	the accountin egulations, an adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0	g perioc FM sig) it can ertain st eneral ii eparate a	d. Inal is generally be expected, tated intervals. nstructions in the. and discrete	H Primary Transmitters Radio
eceivable if (1) it is carried by the system on the basis of monitoring, to be received for detailed information about the Copy paper SA1-2 form. Column 1: Identify the call sign of ear Column 2: State whether the station Column 3: If the radio station's signal ignal, indicate this by placing a check r Column 4: Give the station's location dexican or Canadian stations, if any, the	em whenever it is received al red at the headend, with the s pyright Office regulations on t ach station carried. In is AM or FM. al was electronically process mark in the "S/D" column. In (the community to which the he community with which the	t the system's he system's FM ante this point, see pa- ed by the cable s e station is licens station is identifi	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0 ed).) it can ertain st eneral ii eparate a C or, in	be expected, tated intervals. nstructions in the. and discrete the case of	Transmitters
CALL SIGN AM or FM S/D Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1) Image: Sign (1)		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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						1
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						1
						-

Accounting Perio							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MidlandsNet LLC							61429
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ify every no	nnetwork telev	<i>ision program</i> , broadcast b	, a <i>distant</i> sta	ition, that yo	our cable sys	tem carried on a
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Substitute					he general in	structions ir	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per		ur cable syster	m carry, on a substitute ba	isis, any noni	network tel		
Program Log	broadcast by a distant sta	tion?				L	YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Lica abbraviation	s whorover p	occiblo if t	hoir moonin	a is
	clear. If you need more spa				s wherever p			y 13
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			"\\ " Otherwise	"NI- "			
				er "Yes." Otherwise enter casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			e community with which th stem carried the substitute			ls with the r	nonth
	first. Example: for May 7 gi		when your by		o program. o			lionar
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program car	ned by a system from 6.0	1:15 p.m. to c	5:26:30 p.fr		
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regul		
						N SUBST		
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							·	"
							<u> </u>	
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1								

Accounting Period:	2018/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II
	MidlandsNet LLC 6142
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 c 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, se 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	 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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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-month 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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	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
	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 \$ 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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 2,833.02
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 2,853.02
	EFT Trace # or TRANSACTION ID # 26F4Q716
	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	LEGAL NAME OF O MidlandsNet LI	WNER OF CABLE SYSTEM:				SYSTEM ID# 61429
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	number of channels on whic	total number h the cable s broadcast st			25
N Individual to Be Contacted		bout this statement of accou		MATION IS NEEDED (Identify an in		
for Further Information	Name Address	Robert Gannon PO Box 330			Telephone	712-786-1181
	Address	(Number, street, rural route, apart Remsen, IA 51050 (City, town, state, zip)	iment, or suite n	umber)		
	Email	bgannon@wes	telsystems.o	com	Fax (optional) 712-786-240	0
O Certification	I, the undersigne (Owner (Agent in li X (Office in li I have examined	ed, hereby certify that (Check or r other than corporation or p c of owner other than corpor ine 1 of space B and that the or er or partner) I am an officer ine 1 of space B. I the statement of account ance e, and correct to the best of m	one, <i>but only c</i> partnership) I ation or partu owner is not a (if a corporation I hereby decla y knowledge,	ed and signed in accordance with (one, of the boxes.) I am the owner of the cable system nership) I am the duly authorized at a corporation or partnership; or on) or a partner (if a partnership) of are under penalty of law that all state information, and belief, and are man	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ov ements of fact contained herei	system as identified vner of the cable system
		Typed or printe	Enter an elec Enter signati	ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s/ Robert Gannon		
		Title: (Title of c	CEO official position h	eld in corporation or partnership)		
		Date:			2/1/19	

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.

ounting Period: 2018/2	FORM SA1-2E. PAGE
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
dlandsNet LLC	6142
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 YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
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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.