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 workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/20/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	33803
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		FT RANDALL CABLE SYSTEMS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number)	
		WILLMAR, MN 56201 (City, town, state, zip)	
С	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	unless these
C	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	FT RANDALL CABLE SYSTEMS INC	33803
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	HANLEY FALLS	MN
Community		
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							515	TEM ID 3380
	FT RANDALL CABLE S	YSTEMS INC	;						3300
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND R	ATES				
E	In General: The information in s								
Coossidame	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existii	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 ne separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	(Example: "\$2	0/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	should be coun	ted as a	subscriber in	each appl	licable category.	Example:	a residential	
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.	DCK 1			1		BLOCK	· •	
	BLC	NO. OF					BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Residential:		00	00.05					
	Service to first set		26	66.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the						an linted		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and includ	e the rate	e for each.					
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ion: Non-res	sidential				
	• Pay cable	10.95		l, hotel					
	Pay cable—add'l channel Fire protection	11.95		mercial					
	Fire protection Burglar protection		• Pay	cable-add'l ch	annol				
	•Burgiar protection			protection	annen				
	First set	20.00		ar protection					
	1 1131 301		• Burg Other se	·					
	 Additional set(s) 		JUNCI 30						
	 Additional set(s) FM radio (if separate rate) 					20.00			
	• FM radio (if separate rate)		• Reco	nnect		20.00 N/A			
	.,		• Reco • Disco			20.00 N/A 20.00			

Inting Period: 2	LEGAL NAME OF OWNER O			SYSTEM I
Name	FT RANDALL CABLE			338
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: 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 ru- Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie 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	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	кѕтс	45	l	MINNEAPOLIS, MN
	WFTC	29	Ν	MINNEAPOLIS, MN
as Necessary	KRWF	43	N	REDWOOD FALLS, MN
	кссо	7	N	ALEXANDRIA, MN
	KMSP	9	N	MINNEAPOLIS, MN
	КЖСМ	10	Е	APPLETON, MN
	KARE	11	N	MINNEAPOLIS, MN

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM I
T RANDAL	L CABLE S	SYSTEM	MS INC					338
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If isignal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation about m. dentify the call tate whether it the radio stat this by placing Sive the station	rning AI y the sys be recei at the Co l sign of o the static tion'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 pyright 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	Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	egulations, an adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st eneral i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	FT RANDALL CABLE	SYSTEMS	5 INC					33803
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv no	nnetwork televis	sion program, broadcast by	a distant stat	ion. that your	· cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete	the program	n
	log in block 2.			-	·			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute	orogram") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	r informatior	۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	ve Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	a program carne	ed by a system nom 6.01.	15 p.m. to 6.2	6.30 p.m. sr		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nu regulatio	ns m	
					П			1
						N SUBSTI		
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
						-	_	
								'
						-	_	
]					
							 =	
						-	_	
]				_	
						-	_	
1		1	1					1

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	STEM ID# 33803
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 transs (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 service s amount, see	, 951.48
Copyright	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 \$ 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 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		nts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: L CABLE SYSTEMS INC	SYSTEM ID 33803
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations wers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ied television broadcast stations	7 42
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	KRISTI HILBRANDS Telephone 3	320-847-7104
	Address	1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip)	
	Email	kristih@hcinet.net Fax (optional) 320-847-7123	
O Certification	I, the undersig X (Ow (Age (Of I have examinare true, comp	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) uner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. X (s/ Bruce Hanson	tem as identified
		X /s/ Bruce Hanson 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: BRUCE HANSON	
		Title: TREASURER (Title of official position held in corporation or partnership)	
		Date: 08/20/19	

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unting Period: 2019/1		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
RANDALL CABLE SYSTEMS INC		3380
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSE The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to service of providing secondary transmissions of primary broadcast transmitters scribers and amounts collected from subscribers receiving secondary transmis For more information on when to exclude these amounts, see the note on page (vii) o located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross rec made by satellite carriers to satellite dish owners? NO	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- ssions pursuant to section 119." f the general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	\$	
Name Mailing Address Mailing Address		
		m
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of		Q
		Q
You must complete this worksheet for those royalty payments submitted as a result of	ocated in the paper SA1-2 form.	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le	ocated in the paper SA1-2 form.	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le Line 1 Enter the amount of late payment or underpayment	ocated in the paper SA1-2 form.	Q Interest Assessmen
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le	x	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le Line 1 Enter the amount of late payment or underpayment	ocated in the paper SA1-2 form.	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le Line 1 Enter the amount of late payment or underpayment	cocated in the paper SA1-2 form.	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions is Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le Line 1 Enter the amount of late payment or underpayment	ocated in the paper SA1-2 form. x x x x x x x x x 0.00274	Q Interest Assessme
 You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions let Line 1 Enter the amount of late payment or underpayment 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 	ocated in the paper SA1-2 form.	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions la Line 1 Enter the amount of late payment or underpayment	ocated in the paper SA1-2 form.	Q Interest Assessme
 You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions let Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions la Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions let Line 1 Enter the amount of late payment or underpayment	<pre>ocated in the paper SA1-2 form x x c x days x 0.00274 \$ x 0.00274 \$ (interest charge) e day late. ted to the Copyright Office, please</pre>	Q Interest Assessme
 You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions is Line 1 Enter the amount of late payment or underpayment	<pre>ocated in the paper SA1-2 form x x c x days x 0.00274 \$ x 0.00274 \$ (interest charge) e day late. ted to the Copyright Office, please</pre>	Q Interest Assessme
 You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions let Line 1 Enter the amount of late payment or underpayment	<pre>ocated in the paper SA1-2 form x x c x days x 0.00274 \$ x 0.00274 \$ (interest charge) e day late. ted to the Copyright Office, please</pre>	Q Interest Assessme
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You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions in Line 1 Enter the amount of late payment or underpayment	<pre>ocated in the paper SA1-2 form x x c x days x 0.00274 \$ x 0.00274 \$ (interest charge) e day late. ted to the Copyright Office, please</pre>	Q Interest Assessme

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œ	Ca	ble rksheet	Total amount of remittance	Number of SAs rea	c'd	Initials
	VVO	rksneet	Date of remittance	Check EFT	F	ILING FEES
Cable ID #					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Ja	nuary 1 - June 30, 2017	[July 1 - December 31, 2017		
	Le	tter sent		Information received		
	Ac	cepted		Phone call/Date/Contact		
Space B Owner						
	Le	tter sent		Information received		
	Ac	cepted		Phone call/Date/Contact		
Space D Area Served						
	Le	tter sent		Information received		
	Ac	cepted	C	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	🗌 Le	tter sent	C	Information received		
and Rates	Ac	cepted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Le	tter sent	[Information received		
	Ac	cepted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Ac	cepted		Phone call/Date/Contact		

	Carriage
Letter sent Information received	
Accepted Phone call/Date/Contact	
Letter sent	Space J Part-time Carriage Log (SA3 only)
Accepted Phone call/Date/Contact	Space K Gross Receipts
Letter sent	
Letter sent Phone call/Date/Contact	
	Space L Copyright Filing and Royalty Fees
Royalty Fee should be Refund request to fiscal	
Letter sent Information received	
Accepted Phoe call/Date/Contact	
	Space M Channels
Letter sent Information received	
Letter sent Information received Accepted Phone call/Date/Contact	
	Channels Space O
Accepted Phone call/Date/Contact	Channels Space O
Accepted Phone call/Date/Contact Letter sent Information received	Channels Space O
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