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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Short Form) General instructions are located	08/30/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		Barcode Data Filing Period (optional - see instructions)
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. 29319
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Great Plains Cable Television
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P. O. Box 50
		(Number, street, rural route, apartment, or suite number) Blair, NE 68008 (City, town, state, zip)
С		CUCTIONS: 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:
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)
		(Number, street, fural roue, apartment, or salte 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#
Nume	Great Plains Cable Television	29319
D	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporal 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	ted communities within unincorporated areas and including single, discrete ist will serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Chapman	Nebraska
Community		
Rows as Necessary		
Rows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	
Name	Great Plains Cable Telev							010	2931
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should	cover a	Il categories o	f secondar	•			
Secondary Fransmission Service: Sub-	about other services (including p last day of the accounting period Number of Subscribers: Both	l (June 30 or D	ecembe	er 31, as the ca	ase may be	e).		0	
scribers and Rates	down by categories of secondary each category by counting the nu separately for the particular serv	umber of billing	gs in tha indicate	t category (the d—not the nur	number on nber of set	f persons or or ts receiving ser	ganizations vice).	charged	
	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	. (Example: "\$2 counts allowed	20/mth") for adva	. Summarize a ance payment.	iny standa	rd rate variatior	is within a p	particular rate	
	systems most commonly provide that applies to your system. Not categories, that person or entity	e: Where an in	dividual	or organizatio	n is receiv	ing service that	falls under	different	
	subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to once again und has rate categ iers of services	addition ler "Serv ories for s that in	al sets would b vice to addition secondary tra clude one or m	be included al set(s)." nsmission lore secon	l in the count un service that ar dary transmissi	nder "Servi e different f ons), list th	ce to the rom those em, together	
		DCK 1					BLOCK	< 2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		22	59.49	Broadc	aster Fee		22	22.
	Service to additional set(s)								
	• FM radio (if separate rate)				DVR Re	ental			
	Motel, hotel								
	Commercial				Conver	ter Rental			
	Converter								
	Residential								
	Non-residential								
F	SERVICES OTHER THAN SECU In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services	te (not subscril hose services re two exceptio	per) info that are ons: you	rmation with re not offered in do not need to	espect to a combination give rate	on with any sec information cor	ondary trar cerning (1)	nsmission) services	
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any r	ates are ch	narged on a var	iable per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for e	ach of the	applicable serv	ices listed.		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a s brief (two- or three-word) descrip				ished. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO		ORY OF SER		RATE		BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:	RATE		ation: Non-res		RAIE	CATEGO	DRT OF SERVICE	RAI
	Pay cable	17.00		tel, hotel	lacital				
	Pay cable—add'l channel	15.00		nmercial					
	Fire protection		•Pay	/ cable					
	•Burglar protection		'	/ cable-add'l cl	nannel				
	Installation: Residential		• Fire	e protection					
	• First set	65.00	• Bur	glar protection					
	 Additional set(s) 	65.00	Other s	services:					
	• FM radio (if separate rate)		• Red	connect		65.00			
	• Converter		• Dis	connect					
	• Converter			connect tlet relocation		65.00			

-	LEGAL MARE OF OWNER OF								
Name	LEGAL NAME OF OWNER OI			SYSTEI 29					
	Great Plains Cable Television PRIMARY TRANSMITTERS: TELEVISION								
G		entify every television station (including tr m during the accounting period, <i>except</i> (
U	FCC rules and regulations								
Primary	l é		s . s	-					
ansmitters:	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.								
Television	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:								
		e in space G—but do list it in space I (the	e Special Statement and Program L	og)—if the					
	station was carried only on								
		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 pro							
		d with a station according to its over-the-a	air designation. For example, repor	t multistream					
	"WETA-2" as the same on " Column 2: Give the channe	el number the FCC assigned to the televi	ision station for broadcasting over t	he air in its community					
		RC is channel 4 in Washington, D.C.	0						
		a case whether the station is a network st ring the letter "N" (for network), "N-M" (for	-						
		"E" (for noncommercial educational), or							
	For the meaning of these te	erms, see page (iv) of the general instruc	tions in the paper SA1-2 form.	,					
		n of each station. For U.S. stations, list the dian stations, if any, give the name of the	•						
				s dentined.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
			-						
	KHNE	2.1	E	Hastings, Nebraska					
	KHNE KLKN	8.1	E N	Hastings, Nebraska Lincoln, Nebraska					
Rows as Necessary				Lincoln, Nebraska					
Rows as Necessary	KLKN	8.1 4.1	N N						
Rows as Necessary	KLKN KSNB	8.1 4.1 4.2	N N N-M	Lincoln, Nebraska Superior Nebraksa					
Rows as Necessary	KLKN KSNB KFXL	8.1 4.1 4.2 15	N N N-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB	8.1 4.1 4.2	N N N-M	Lincoln, Nebraska Superior Nebraksa					
Rows as Necessary	KLKN KSNB KFXL	8.1 4.1 4.2 15	N N N-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL	8.1 4.1 4.2 15 11	N N N-M N N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5	N N-M N N I-M	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					
Rows as Necessary	KLKN KSNB KFXL KGIN	8.1 4.1 4.2 15 11 11.5 13	N N N-M N N I-M N	Lincoln, Nebraska Superior Nebraksa Lincoln, Nebraska Lincoln, Nebraska					

	OWNER OF (SYSTEM I
Great Plains		evision						293
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable					Н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: St Column 3: If ignal, indicate t Column 4: G	it is carried by nonitoring, to rmation abou m. entify the call cate whether the the radio stati this by placing ive the station	y the syst be receive t the Co sign of e he station on's sign g a check a's location	-Band FM Carriage: Under Catem whenever it is received at wed at the headend, with the sy pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processes and was electronically processes and the community to which the	the system's hea ystem's FM anter his point, see pag ed by the cable sy e station is licens	idend, and (2) nna, during ce e (v) of the ge vstem as a sep ed by the FCC) it can b ertain sta eneral in parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN			the community with which the s			<u> </u>		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF Great Plains Cable Tel		TEM:					SYSTEM ID# 29319
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor ccounting p	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by ecific present and former F(a <i>distant</i> statio CC rules, regul	ations, or a	authorizations.	For a further
Substitute Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting per broadcast by a distant stat Note: If your answer is "No log in block 2. LOG OF SUBSTITUTE In General: List each substice clear. If you need more spatial Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the more first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program 	CONCER iod, did you tion? ", leave the EPROGRA titute progra cce, please of every no distant stati gulations, oc ies like "mo Bulls." n was broa sign of the addcast statid addast stati	INING SUBST In cable system rest of this page INING and this page INING am on a separa add additional onnetwork televention and that yc or authorization bovies" or "basked dcast live, enter station broadca on's location (the ons, if any, the when your system e substitute pro- a program carrr listed program ons in effect du	TUTE CARRIAGE or carry, on a substitute bas ge blank. If your answer is nows to the tables. ision program ("substitute our cable system substitute s. See page (v) of the ger etball." List specific progra r "Yes." Otherwise enter " asting the substitute progra the community with which the community with which the tem carried the substitute gram was carried by your ied by a system from 6:01 was substituted for progra	"Yes," you mi "Yes," you mi wherever pos program") that ed for the prog eral instructio m titles, for ex No." am. e station is lice station is lice program. Use cable system :15 p.m. to 6:2 amming that y d; enter the le	etwork tele ust comple ssible, if th at, during t gramming ns for furth cample, "I l ensed by th ntified). e numerals . List the ti 28:30 p.m. your syster tter "P" if ti	vision progra YES ete the progra eir meaning i the accountin of another sta ner informatic ove Lucy" or he FCC or, in s, with the mod imes accurate should be m was <i>require</i> he listed prog	m X NO am is g ation on. 7
	effect on October 19, 1976.		TE PROGRAM			N SUBST		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. FROM	TIMES — TO	DELETION
							_ _ _	
							_	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID
	Great Plains Cable Television		29319
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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.	nission service Imount, see	9,675.69 ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$200 see 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 t 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		
	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 \$ 263,800.00		
	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		
	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
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the the second		

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV Great Plains Ca	WNER OF CABLE SYSTEM: ble Television			SYSTEM ID# 29319
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the c	s, and (2) the cable system's t number of channels on which d television broadcast stations number of activated channel cable system carried television	s	unting period.	8 39
N Individual to Be Contacted	we can contact a	about this statement of accou	IER INFORMATION IS NEEDED (Identify an individentify an individent)		
for Further Information	Name	LeaAnn Quist		Telephone	402-456-6434
		P. O. Box 500 (Number, street, rural route, apartm Blair, NE 68808 (City, town, state, zip)	nent, or suite number)		
	Email	Iquist@gpcom.c	om	Fax (optional	
O Certification	I, the undersigned (Owner (Agent of i X (Office i I have examined t	d, hereby certify that (Check or o ther than corporation or particular in line 1 of space B and that the or or partner) I am an officer (if in line 1 of space B. the statement of account and P e, and correct to the best of my on 1001(1986)] Typed or printed Title:	st be certified and signed in accordance with Copy e, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as ide tion or partnership) I am the duly authorized agent of e owner is not a corporation or partnership; or i a corporation) or a partner (if a partnership) of the lef- ereby declare under penalty of law that all statements r knowledge, information, and belief, and are made in X /s/Janelle Allison Enter an electronic signature on the line above to certi Enter signature using an "/s/ signature" (e.g., /s/ John name: Janelle Allison CFO & COO e of official position held in corporation or partnership)	entified in line 1 of space B of the owner of the cable sy egal entity identified as own s of fact contained herein good faith.	/stem as identified
		Date:		August 30, 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: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
at Plains Cable Television	2931
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 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 Assessment
A	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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 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 \$ -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
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 \$ - - - - - - x 0.00274 - - - x 0.00274 -	
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 - <td></td>	
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 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@copyright.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.	
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 - - - 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 -<	
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