U.S. COPYRIGHT OFFICE INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT The SA1-2E is a U.S. Copyright Office Form Email completed workbook to: coplicsa@loc.gov

Submitting the form

• This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@loc.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

· Alphabetization: Alphabetization is NOT required for any spaces.

• Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.

• Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

· Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at:

https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2017/1 fill-in "20171"). **DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.**

• For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 – Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 – Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- \cdot Space K input the total gross receipts for the cable system in the highlighted box.
- Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.

Page 7 – Spaces M-O

- \cdot $\;$ Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith).

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

 DATE RECEIVED
 AMOUNT

 7-22-20
 \$

 ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A		Barcode Data Filing Period (optional - see instructions)
Accounting 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
		SJOBERGS CABLEVISION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)
		THIEF RIVER FALLS, MN 56701-1905 (City, town, state, zip)
С	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
-	names	s 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	e: Sectior	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

Privacy Act Notice: Section 111 of title 1/ of the United States Code aution/zes the Copyright Office to collect the personally identifying information (Pil) 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#
Name	SJOBERGS CABLEVISION INC	26254
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter knowr
	as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or n	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	WARROAD	MN
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID			
Name	SJOBERGS CABLEVIS	ION INC							2625			
_	SECONDARY TRANSMISSION		IBSCR	IBERS AND RA	TES							
E	In General: The information in s					ry transmission	service of	the cable				
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Secondary Transmission							those exis	ting on the				
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	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the n	•	<i>.</i>	0,(,	s charged				
	separately for the particular serv							we and the				
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-				
	category, but do not include disc				iy stanua		is within a	particular rate				
	Block 1: In the left-hand block				es of sec	ondary transmis	ssion servi	ce that cable				
	systems most commonly provide											
	that applies to your system. Not			0		•						
	categories, that person or entity subscriber who pays extra for ca						•					
							idel Selvi					
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those											
	printed in block 1 (for example,	Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together										
	with the number of subscribers a	and rates, in th	e right-ł	nand block. A tw	o- or thre	e-word descript	ion of the	service is				
	sufficient.	OCK 1					BLOCK	< 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE			
	Residential:	SUBSCRIB	EKS	RAIE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	RAIL			
	Service to first set		825	82.75	ΜΟΤΕΙ	. EXTRA SE ⁻	r	72	1.50/			
	Service to additional set(s)	N/A	020	02.75			•		1.00/			
	• FM radio (if separate rate)	N/A										
	Motel, hotel		5	82.75								
	Commercial		4 4	82.75								
	Converter	N/C	-	02.75								
	Residential	N/C										
	Non-residential	N/C										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;							
-	In General: Space F calls for ra	te (not subscril	per) info	ormation with res	pect to a	Ill your cable sy	stem's ser	vices that were				
F	not covered in space E, that is, t					,	,					
Comisso	service for a single fee. There a	•			0		0 (,				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		usuany	billed. If any fat				rogram basis,				
ransmissions:	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.							e form of a				
	CATEGORY OF SERVICE	BLO	-	GORY OF SERV		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE			
	Continuing Services:	RAIE		ation: Non-resid		RATE	CATEG	JRT OF SERVICE	RAIL			
	Pay cable	1.00/MO		tel, hotel	lonnai	T+M						
	Pay cable—add'l channel	N/A		mmercial		т+М						
	Fire protection	N/A	_	y cable		N/C						
	•Burglar protection	N/A		y cable-add'l cha	nnel	N/C						
	Installation: Residential	IVA		e protection		N/C						
	• First set	N/C		glar protection		N/A						
	Additional set(s)			services:								
				connect		N/C						
	 FM radio (if senarate rate) 		110									
	• FM radio (if separate rate) • Converter	N/A	• Die			N/A						
	 FM radio (if separate rate) Converter 	N/A		connect		N/A T+M						
		N/A	• Ou		ee	N/A T+M T+M						

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	SJOBERGS CABLEVI	SION INC		26254				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the stations accarried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 for							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	КХЈВ	4	N	FARGO/VALLEY CITY, ND				
	CBWT	5		WINNIPEG, MANITOBA				
Add Rows as Necessary	CKY	7		WINNIPEG, MANITOBA				
du Rows as Necessary	WDAZ	8	N	GRAND FORKS, ND				
	KVLY		N	FARGO, ND				
	КСРМ	13		GRAND FORKS, ND				
	KVRR	17		PEMBINA, ND				
	KAWE		P 					
		9		BEMIDJI, MN				
	KGFE	3	E	GRAND FORKS, ND				

EGAL NAME OF								SYSTEM 262
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) 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	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LEE OTOIN		0/B		ON LEE OIGHT	7 401 01 1 101	C/D		
							·	
							·	

counting Peric	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:					SYSTEM ID	
Name	SJOBERGS CABLEVI							2625	
	SUBSTITUTE CARRIAG		AI STATEME		G				
1		-	-			tion that you	ır cable sv	stem carried on a	
- Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special tatement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant station?								
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.								
	 LOG OF SUBSTITUT In General: List each subs 		-	ate line. Use abbreviation	s wherever p	ossible if the	eir meanir	na is	
	clear. If you need more spa							19 10	
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general catego	ries like "mo							
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ent	er "Yes." Otherwise enter	"No "				
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.				
				the community to which th			ne FCC or	, in	
	the case of Mexican or Car Column 5: Give the mo			e community with which the substitute			, with the	month	
	first. Example: for May 7 gi	ive "5/7."							
	Column 6: State the tim to the nearest five minutes			ogram was carried by you ried by a system from 6:0?					
	stated as "6:00–6:30 p.m."		a piografii car	ned by a system norm 0.0	i. io p.iii. to o	.20.30 p.m.	Should be		
	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i>								
	to delete under FCC rules	and regulati	ions in effect d	luring the accounting perio	d; enter the l	etter "P" if th	ne listed p		
		and regulati	ions in effect d	luring the accounting perio	d; enter the l	etter "P" if th	ne listed p		
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulati mming that <u>y</u> b.	ions in effect o your system w	luring the accounting period ras permitted to delete und	od; enter the l ler FCC rules WHE	etter "P" if the and regulat	tions in	rogram	
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Accounting Period:	2020/1		FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC		S	8YSTEM ID# 26254
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see \$ 32	
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 th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more informatio	an \$527,600	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 accounting period is \$52.00	you must pay for	this 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 m	ore than \$137,1	00)	
	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	· · <u> </u>		
	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 \$	328,569.21		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	64,769.21		
	4. Multiply line 3 by .01	. \$	647.69	
	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		\$	1,966.69
	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)	. \$	1,966.69	
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		\$	1,986.69
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER SJOBERGS CABLE					SYSTEM ID# 26254
M Channels	 to its subscribers, and (1. Enter the total number system carried televis 2. Enter the total number on which the cable system 	(2) the cable system's t er of channels on which sion broadcast stations	total number of activ h the cable s broadcast stations	the cable system carried te ated channels during the ac	counting period.	9 170
N Individual to Be Contacted	we can contact about th	his statement of accour		IS NEEDED (Identify an ind		
for Further Information		hard J Sjoberg Main Ave N			Telephone	218-681-3044
	(Numb Thie	ef River Falls, MN town, state, zip)				
	Email	rsjoberg@mnca	able.net		Fax (optional) 218-681-680	1
O Certification	 I, the undersigned, here (Owner other (Agent of ow in line 1 o X (Officer or p in line 1 o I have examined the state 	reby certify that (Check or r than corporation or p or er other than corpor of space B and that the of partner) I am an officer (of space B. atement of account and correct to the best of m	one, <i>but only one</i> , of f partnership) I am the ation or partnership owner is not a corpor (if a corporation) or a I hereby declare unde	the boxes.) o owner of the cable system a o) I am the duly authorized ag ation or partnership; or partner (if a partnership) of t	Copyright Office regulations) as identified in line 1 of space gent of the owner of the cable he legal entity identified as ov ments of fact contained herein le in good faith.	system as identified /ner of the cable system
			Enter an electronic s	hard J Sjoberg ignature on the line above to g an "/s/ signature" (e.g., /s/ J		
		Typed or printed Title: (Title of o	d name: Richa President	rd J Sjoberg		
		Date:			07/23/2020	

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: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DBERGS CABLEVISION INC	2625
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	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.	^{t.} Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q Interest Assessmer
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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 Assessment
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C	Cable Worksheet		Total amount of remittance	Num	Number of SAs rec'd Initials		
			Date of remittance	Check	EFT		G FEES
Cable ID #						Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocatio	n number		
Space A Accounting Period							
	🔲 January	y 1 - June 30, 2017	[July 1 - Decem	ber 31, 2017		
	Letter s	sent	E	Information rec	reived		
	Accepte	ed	Ε	Phone call/Date	e/Contact		
Space B Owner							
	Letter s	sent	C	Information rec	eived		
	Accepte	ed	C	Phone call/Date	e/Contact		
Space D Area Served							
	Letter s	sent	Ľ	Information rec	reived		
	Accepte	ed	E	Phone call/Date	e/Contact		
Space E Secondary Transission							
Service Subscribers:	Letter s	sent	Γ	Information rec	reived		
and Rates	Accepte	ed	Γ	Phone call/Date	e/Contact		
Space G Primary Transmitters:							
Television	Letter s	sent	[Information re	ceived		
	Accepte	ed	[Phone call/Dat	e/Contact		
Space H Primary Transmitters:							
Radio	Accepte	ed	[Phone call/Dat	e/Contact		

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	