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 ACC		FOR COPYRIGHT	Return completed workbook by email to:		
for Secondary Transmissions by Cable Systems (Short Form)		DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information,	
General instructions are located in the first tab of this workbook		02/17/21	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING P	ERIOD COVERED BY	THIS STATEMENT: (YYY	Y/(Period))		

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20202 Barcode Data Filing Period (optional - see instructions)
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
		NEX-TECH LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		145 N MAIN
		(Number, street, rural route, apartment, or suite number) LENORA, KS 67645
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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	: Section	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 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 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#					
	NEX-TECH LLC	63012					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Area Served	identified city.						
First	CITY OR TOWN	STATE KS					
Community							
Rows as Necessary							

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	NEX-TECH LLC							TEM II 6301		
E Secondary	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p	pace E should on of television	cover all categ and radio broa	ories of seconda dcasts by your s	ystem to subscri	bers. Give	information			
Transmission Service: Sub- scribers and Rates	Number of Subscribers: Bott down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	 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 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 separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable 								
	that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential 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 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 and rates, in the right-hand block. A two- or three-word description of the service is sufficient.									
	BLU	DCK 1 NO. OF				BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS RAT	TE CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT		
	Residential: • Service to first set		20 3		ERE		17	48.		
	Service to additional set(s) FM radio (if separate rate) Motel, hotel									
	Commercial Converter • Residential									
	Non-residential									
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscril hose services re two exceptic or facilities fun hit in which it is rate column. te charged by t t your cable sy separate charge	ber) information that are not offe ons: you do not nished to nonsu usually billed. I the cable syster stem furnished ge was made or de the rate for e	with respect to a ered in combinati need to give rate bscribers. Rate i if any rates are c n for each of the or offered during established. List	on with any sec information con nformation shou harged on a vari applicable servi the accounting	ondary tran cerning (1) Id include l able per-pi ces listed. period that	esmission) services both the rogram basis, were not			
	CATEGORY OF SERVICE	RATE	-	ORY OF SERVICE RATE		CATEGO	DRY OF SERVICE	RAT		
	Continuing Services:		Installation: N	on-residential						
	 Pay cable Pay cable—add'l channel 	78.00	 Motel, hote Commercial 			Cinema	& Entertain. ax	13. 11.		
	Fire protection Burglar protection		-	add'l channel			me & TMC	17. 10.		
	Installation: Residential • First set	99.00	 Fire protect Burglar protect 		Starz! Encore			12.		
	Additional set(s) FM radio (if separate rate)		Other service	s:						

	2020/2			FORM SA1-2E.	. PAGE (
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYST						
	NEX-TECH LLC				63012					
	PRIMARY TRANSMITTERS:		 							
G Primary	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 programs having a curled in the next programs having a curled in the next programs.									
ansmitters: Felevision	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 ru • Do <i>not</i> list the station her station was carried <i>only</i> on	ules, regulations, or authorizations: e in space G—but do list it in space I (th n a substitute basis.	ne Special Statement and Program	n Log)—if the						
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each						
	Column 2: Give the chann	el number the FCC assigned to the telev	vision station for broadcasting ove	r the air in its community						
	Column 3: Indicate in each educational station, by enter (for independent multicast)	/RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	for network multicast), "I" (for inder r "E-M" (for noncommercial educa	pendent), "I-M"						
	Column 4: Give the location FCC. For Mexican or Cana	5								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KSNC	2	Ν	GREAT BEND, KS						
	KLNE	3	Е	LEXINGTON, NE						
vs as Necessary	KSNB	5	Ν	SUPERIOR, NE						
	KBSH	7	N	HAYS, KS						
	KOOD	9	E	HAYS, KS						
	KGIN	11	Ν	GRAND ISLAND, NE						
	KHGI	13	Ν	KEARNEY, NE						
	1			REARNET, NE						
	KFXL	14	N	LINCOLN, NE						
	KFXL	14		LINCOLN, NE						
	KFXL KSNB_DT2	14 15		LINCOLN, NE LINCOLN, NE						
	KFXL KSNB_DT2 KWBL	14 15 16		LINCOLN, NE LINCOLN, NE KEARNEY, NE						
	KFXL KSNB_DT2 KWBL KSCW	14 15 16 23	N 1 1 1	LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS						
	KFXL KSNB_DT2 KWBL KSCW KSAS	14 15 16 23 24	N 1 1 1 1 N	LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS						
	KFXL KSNB_DT2 KWBL KSCW KSAS KWCH-DT2	14 15 16 23 24 110	N 1 1 1 1 N N N-M	LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS						
	KFXL KSNB_DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3	14 15 16 23 24 110 183	N 1 1 1 1 N N N-M E-M	LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS						
	KFXL KSNB_DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3	14 15 16 23 24 110 183 186	N 1 1 1 1 N N N-M E-M 1-M	LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS						
	KFXL KSNB_DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2	14 15 16 23 24 110 183 186 187	N 1 1 1 N N N-M E-M 1-M N-M	LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS						
	KFXL KSNB_DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	14 15 16 23 24 110 183 186 187 189	N 1 1 1 N N-M E-M 1-M N-M E-M	LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS HAYS, KS						
	KFXL KSNB_DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2 KSCW-DT4	14 15 16 23 24 110 183 186 187 189 190	N 1 1 1 1 N N N-M E-M 1-M N-M E-M 1-M	LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS						
	KFXL KSNB_DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2 KSCW-DT4 KWCH-DT4	14 15 16 23 24 110 183 186 187 189 190 192	N I I I N N-M E-M I-M N-M E-M I-M I-M	LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS						
	KFXL KSNB_DT2 KWBL KSCW KSAS KWCH-DT2 KOOD-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2 KSCW-DT4 KWCH-DT4	14 15 16 23 24 110 183 186 187 189 190 192	N I I I N N-M E-M I-M N-M E-M I-M I-M	LINCOLN, NE LINCOLN, NE KEARNEY, NE WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS						

LEGAL NAME O		JABLE S	I SI EIM.					SYSTEM I 630
	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 inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be recein the Co sign of the static ion's sig 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. 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 this point, see pa ed by the cable s re station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general in 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	
		5,0		ONLE OIGH		5,0		
KQMA	FM		PHILLIPSBURG, KS					
	FM		BELLEVILLE, KS					
KDT	FM		BURDETT, KS					
						·		

Accounting Perio	od: 2020/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							63012
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I	In General: In space I, ident substitute basis during the a	tify every not	nnetwork telev eriod, under sp	<i>ision program,</i> broadcast by becific present and former F	/ a <i>distant</i> sta CC rules, reg	ulations, or a	uthorizatio	ns. For a further
Substitute	explanation of the programm				he general in:	structions in t	ne paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the proc	gram
	log in block 2.	,	· · · · · · · · · · · · · · · · · ·	.9	, ,			,
	2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if the	eir meaning	g 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	ries like "mo	ovies" or "bask	etball." List specific progra	am titles. for e	example. "I L	ove Lucv"	or
	"NBA Basketball: 76ers vs.					,	,	
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			e FCC or,	IN
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi				program o		,	
	Column 6: State the tim	es when th		ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming the	t vour system	was requ	urad
	to delete under FCC rules							
	was substituted for program							ogram
	effect on October 19, 1976					0		
			E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
						_	-	
							-	
							-	,
						_	-	
							-	
							-	
						-	-	
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							-	
1	1	1		1				

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 63012
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	3,475.03 ss 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 \$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 For 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:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF (NEX-TECH LL)	OWNER OF CABLE SYSTEM: C				SYSTEM ID# 63012
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota	ou must give (1) the number of s, and (2) the cable system's to I number of channels on which I television broadcast stations .	otal number of activate n the cable	ed channels during the ac	counting period.	20
		able system carried television cast services				339
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun		S NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Scott Roe			Telephone	785-625-7070
	Address 	2418 Vine Street (Number, street, rural route, apartr Hays, KS 67601 (City, town, state, zip) sroe@nex-tech			Fax (optional)	
		(This statement of account mu				
O Certification	I, the undersign (Owne (Agen in X (Offic in · I have examined	ed, hereby certify that (Check o er other than corporation or p at of owner other than corpora line 1 of space B and that the o cer or partner) I am an officer (i line 1 of space B. d the statement of account and te, and correct to the best of my	one, <i>but only one</i> , of the partnership) I am the o ation or partnership) I wner is not a corporati if a corporation) or a pa hereby declare under	e boxes.) wner of the cable system a am the duly authorized ag on or partnership; or artner (if a partnership) of f penalty of law that all state	as identified in line 1 of space gent of the owner of the cable he legal entity identified as ov ments of fact contained herei	e B; or system as identified wner of the cable system
			Enter an electronic sign	da S. Goddard nature on the line above to n "/s/ signature" (e.g., /s/ .		
		Typed or printed Title: (Title of of	I name: Rhonda Chief Financial			
		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.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
X-TECH LLC	6301
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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name 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	Interest Assessmen
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) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
(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.	
(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 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	
 (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 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. 	
(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 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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