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	FOR COPYRIGHT OFFICE USE ONLY				
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>			
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	2/24/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150			
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))				
2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
Accounting Period		- 500 msu uctions)				

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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.	29707
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		FT RANDALL CABLE SYSTEMS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1104 19TH AVE SW #B (Number, street, rural route, apartment, or suite number)	
		WILLMAR, MN 56201	
			where there
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:	
		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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	FT RANDALL CABLE SYSTEMS INC	29707
D Area Served	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporat unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or city.	ted communities within unincorporated areas and including single, discrete ist will serve as a form of system identification hereafter known as the "first
		STATE
First Community	RAYMOND	MN
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SY	SYSTEM ID#		
Name	FT RANDALL CABLE SYSTEMS INC										
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
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 about other services (including p										
Transmission	last day of the accounting period	(June 30 or De	ecember	31, as the case	may be)).		0			
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 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 serv							charged			
	Rate: Give the standard rate c										
	unit in which it is generally billed. category, but do not include disc				standar	d rate variations	within a p	articular rate			
	Block 1: In the left-hand block				s of seco	ondary transmiss	sion servic	e that cable			
	systems most commonly provide										
	that applies to your system. Note			-		-					
	categories, that person or entity subscriber who pays extra for ca										
		subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."									
	Block 2: If your cable system	•									
	printed in block 1 (for example, to with the number of subscribers a										
	sufficient.	ind rates, in the	ngni-nai	IU DIOCK. A IWO-	or three	e-word description					
	BL	OCK 1					BLOC	K 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:			10112	0/11			COBCONIBEINO	1011		
	Service to first set		86	77.45							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES							
F	In General: Space F calls for rat										
	not covered in space E, that is, t service for a single fee. There ar										
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the un		usually bi	lled. If any rates	s are cha	arged on a varia	ble per-pro	ogram 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 form of a							form of a			
	brief (two- or three-word) descrip			-							
		BLO						BLOCK 2			
	CATEGORY OF SERVICE	RATE		DRY OF SERVI		RATE	CATEG	ORY OF SERVICE	RAT		
	Continuing Services:	40.05		ion: Non-resid	ential						
	• Pay cable	10.95		l, hotel mercial							
	• Day cable add' sharrad	11.95	•Com •Pay								
	Pay cable—add'l channel Eire protection		i •ray	anic							
	Fire protection		• Pav	ahle_add'l chor	nnel						
	Fire protection Burglar protection		· ·	cable-add'l char protection	nnel						
	Fire protection	20.00	• Fire	protection	nnel						
	Fire protection Burglar protection Installation: Residential	20.00	• Fire	protection lar protection	nnel						
	Fire protection Burglar protection Installation: Residential First set	20.00	• Fire • Burg Other se	protection lar protection	nnel	20.00					
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	20.00	• Fire • Burg Other se • Reco	protection lar protection ervices:	nnel	20.00 N/A					
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	20.00	• Fire • Burg Other se • Reco • Disco	protection lar protection prvices: onnect	nnel						

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYST				
Name	FT RANDALL CABLE	SYSTEMS INC						
	PRIMARY TRANSMITTERS:	TELEVISION						
G rimary ismitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on 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 part-t e carriage of certain network progr (e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc ogram services such as HBO, ESI air designation. For example, rep rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educat tons in the paper SA1-2 form. he community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the o on some other tions. PN, etc. Identify each ort 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. LOCAT							
	wucw	23	N	MINNEAPOLIS, MN				
	WFTC	29	Ν	MINNEAPOLIS, MN				
s as Necessary	WFTC KSTC	29 45	<u>N</u>	MINNEAPOLIS, MN MINNEAPOLIS, MN				
as Necessary			N I N					
s as Necessary	КЅТС	45	I	MINNEAPOLIS, MN				
as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
35 Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
's as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
vs as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
s as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
rs as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
rs as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
rs as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
vs as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
ws as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
vs as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
ws as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
vs as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				
vs as Necessary	KSTC	45	I	MINNEAPOLIS, MN				
	KSAX	42	N	ALEXANDRIA, MN				
	KCCO	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	KWCM	10	E	APPLETON, MN				

EGAL NAME OF								SYSTEM II 297
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried b monitoring, to prmation about rm. dentify the cal itate whether it is the radio stat this by placing Sive the statio	y the sys be rece at the Co I sign of the station g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. inal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	It the system's he system's FM anto this point, see pa ed by the cable s ne station is licen	eadend, and (i enna, during c ige (v) of the g system as a s ised by the FC	2) it can certain s 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	
					h			

Accounting Perio	d: 2020/2						FOR	VI SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	FT RANDALL CABLE S	SYSTEMS	INC					29707
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi	fy every non	network televis	<i>ion program</i> , broadcast by a	a <i>distant</i> statio	on, that your	cable syster	n carried on a
	substitute basis during the ad	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or aut	horizations.	For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute bas	is, any nonne	etwork televis	sion progra	m
Program Log	broadcast by a distant stati	on?					YES	NO
	Note: If your answer is "No	', leave the	rest of this page	e blank. If your answer is	"Yes," you m	ust complete	e the progra	am
	log in block 2.	,		, ,				
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst	itute progra	am on a separa	te line. Use abbreviations	wherever pos	ssible, if thei	ir meaning i	s
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") th	ot during the	o occountin	a
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the gen	eral instruction	ons for furthe	er informatio	on.
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for ex	kample, "I Lo	ove Lucy" or	r
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "I	No."			
				sting the substitute progra				
				ne community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			with the mo	onth
	first. Example: for May 7 give		when your sys		program. Ose	e numerais,		
	Column 6: State the time	es when the		gram was carried by your				əly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	was substituted for progra	amming that v	vour system	was require	ed
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	and regulation	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM	Γ	CARR	AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	IMES - TO	DELETION
							_	
							_	
						-	_	
						_	_	
						-	_	
						_	_	
							_	
							_	
						-	_	
						_	_	
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							_	
1	1	1	1	I	1 1			1

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	YSTEM ID# 29707
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 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	0,799.69 pss receipts)
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 \$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 accounting period is \$52.00	s six-month	
		¢	52.00
	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	. \$	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 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 Registe See page i of the general instructions in the paper SA1-2 form for more information		ts!

Accounting Period:	2020/2							FORM SA1-2E. PAGE
Name		WNER OF CABLE SYSTEM ABLE SYSTEMS INC	:					SYSTEM IE 2970
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the o	ou must give (1) the numb s, and (2) the cable systen I number of channels on w d television broadcast stat I number of activated char cable system carried televi lcast services	n's total nu hich the c ions nnels ision broad	cable	of activated channels dur	ring the a		8 49
N Individual to		BE CONTACTED IF FUR about this statement of acc		NFORM	MATION IS NEEDED (Iden	ntify an ir	ndividual to whom	
Be Contacted for Further Information	Name	KRISTI HILBRAND	S				Telephone 320-8	347-7104
	Address	1104 19TH AVE SW (Number, street, rural route, ap WILLMAR, MN 562 (City, town, state, zip)	artment, or		umber)			
	Email	kristih@hcine	et.net				Fax (optional 320-847-7123	
O Certification	I, the undersigned X (Owner (Agent i (Office i · I have examined	d, hereby certify that (Check r other than corporation o of owner other than corpo in line 1 of space B and that er or partner) I am an office in line 1 of space B. the statement of account an e, and correct to the best of	one, <i>but o</i> partnersh partnersh pration or p the owner r (if a corpor d hereby d my knowle	only one ship) I a r partne r is not a boration) declare ledge, in (/s, an elect signatur	e, of the boxes.) am the owner of the cable s ership) I am the duly author a corporation or partnership n) or a partner (if a partnersh e under penalty of law that al	system as rized ager p; or hip) of the all stateme are made	e in good faith. certify this statement.	
		Title:		EASUF	RER ition held in corporation or partu	tnership)		
		Date:					02/23/2021	

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.

unting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RANDALL CABLE SYSTEMS INC	2970
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statement Concerning Gross Receipts Exclusion
NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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 \$ -	
(interest charge)	
(interest charge) * 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 desimal equivalent of 1/265, which is the interest approximate for one dovide.	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
 * 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 	
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