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 workbook 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	08/21/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20191 Barcode Data Filing Period (optional - see instructions)	
Accounting Period		20191	
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.	63573
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		The State Long Distance Telephone Company, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717-2152 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.	
		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 suffciency of the fing, 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	The State Long Distance Telephone Company, LLC	63573
D Area Served	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 he identified city.	ry" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First	Elkhorn	WI
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM II
Name	The State Long Distanc		Com	nanv IIC				010	6357
			COM	party, LLO					
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							hashan	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n	umber of billing	s in tha	t category (the i	number o	f persons or org	anizations		
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	ounts allowed f	or adva	nce payment.	-				
	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					in the count un	der "Servic	e to the	
	first set" and would be counted or Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	right-h	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF		D.175				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		470	\$20/mo					
	Service to additional set(s)			<i><b>\\20</b>/110</i>					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		470	\$8/mo					
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•	,		0		0,		
Other Than	amount of the charge and the ur	hit in which it is u							
Secondary	enter only the letters "PP" in the					undiantela annia	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	separate charge	e was n	nade or establis					
	brief (two- or three-word) descrip	otion and include	e the ra	te for each.					
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:     Pay cable			tion: Non-resi	dential				
	• Pay cable—add'l channel	14-19.99/mo		el, hotel nmercial					
	• Fire protection			cable					
	•Burglar protection			cable-add'l cha	annel				
	Installation: Residential			protection					
	• First set	\$0-\$49.95	• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	\$0-\$49.95	Other s	services:					
	<ul> <li>FM radio (if separate rate)</li> </ul>		• Rec	connect		\$0-\$25			
	Converter			connect					
						10.09.20.06			
				let relocation		19.98-39.96			

unting Period:	LEGAL NAME OF OWNER OF	CADIE SYSTEM		SYSTEM
Name		nce Telephone Company, LLC		63
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast). For the meaning of these te <b>Column 4:</b> 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- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne 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 vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- ictions in the paper SA1-2 form. 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 tions. iPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WISN	12.1	N	Milwaukee, WI
	WISN-DT2	12.2	N-M	Milwaukee, WI
	WDJT	58.1	Ν	Milwaukee, WI
	WBME-CD	58.2	N-M	Milwaukee, WI
ws as Necessary	WDJT-DT3	58.3	N-M	Milwaukee, WI
	WDJT-DT4	58.4	N-M	Milwaukee, WI
	WITI	6.1	Ν	Milwaukee, WI
	WTMJ	4.1	Ν	Milwaukee, WI
	WTMJ-DT2	4.2	N-M	Milwaukee, WI
	WTMJ-DT3	4.3	N-M	Milwaukee, WI
	WMLW	49.1	I	Racine, WI
	WMLW-DT2	49.2	I-M	Racine, WI
	WVTV	18.1	<b>I</b>	Milwaukee, WI
	WVTV-DT2	18.2	I-M	Milwaukee, WI
	WVTV-DT3	18.3	I-M	Milwaukee, WI
	WYTU	63.1	<b>I</b>	Milwaukee, WI
	WYTU-DT2	63.2	I-M	Milwaukee, WI
	WYTU-DT3	63.3	I-M	Milwaukee, WI
	WPXE	55.1	I	Kenosha, WI
	WMVS	10.1	E	Milwaukee, WI
	WMVS-DT2	10.2	E-M	Milwaukee, WI
	WMVT	36.1	E	Milwaukee, WI
	WMVT-DT3	36.2	E-M	Milwaukee, WI
	WMVT-DT3 WVCY	36.2 30.1	E-M I	Milwaukee, WI Milwaukee, WI

					RM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:			SYSTEM ID
Name	The State Long Dista	ance Telephone Company, LLC			6357
	PRIMARY TRANSMITTERS	: TELEVISION			
G Primary Transmitters: Television	In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station here station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each statio multicast stream associate "WETA-2" as the same or Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by emi-	dentify every television station (including em during the accounting period, <i>excep</i> s 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. Is: With respect to any distant stations c rules, regulations, or authorizations: are in space G—but do list it in space I (t on a substitute basis. d also in space I, if the station was carrie tion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part-time carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial	
	For the meaning of these <b>Column 4:</b> Give the location	t), "E" (for noncommercial educational), terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of t	uctions in the paper SA1-2 form. the community to which the station is	s licensed by the	
	For the meaning of these <b>Column 4:</b> Give the location	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list	uctions in the paper SA1-2 form. the community to which the station is	s licensed by the	STATION
	For the meaning of these <b>Column 4:</b> Give the locati FCC. For Mexican or Can	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of t	uctions in the paper SA1-2 form. the community to which the station is he community with which the station i	s licensed by the s identified.	STATION
	For the meaning of these <b>Column 4:</b> Give the locati FCC. For Mexican or Can	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of t	uctions in the paper SA1-2 form. the community to which the station is he community with which the station i	s licensed by the s identified.	STATION
	For the meaning of these <b>Column 4:</b> Give the locati FCC. For Mexican or Can	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of t	uctions in the paper SA1-2 form. the community to which the station is he community with which the station i	s licensed by the s identified.	STATION
	For the meaning of these <b>Column 4:</b> Give the locati FCC. For Mexican or Can	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of t	uctions in the paper SA1-2 form. the community to which the station is he community with which the station i	s licensed by the s identified.	STATION
	For the meaning of these <b>Column 4:</b> Give the locati FCC. For Mexican or Can	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of t	uctions in the paper SA1-2 form. the community to which the station is he community with which the station i	s licensed by the s identified.	STATION
	For the meaning of these <b>Column 4:</b> Give the locati FCC. For Mexican or Can	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of t	uctions in the paper SA1-2 form. the community to which the station is he community with which the station i	s licensed by the s identified.	STATION
	For the meaning of these <b>Column 4:</b> Give the locati FCC. For Mexican or Can	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of t	uctions in the paper SA1-2 form. the community to which the station is he community with which the station i	s licensed by the s identified.	STATION
	For the meaning of these <b>Column 4:</b> Give the locati FCC. For Mexican or Can	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of t	uctions in the paper SA1-2 form. the community to which the station is he community with which the station i	s licensed by the s identified.	STATION

Accounting F	Period: 2019	/1					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
The State Lo	ong Distand	ce Tele	phone Company, LLC					63573
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					Н
receivable if (1) on the basis of For detailed info paper SA1-2 for 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 to the radio stat this by placing Sive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which the	at the system's he system's FM ant this point, see pa sed by the cable the station is licer	eadend, and (2 enna, during c age (v) of the g system as a se	2) it can certain st general i eparate	be expected, tated 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	
		5,0				5,0		
<u>N/A</u>								
						+		
						+		
						+		
						+		
						+		
						+		
						L	I	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	The State Long Distan	ce Teleph	none Compa	ny, LLC				63573
	SUBSTITUTE CARRIAGI							
I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					s general mat			2 101111.
Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant star	tion?					YES	X NO
	Note: If your answer is "No'	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou mu	ist complete th	ne progran	n
	log in block 2.	,		<b>, ,</b>	, <b>,</b>		- 1 - 5 -	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their n	neaning is	
	clear. If you need more spa					,	<b>J</b>	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							l.
	"NBA Basketball: 76ers vs.		vies of Daske	toali. List specific program	Tulles, IOF exa	ample, TLOVE	LUCY OF	
			dcast live. enter	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, wit	th the mon	th
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	List the times	accuratel	V
	to the nearest five minutes.							у
	stated as "6:00-6:30 p.m."		1 3 1	,	-			
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	sin	
	eneci on October 19, 1970.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCUF	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	IES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
1	1				1.1	1		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: The State Long Distance Telephone Company, LLC	S	STEM ID#
			63573
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 trans         (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	e 8,873.88
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 • 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		hts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: J Distance Telephone Company, LLC		SYSTEM ID# 63573
M Channels	<ul> <li>to its subscribe</li> <li>1. Enter the tot system carrie</li> <li>2. Enter the tot on which the</li> </ul>	bu must give (1) the number of channels on which the cable s a, and (2) the cable system's total number of activated channel number of channels on which the cable television broadcast stations	Is during the accounting period.	25 381
N Individual to		BE CONTACTED IF FURTHER INFORMATION IS NEEDE	<b>0</b> (Identify an individual to whom	
Be Contacted for Further Information	Name	Stephanie Weber	Telephone (608) 664-	4721
	Address	525 Junction Rd (Number, street, rural route, apartment, or suite number)		
		Madison, WI 53717 (City, town, state, zip)		
	Email	finance@tdstelecom.com	Fax (optional)	
O Certification	I, the undersign     (Owr     (Age     in     X     (Offi     ir     · I have examine	X /s/ Sharon Tisda	cable system as identified in line 1 of space B; or y authorized agent of the owner of the cable system as identif ership; or artnership) of the legal entity identified as owner of the cable : w that all statements of fact contained herein f, and are made in good faith. Ie he line above to certify this statement.	
		Typed or printed name: Sharon Tisdale Title: Assistant Treasurer (Title of official position held in corporation or pe		
		Date:	21 August 2019	

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 fing, a determination that would be made by a court of law

inting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
State Long Distance Telephone Company, LLC	635
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 fol- lowing 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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	D- Special Statemen Concerning Gros
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.	Receipts Exclusio
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?	3
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	t. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L L
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	t. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L L
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessm
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