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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY				
	ary Transmissions by	DATE RECEIVED	AMOUNT	-			
	ems (Short Form)			<u>coplicsoa@loc.gov</u>			
			\$	For additional information, contact the U.S. Copyright			
-	uctions are located	8/25/2020		Office Licensing Division at: Tel: (202) 707-8150			
in the first tab	of this workbook		ALLOCATION NUMBER	-			
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))				
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
	2020/1		-				
		Barcode Data Filing Period (optiona	II - see instructions)				
Accounting Period							
	Instructions:						
В	Give the full legal name of the owner o of the subsidiary, not that of the paren		idiary of another corporation, give the full co	rporate title			
Owner	List any other name or names under w	hich the owner conducts the business of t	the cable system.				
		he accounting period, only the owner on y fee payment covering the entire accoun	the last day of the accounting period should s iting period.	Submit a			
	Check here if this is the system's first fi	ling. If not, enter the system's ID number	assigned by the Licensing Division.	39992			
		0 , ,	0 / 0				
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM					
	FT RANDALL CABLE SYSTEMS I	NC					
		OF CABLE SYSTEM (IF DIFFERENT	7)				
		·	·				
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM					
	1104 19TH AVE SW #B						
	(Number, street, rural route, apartment, or sui	te number)					
	WILLMAR, MN 56201 (City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any bu						
System	names already appear in space B. In lir		le system, il unierent nom the address	s given in space b.			
System	1						
	MAILING ADDRESS OF CABLE SYST	EM:					
	2 (Number, street, rural route, apartment, or sui						
	 (Number, street, rural route, apartment, or sui) 	te number)					
	(City, town, state, zip code)						
	Postion 111 of title 17 of the United Otation Of the	authorized the Conversity Office to a life of		acted on this			
FIIVACY ACT NOTE	ce: Section 111 of title 17 of the United States Code	aunonzes the copyright Office to collect t	ne personally identifying information (PII) reque	SSIGU UN UNR			

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 filing, a determination that would be made by a court of law.

Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	FT RANDALL CABLE SYSTEMS INC	39992
	Instructions: List each separate community served by the cable system. A "comm	
_	"a separate and distinct community or municipal entity (including unincorporate	
D		
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mot	ile home parks should be reported in parentheses below the
Served	identified city.	
Served		
	CITY OR TOWN	STATE
First	CLEMENTS	MN
Community		
Rows as Necessary		

	1							FORM SA1	-		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								SYSTEM ID		
	FT RANDALL CABLE S	YSTEMS IN	С						3999		
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	IBERS AND R	ATES						
E	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary	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										
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-	Number of Subscribers: Bot	-					-				
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged										
Rates	separately for the particular service			•••		•		charged			
	Rate: Give the standard rate of	harged for eac	h categ	ory of service.	Include bo	oth the amount o	of the char	-			
	unit in which it is generally billed				ny standa	rd rate variatior	is within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block				ries of ser	ondary transmi	ssion servi	ce that cable			
	systems most commonly provide	•		0		•					
	that applies to your system. Not										
	categories, that person or entity										
	subscriber who pays extra for ca first set" and would be counted of					d in the count u	nder "Servi	ce to the			
	Block 2: If your cable system					service that are	e different f	rom those			
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a	and rates, in the	e right-ł	hand block. A t	vo- or thre	e-word descript	tion of the	service is			
	sufficient. BLOCK 1						BLOCK	(2			
		NO. OF		DATE	0.17			NO. OF	DAT		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Service to first set		10	80.50							
	Service to additional set(s)			00.50							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
									1		
	SERVICES OTHER THAN SEC										
F	In General: Space F calls for ra										
•	not covered in space E, that is, t service for a single fee. There a										
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are cl	narged on a var	iable per-p	rogram basis,			
Secondary ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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 for							e form of a			
	brief (two- or three-word) description and include the rate for each.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Install	ation: Non-res	idential						
	• Pay cable	10.95		tel, hotel							
	 Pay cable—add'l channel 	12.00	_	mmercial							
	Fire protection			y cable							
	•Burglar protection			y cable-add'l ch	annel						
	Installation: Residential			e protection							
	• First set	20.00		rglar protection							
	Additional set(s)			services:							
	 FM radio (if separate rate) 			connect		20.00					
	Converter		- Di-	connect		NI/A					
	• Converter			connect		N/A					
	• Converter		• Ou	connect tlet relocation ve to new addr		N/A 20.00 20.00					

	LEGAL NAME OF OWNER (DE CABLE SYSTEM		SYSTEM
Name	FT RANDALL CABL			39
	PRIMARY TRANSMITTERS			
G Primary ransmitters: Television	In General: In space G, ic carried by your cable syst 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> of • List the station here, and basis. For further informat Column 1: List each station 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 em (for independent multicast For the meaning of these Column 4: Give the location	dentify every television station (including the rem during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. ns: With respect to any distant stations car rules, regulations, or authorizations: are in space G—but do list it in space I (the on a substitute basis. d also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a par e carriage of certain network prog (e)(2) and (4))]; and (2) certain s ried by your cable system on a s e Special Statement and Program both on a substitute basis and al ee page (v) of the general instru- ogram services such as HBO, Es air designation. For example, re ision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the static	t-time basis under grams [sections stations carried on a substitute program m Log)—if the lso on some other actions. SPN, etc. Identify each sport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	W56EL	56	E	REDWOOD FALLS, MN
	K62AA	62	N	REDWOOD FALLS, MN
Rows as Necessary	KRWF	27	N	REDWOOD FALLS, MN
l Rows as Necessary		••••••		
nono as necessary	K68BJ	68	Ν	REDWOOD FALLS, MN
	K68BJ K42AV	68 42	N 1	REDWOOD FALLS, MN ST JAMES, MN
	K42AV	42	<u> </u>	ST JAMES, MN
	K42AV K44AD	42 44	I N	ST JAMES, MN ST JAMES, MN
	K42AV K44AD K49HE	42 44 49	I N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN
	K42AV K44AD K49HE K50AB	42 44 49 50	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN
	K42AV K44AD K49HE K50AB KWCM	42 44 49 50 10.4	I N N N E	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN
	K42AV K44AD K49HE K50AB KWCM KEYC	42 44 49 50 10.4 12.1	I N N E N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN APPLETON, MN MANKATO, MN

EGAL NAME OF								SYSTEM 399
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati	y the sys be recei t the Co sign of e he static ion's sign	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	t the system's he system's FM ant this point, see pa	eadend, and (2 enna, during c age (v) of the g	2) it can certain st general i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the statior	n's locati	k mark in the "S/D" column. on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
				F		1	1	

Accounting Perio	od: 2020/1							FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	FT RANDALL CABLE	SYSTEMS	S INC						39992
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program. broadcast by	v a <i>distant</i> sta	tion. that v	our ca	able svst	tem carried on a
	substitute basis during the a								
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of t	the general in	structions	in the	paper S/	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							ram	
Statement and Program Log	broadcast by a distant sta							YES	× NO
r rogram Log									
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you	must com	plete t	the prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTI			ato lino. Lico abbroviation	s whorover p	ossiblo if	thoir r	mooning	n ic
	In General: List each subs clear. If you need more spa				s wherever p	ossible, li	lineir i	meaning	J 15
				vision program ("substitute	e program") t	hat, durine	the a	accounti	ing
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, '	'I Love	e Lucy" (or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "				
				casting the substitute prog					
				the community to which th		censed by	the F	CC or, i	in
	the case of Mexican or Car								
			when your sy	stem carried the substitute	e program. U	se numera	als, wi	ith the m	nonth
	first. Example: for May 7 gi		o cubstituto pr	ogram was carried by you	ır cahla sveta	m liettha	timo	e accura	atoly
	to the nearest five minutes.								atery
	stated as "6:00-6:30 p.m."								
		"————	l'ata dun a ana a	m was substituted for prog	ramming that	t vour eve	tem wa	as regu	ired
	Column 7: Enter the lett								
	to delete under FCC rules a	and regulati	ions in effect d	luring the accounting perio	od; enter the	letter "P" i	f the li	isted pro	
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d	luring the accounting perio	od; enter the	letter "P" i	f the li	isted pro	
	to delete under FCC rules a	and regulati	ions in effect d	luring the accounting perio	od; enter the	letter "P" i	f the li	isted pro	
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d	luring the accounting perio	d; enter the der FCC rules	letter "P" i s and regu	f the li llation	isted pro s in	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati mming that <u>y</u>	ions in effect d	luring the accounting period as permitted to delete unc	d; enter the der FCC rules	letter "P" i	f the li ilation: TITUT	isted pro s in E	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati mming that <u>y</u>	ions in effect d your system w	luring the accounting period ras permitted to delete und	od; enter the der FCC rules WHE CARRI 5. MONTH	etter "P" i s and regu N SUBST	f the li ilation: TITUT	isted pro s in E RED	ogram
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati	ions in effect d your system w	luring the accounting period	der FCC rules WHE CARRI	etter "P" i s and regu N SUBST	f the li ilation: TITUT CURR	isted pro s in E RED	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976	und regulati	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	od; enter the der FCC rules WHE CARRI 5. MONTH	ietter "P" i s and regu N SUBST AGE OCC	f the li ilation: TITUT CURR TIMES	isted pro s in E RED S	ogram 7. REASON FOR
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SY	STEM ID# 39992
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	I,830.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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	this six-mon	
	accounting period is \$52.00 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 \$137,1	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		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		<u> </u>
	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 Free and			
Filing Fee and Total Remittance Due	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:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SYSTEM ID# 39992
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	11
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name KRISTI HILBRANDS Telephone	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) 320-847-712	23
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ou in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Marce 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: 	system as identified wner of the cable system
	Title: TREASURER (Title of official position held in corporation or partnership)	
	Date: 08/25/2020	

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.

ccounting Period: 2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
T RANDALL CABLE SYSTEMS INC	39992
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. 	
Owner Address	

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