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

Cable Systems (Short Form) For additional information, contact the U.S. Copyright	STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
General instructions are located 08/22/2019		DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
		08/22/2019	·	contact the U.S. Copyright Office Licensing Division at:

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Griswold Coop Telephone Co
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 640 (Number, street, rural route, apartment, or suite number)
		Griswold IA 51535
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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:
		N/A MAILING ADDRESS OF CABLE SYSTEM:
		N/A
	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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Griswold Coop Telephone Co	36788
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area	identified city.	nome parks should be reported in parentneses below the
Served		
	CITY OR TOWN	STATE
First	Griswold	IA
Community	Lyman	IA
	Elliott	IA
Rows as Necessary	Lewis	IA
	Grant	IA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	Griswold Coop Telepho								3678
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including periodo Number of Subscribers: Both down by categories of secondary each category by counting the miseparately for the particular serv Rate: Give the standard rate c 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. Note	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D blocks in spa y transmission umber of billing ice at the rate harged for eac (Example: "\$2 ounts allowed in space E, th to their subsc e: Where an in	cover al and rad ace F, r ecembe ce E call service. gs in that indicated h catego 20/mth") for adva e form lit ribers. O dividual	Il categories of lio broadcasts not here. All the r 31, as the ca l for the number In general, you t category (the d—not the num ory of service. . Summarize a ince payment. sts the catego Give the number or organization	f secondary by your syster facts your se facts your se may be er of subsc un can com number of number of number of sets Include boo uny standar ries of seco er of subsc n is receivin	stem to subscrib state must be th). ribers to the cab pute the number persons or orga s receiving servi th the amount of d rate variations ondary transmiss ribers and rate for ng service that fa	ers. Give nose existi of subscr anizations ce). f the charg within a p sion servic or each lis alls under	information ng on the broken ibers in charged e and the particular rate e that cable ted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a ince again und has rate catego iers of services	additiona er "Serv ories for s that inc	al sets would b ice to addition secondary tra clude one or m	be included al set(s)." nsmission ore second	in the count und service that are lary transmission	der "Servic different fr ns), list the	e to the om those em, together	
	BLO	DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SOBSCIAD	LING		UATI		(VICL	SUBSCRIBERS	
	Service to first set		477	91.95	Econor	ny Package		36	27.
	Service to additional set(s)		408	4.99		t Top Box		261	7.
	• FM radio (if separate rate)				HD Equ	lipment Fee		271	4.
	Motel, hotel								
	Commercial		8	91.95	Non-Ho	spitality Eco	onomy	2	27.
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem fun je was n	mation with re not offered in do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	espect to all combinatio o give rate i ers. Rate in ates are ch ach of the a red during t	n with any secon nformation conc formation should arged on a varia upplicable servic he accounting p	ndary trans erning (1) d include b ible per-pr es listed. eriod that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	• Pay cable			tel, hotel	Sidential		Additio	nal set top	
	• Pay cable—add'l channel			nmercial			box ins		25.
	• Fire protection			cable				ing box type	25.0
	•Burglar protection		•Pay	/ cable-add'l cl	nannel				
	Installation: Residential		• Fire	e protection					
	First set		• Bur	glar protection	I				
	 Additional set(s) 		Other s	services:					
	 FM radio (if separate rate) 		• Rec	connect		30.00			
	,								
	• Converter			connect					
	,		• Out	connect let relocation ve to new addi		90.00 45.00			

				FORM SA1-2E. PA
me	LEGAL NAME OF OWNER OF			SYSTEM 36
	Griswold Coop Telep			
hary hitters: ision	In General: In space G, ide 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 rr • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "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	entify every television station (including em during the accounting period, <i>except</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 ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. 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	t (1) stations carried only on a part-t he carriage of certain network progra i1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "1" (for independent station, in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMTV	3	N	Omaha, NE
	KMTV 3.2	3.2	N-M	Omaha, NE
Necessary	KMTV 3.3	3.3	N-M	Omaha, NE
	WOWT	6	Ν	Omaha, NE
	WOWT 6.2	6.2	N-M	Omaha, NE
	WOWT 6.2 WOWT 6.3	6.2 6.3	N-M N-M	Omaha, NE Omaha, NE
	WOWT 6.3	6.3	N-M	Omaha, NE
	WOWT 6.3 KETV	6.3 7	N-M N	Omaha, NE Omaha, NE
	WOWT 6.3 KETV KETV 7.2	6.3 7 7.2	N-M N N-M	Omaha, NE Omaha, NE Omaha, NE
	WOWT 6.3 KETV KETV 7.2 KCCI	6.3 7 7.2 8	N-M N N-M N	Omaha, NE Omaha, NE Omaha, NE Des Moines, IA
	WOWT 6.3 KETV KETV 7.2 KCCI KDIN	6.3 7 7.2 8 11	N-M N N-M N E	Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA
	WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2	6.3 7 7.2 8 11 11.2	N-M N N-M E E-M	Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA
	WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3	6.3 7 7.2 8 11 11.2 11.3	N-M N N-M N E E E-M E-M	Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA
	WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4	6.3 7 7.2 8 11 11.2 11.3 11.4	N-M N N-M E E E-M E-M E-M	Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA
	WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO	6.3 7 7.2 8 11 11.2 11.3 11.4 13	N-M N N-M E E E-M E-M E-M N	Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA
	WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO KXVO	6.3 7 7.2 8 11 11.2 11.3 11.4 13 15	N-M N N-M E E E-M E-M E-M I	Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA Omaha, NE
	WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO KXVO KXVO 15.2	6.3 7 7.2 8 11 11.2 11.3 11.4 13 15 15.2	N-M N N-M N E E E-M E-M E-M I I I I	Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE
	WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO KXVO KXVO 15.2 KXVO 15.3	6.3 7 7.2 8 11 11.2 11.3 11.4 13 15 15.2 15.3	N-M N N-M N E E-M E-M E-M E-M I I I I I I I I I I I I I I I I I I I	Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE
	WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO KXVO KXVO 15.2 KXVO 15.3 KXVO 15.4	6.3 7 7.2 8 11 11.2 11.3 11.4 13 15 15.2 15.3 15.4	N-M N N-M N E E E-M E-M E-M I I I I I I I I I I I I I I I I I I I	Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Omaha, NE Omaha, NE
	WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO KXVO KXVO 15.2 KXVO 15.3 KXVO 15.4 KXVO 15.4 KDSM	6.3 7 7.2 8 11 11.2 11.3 11.4 13 15 15.2 15.2 15.3 15.4 17	N-M N N-M N E E E-M E-M E-M I I I I I I I I I I I I I I I I I I I	Omaha, NEOmaha, NEOmaha, NEOmaha, NEDes Moines, IARed Oak, IARed Oak, IARed Oak, IARed Oak, IADes Moines, IAOmaha, NEOmaha, NEOmaha, NEOmaha, NEOmaha, NEDes Moines, IA

EGAL NAME OF									SYSTEM I 367
	t every radio	station ca	arried on a separate and disc nerally receivable by your cal						н
eceivable if (1) on the basis of For detailed information on the basis of Column 1: In Column 2: S Column 3: In ignal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of o the static tion's sign g a chech n's locati	I-Band FM Carriage: Under them whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	it the s system this po sed by ne stati	ystem's he n's FM ante int, see pa the cable s ion is licens	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
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CA	LL SIGN	AM or FM	S/D	LOCATION OF STATION	
5. 22 01011		0,0		5,1			5,5		
			N/A						
	+	+							
	+								
		 							
	+								1

Accounting Perio						FC	ORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		TEM:				SYSTEM ID#
Name	Griswold Coop Teleph	one Co					36788
					^		
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by cific present and former FC	a <i>distant</i> stat CC rules, regul	ations, or authorization	s. For a further
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE			
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork television progra	am
Statement and Program Log	broadcast by a distant sta	tion?				YES	NO
Frogram Log	Note: If your anowar is "No	' loovo tho	root of this pag	a blank. If your anower in	"Voo " vou mi		
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete the progr	am
	log in block 2.		Me				
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the timu to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static adian static th and day ve "5/7." es when the Example: a er "R" if the and regulatio ming that y	im on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ons, if any, the o when your sys e substitute pro a program carrie listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "h isting the substitute progra be community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") that d for the prog eral instruction n titles, for exa No." station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y ; enter the let	t, during the accountin ramming of another st ns for further informati ample, "I Love Lucy" of nsed by the FCC or, in tified). numerals, with the m List the times accura 8:30 p.m. should be our system was <i>requi</i> ter "P" if the listed pro-	ng tation on. or n onth tely <i>ired</i>
	s	UBSTITUT	E PROGRAM			EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
	N/A					_	
					-		
					-		
					-		
						_	
					-		
						_	
					-		
					-		
						_	
					-		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	Griswold Coop Telephone Co	36788
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	sion service
	COPYRIGHT ROYALTY FEE	
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 \$26 • 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	3,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-mon
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	
	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 \$527,6	00)
	1. Enter the amount of gross receipts from space K \$ 289,748.00	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	259.48
		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	\$ 1,578.48
	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)	1,578.48
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,598.48
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: OP Telephone Co		SYSTEM ID# 36788
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to 	rs, and (2) the cable system's total al number of channels on which the		22
	and nonbroa	dcast services		
N Individual to Be Contacted		O BE CONTACTED IF FURTHER about this statement of account.)	INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Pat Lewis	Telephone	9 712-778-2121
	Address	607 Main St. PO Box 64 (Number, street, rural route, apartmen Griswold IA 51535 (City, town, state, zip)		
	Email	gctc@netins.net	Fax (optional) 712-778-25	00
O Certification	• I, the undersig	ned, hereby certify that (Check one, <i>l</i>	be certified and signed in accordance with Copyright Office regulations but only one, of the boxes.) hership) I am the owner of the cable system as identified in line 1 of space	
	 X (Off I have examin are true, compl 	n line 1 of space B and that the owne icer or partner) I am an officer (if a o n line 1 of space B. ed the statement of account and here	n or partnership) I am the duly authorized agent of the owner of the cable ser is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identified as ow eby declare under penalty of law that all statements of fact contained herein wiledge, information, and belief, and are made in good faith.	ner of the cable system
			X /s/ Pat Lewis ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed na	me: Pat Lewis	
			resident al position held in corporation or partnership)	
		Date:	8/22/19	

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 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 telephoi 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 lay

inting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
wold Coop Telephone Co	3678
 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? 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	-
x	-
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
xdays	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$	- - -
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$ * - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
x	
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