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	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	ems (Short Form) ctions are located of this workbook	7/22/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c	-	idiary of another corporation, give the full co	rporate title
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty for		the last day of the accounting period should a ting period.	submit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	WEST CENTRAL TELEPHONE ASS	OC.		
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF			
	PO BOX 304			
	(Number, street, rural route, apartment, or suite r SEBEKA MN 56477	number)		
	(City, town, state, zip)			
C	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM	1:		
	2 (Number, street, rural route, apartment, or suite r	number)		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		STOTEM
	WEST CENTRAL TELEPHONE ASSOC.	
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated comm	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	vill serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	MENAHGA	MN
Community	NIMROD	MN
	SEBEKA	MN
d Rows as Necessary	VERNDALE	MN
	WOLF LAKE	MN
	WADENA	MN

	1						FORM SA1	-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	WEST CENTRAL TELEPHONE ASSOC.								
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBERS A	ND RATES					
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	· · ·				nose exis	ung on the		
Service: Sub-	Number of Subscribers: Bot					ble system	n, broken		
scribers and	down by categories of secondar	y transmission	service. In gener	al, you can cor	mpute the numbe	er of subso	ribers in		
Rates	each category by counting the n						s charged		
	separately for the particular server Rate: Give the standard rate of						ac and the		
	unit in which it is generally billed								
	category, but do not include disc					3 within a			
	Block 1: In the left-hand block				condary transmis	sion servi	ce that cable		
	systems most commonly provide								
	that applies to your system. Not		-		•				
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					different	from those		
	printed in block 1 (for example, 1	tiers of services	s that include one	or more secon	ndary transmissio	ons), list th	em, together		
	with the number of subscribers a	and rates, in th	e right-hand blocl	k. A two- or three	ee-word descript	ion of the	service is		
	sufficient.					BLOCK	()		
		NO. OF					NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	E CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI	
	Residential:								
	Service to first set		1,607 30	.25					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISSIONS: F	RATES					
-	In General: Space F calls for ra	te (not subscril	per) information w	with respect to a	all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t				,	,			
. .	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		usually blied. If a	any fates are c	naigeu on a van	able pei-p	logram basis,		
ransmissions:			he cable system	for each of the	applicable servi	ces 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 form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1				BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		Installation: No	n-residential					
	• Pay cable		 Motel, hotel 		T&M				
	 Pay cable—add'l channel 	15.95	 Commercial 		T&M				
	Fire protection		 Pay cable 						
	 Burglar protection 		 Pay cable-ac 	ld'I channel					
	Installation: Residential		 Fire protection 	on					
	First set		 Burglar prote 	ection					
	 Additional set(s) 		Other services:						
	• FM radio (if separate rate)		 Reconnect 		27.00				
	Converter		Disconnect		27.00			[
			 Outlet reloca 	tion	T&M			Ī	
			outotroioou						
			Move to new						

counting Period: 2	2020/1			FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF			SYSTEM
	WEST CENTRAL TEL			
G Primary Transmitters: Television	carried by your cable systel FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog S1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program of both on a substitute basis and also , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other tions. BPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КРХМ	41	N	MINNEAPOLIS MN
	KARE	11	Ν	MINNEAPOLIS MN
dd Rows as Necessary	wcco	4	Ν	MINNEAPOLIS MN
	KMSP	9	N	MINNEAPOLIS MN
	WFTC	29	E	MINNEAPOLIS MN
	WUCW	23	Ν	MINNEAPOLIS MN
	KSTP	5	N	MINNEAPOLIS MN
	KSTC	45	N	MINNEAPOLIS MN
	KVLY	4.4	••	
		11	N	FARGO ND
	KVRR	11	N N	FARGO ND FARGO ND
	KVRR	15	N	FARGO ND
	KVRR KXJB	15 4	N	FARGO ND FARGO ND
	KVRR KXJB	15 4	N	FARGO ND FARGO ND
	KVRR KXJB	15 4	N	FARGO ND FARGO ND
	KVRR KXJB	15 4	N	FARGO ND FARGO ND
	KVRR KXJB	15 4	N	FARGO ND FARGO ND
	KVRR KXJB	15 4	N	FARGO ND FARGO ND
	KVRR KXJB	15 4	N	FARGO ND FARGO ND
	KVRR KXJB	15 4	N	FARGO ND FARGO ND

EGAL NAME OF								SYSTEM
	every radio s	station ca	rried on a separate and discre					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei it the Co sign of e the statio ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process of mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st eneral ii eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
		-	the community with which the			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				F				

Accounting Perio	0a: 2020/1						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WEST CENTRAL TELE	EPHONE	ASSOC.					0
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	nnetwork televi	ision program, broadcast by	y a <i>distant</i> sta	tion, that y	our cable sy	stem 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 ins	structions	in the paper	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod. did voi	ur cable svster	n carrv. on a substitute ba	asis. anv nonr	network te	levision pro	aram
Statement and					····, ··· , ·····			
Program Log	broadcast by a distant sta	luon?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust com	plete the pro	ogram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if	their meani	ng is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			etbull. Elot opeointe progre		sxumpic,	I LOVE LUDy	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			the FCC or	r, in
	the case of Mexican or Car						ala with the	month
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	ais, with the	month
			e substitute pr	ogram was carried by you	r cable syste	m Listthe	times acci	irately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."		1 5	, ,	-			
	Column 7: Enter the lett	tor "D" if the	listed program	n was substituted for prog	ramming that	your syst	em was req	
	to delete under FCC rules	and regulat	ions in effect d	uring the accounting period	od; enter the l	etter "P" i		orogram
	to delete under FCC rules a was substituted for program	and regulat	ions in effect d	uring the accounting period	od; enter the l	etter "P" i		orogram
	to delete under FCC rules	and regulat	ions in effect d	uring the accounting period	od; enter the l	etter "P" i		program
	to delete under FCC rules a was substituted for program	and regulat	ions in effect d	uring the accounting period	od; enter the l der FCC rules	etter "P" i and regu	lations in	program
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat mming that <u>;</u> ;	ions in effect d your system w	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE	etter "P" i and regu	Iations in	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT	ions in effect d your system w E PROGRAM	luring the accounting period as permitted to delete und	od; enter the l der FCC rules WHE CARRI	etter "P" i and regu N SUBST AGE OCO	lations in	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat mming that <u>;</u> ;	ions in effect d your system w	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE	etter "P" i and regu N SUBST AGE OCO	Iations in	7. REASON FOR
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	und regulat mming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" i and regu N SUBST AGE OCC	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	und regulat mming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" i and regu N SUBST AGE OCC	Ilations in TITUTE CURRED TIMES	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: WEST CENTRAL TELEPHONE ASSOC.	S	YSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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	7,127.63 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 \$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 accounting period is \$52.00	this six-mon	
	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)		
	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 Foc and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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
Name		ER OF CABLE SYSTEM: FELEPHONE ASSOC.	SYSTEM ID
M Channels	 to its subscribers, a Enter the total nu system carried tel Enter the total nu on which the cabl 	ust give (1) the number of channels on which the cable syste d (2) the cable system's total number of activated channels d nber of channels on which the cable vision broadcast stations	turing the accounting period.
N Individual to Be Contacted	we can contact abo	CONTACTED IF FURTHER INFORMATION IS NEEDED (Id t this statement of account.)	Jentify an individual to whom
for Further Information	Name	ENNIFER GREWE	Telephone 218-837-6023
	(1	O BOX 304 308 FRONTAGE RD Imber, street, rural route, apartment, or suite number) EBEKA MN 56477 y, town, state, zip)	
	Email	JENNIFERG@WCTA.NET	Fax (optional) 218-837-5004
O Certification	I, the undersigned, (Owner of (Agent o in line X (Officer in line I have examined th	1 of space B. statement of account and hereby declare under penalty of law ad correct to the best of my knowledge, information, and belief, a	able system as identified in line 1 of space B; or authorized agent of the owner of the cable system as identified hip; or tnership) of the legal entity identified as owner of the cable system that all statements of fact contained herein
		Enter an electronic signature on the li Enter signature using an "/s/ signature	
		Typed or printed name: JENNIFER GREW	
		Date:	07/22/2020

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.

VEST CENTRAL TELEPHONE ASSOC. SPECAL 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 follows 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.° The 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? Name Mating Address Name Mating Address Name Mating Address Nume consplete 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.	ounting Period: 2020/1	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Sameline Home Views Act of 1986 amended Tills 17, section 111(d)(1)(A), of the Copyright Act by adding the following series: and determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers 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 (wil) of the general instructions totated 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 dark experiments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (wil) of the general instructions totated in the paper SA1-2 form. Numer explanation of interest assessment, see page (wil) of the general instructions totated in the paper SA1-2 form. Interest Assessment		SYSTEM ID
The Sabellite frome Verver Act of 1988 amended Title 17, section 111(s)(1)(A), of the Copyright Act by adding the fol- lowing services of providing secondary transmissions of primary broadcast transmitters, the system fails to the babic sub- scribers and amounts collected from subscribers are the role on page (wi) of the general instructions located in the pager SA12 form. During the accounting period, did the cable system exclude any amounts of grooss receipts for secondary transmissions mode by satellite carriers to satellite did owners? Our YES. Enter the total here and list the satellite carrier(s) below. INTEREST ASSESSMENT Maing Address Nurre explanation of interest assessment, see the net on page (vii) of the general instructions located in the pager SA12 form. Line 1 Enter the amount of late payment or underpayment. Interest Assessment Line 2 Multiply line 1 by the interest rate ⁴ and enter the sum here Nurre (Interest carrier) Nurre (Interest carrier) and enter the sum here Nurre (Interest carrier) Nurre (Interest carrier) and enter the sum here Nurre (Interest carrier) Nurre (Interest card cluck on www.cogyright.gov/liconsing/interest-rate, card, for further assistance please Nurre (Interest card cluck on www.cogyright.gov/liconsing/interest-rate, card, for further assistance please Nurre (Interest chard cluck on www.cogyright.gov/liconsing/interest-rate, card, for further assistance please Nurre (Interest chard) Nure (Interest chard) Nurre (Interest chard) Nurr	ST CENTRAL TELEPHONE ASSOC.	
Incasted 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 dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. \$	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."	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? No VES. Enter the total here and list the satellite carrier(s) below. \$ Name Mame Maing Address Maing Address 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.		
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maing Address Maing Address Maing Address Line 1 Enter the amount of late payment or underpayment. Maing Address Line 2 Multiply line 1 by the interest rate* and enter the sum here x 0.00274 Line 3 Multiply line 2 by the number of days late and enter the sum here state chart click on www.copyright.gow/icensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8160 or licensing@icc.gov. <t< td=""><td>made by satellite carriers to satellite dish owners?</td><td></td></t<>	made by satellite carriers to satellite dish owners?	
Name Name Maiing Address Maing Address INTEREST ASSESSMENT You must complete this worksheet for those royally 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment. x	NO	
Mailing Address 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 Line 1 Enter the amount of late payment or underpayment. x	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet Q We must complete this worksheet covering a statement of an ate payment or underpayment. Ime 1 For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Ime 1 Line 1 Enter the amount of late payment or underpayment		
You must complete this worksheet covering a statement of a count already submitted to the Copyright Office, please list below the owner, address, first community served. Interest assessment. Interest assessment. Interest assessment.		
You must complete this worksheet Q We must complete this worksheet covering a statement of an ate payment or underpayment. Ime 1 For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Ime 1 Line 1 Enter the amount of late payment or underpayment		
Line 1 Enter the antiount of nate payment of underpayment. x	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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 \$ * 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@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 ID number First community served	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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 - x 0.00274 - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - view the interest of 0 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 - - - - - ID number - - - - - - <td>x</td> <td>—</td>	x	—
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* 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 \$	xdays	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		_
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