This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY						
-	ary Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@copyright.gov</li> </ul>					
General instru	ems (Short Form) actions are located of this workbook	8/4/21	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150						
A	ACCOUNTING PERIOD COVEREI	) BY THIS STATEMENT: (Y	'YYY/(Period))						
	2021/1	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 o title of the subsidiary, not that of the p		sidiary of another corporation, give the full (	corporate					
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 fil			6872					
	LEGAL NAME OF OWNER/MAIL	NG ADDRESS OF CABLE SYSTE	И						
	WIKSTROM SYSTEMS LLC								
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	T)						
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM							
	(Number, street, rural route, apartment, or suite KARLSTAD, MN 56732	number)							
<b>^</b>	(City, town, state, zip) INSTRUCTIONS: In line 1, give any bus	siness or trade names used to ide	entify the business and operation of t	he system unless these					
C	names already appear in space B. In lin		he system, if different from the addre	ess given in space B					
System	1								
	MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)	, 							
Privacy Act Notic	e: Section 111 of title 17 of the United States Code	authorizes the Copyright Offce to collect the	ne personally identifying information (PII) reque	ested 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI						
	WIKSTROM SYSTEMS LLC	68						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaft 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							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First								
Community	LANCASTER							
d Rows as Necessary								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID		
Name	WIKSTROM SYSTEMS LLC										
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable										
-	system, that is, the retransmission			-		•					
Secondary	about other services (including p					,					
Transmission	last day of the accounting period						ala avatam	huskan			
Service: Sub- scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
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										
	separately for the particular serv					•	,	-			
	Rate: Give the standard rate c	-	-	•				-			
	unit in which it is generally billed category, but do not include disc					ard rate variation	s within a	particular rate			
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable			
	systems most commonly provide							0,			
	that applies to your system. Not categories, that person or entity			-		-					
	subscriber who pays extra for ca										
	first set" and would be counted o	once again unc	ler "Ser	vice to addition	al set(s)."						
	Block 2: If your cable system										
	printed in block 1 (for example, t with the number of subscribers a										
	sufficient.	inu rates, in th	e nym-i	Iditu Diock. A t	wo-or the	e-word descript		Service is			
	BLC	BLOCK 1 BLOCK 2									
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT		
	Residential:	SOBSCIUD			UX II			SOBSCILIBEIKS			
	Service to first set		97	90.99	ECONO	OMY BASIC		9	35.9		
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel								•••••••		
	Commercial										
	Converter										
	• Residential										
	Non-residential								ļ		
	SERVICES OTHER THAN SEC				:e			•			
_	In General: Space F calls for rat					all your cable sys	stem's serv	vices that were			
F	not covered in space E, that is, t										
0	service for a single fee. There ar										
Services Other Than	furnished at cost or (2) services										
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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										
	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		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATI		
	Continuing Services:		Install	ation: Non-res	idential						
	• Pay cable	\$12	• Mo	tel, hotel							
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial		20.00					
	<ul> <li>Fire protection</li> </ul>			y cable							
	•Burglar protection			y cable-add'l cł	nannel						
	Installation: Residential			e protection							
	• First set	20.00		rglar protection							
	• Additional set(s)	15.00		services:		40.00					
	• FM radio (if separate rate)			connect		10.00					
	Converter			connect		45.00					
			_	tlet relocation ve to new addr		15.00 10.00					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM ID					
lame				687					
	PRIMARY TRANSMITTERS: TELEVISION								
G	In General: In space G, ide carried by your cable system	<b>n General:</b> 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							
imary smitters: evision	76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b>	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations:	1(e)(2) and (4))]; and (2) certain sta	ations carried on a					
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th							
	basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruc program services such as HBO, ES	tions. PN, etc. Identify each					
	of license. For example, W	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	C C						
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	a case whether the station is a network s ering the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for indep or "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KGFE	2	E	GRAND FORKS, ND					
	KGFE KXJB	2 4	N	GRAND FORKS, ND VALLEY CITY, ND					
ecessary		•							
cessary?	КХЈВ	4	N	VALLEY CITY, ND					
cessary	KXJB WDAZ	4 8	N	VALLEY CITY, ND GRAND FORKS, ND					
cessary	KXJB WDAZ WTBS	4 8 9	N N I	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA					
cessary	KXJB WDAZ WTBS KBRR	4 8 9 10	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN					
Vecessary	KXJB WDAZ WTBS KBRR KVLY	4 8 9 10 11	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND					
Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
s Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
is Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
s Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
s Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
is Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
s Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
s as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					
s as Necessary	KXJB WDAZ WTBS KBRR KVLY CBWT	4 8 9 10 11 12	N N I N	VALLEY CITY, ND GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA					

	F OWNER OF (		ISTEM:						SYSTEM 68
n General: Lis		tation ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of for detailed inf	) it is carried by monitoring, to ormation abou	/ the sys	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations on	at s	the system's he ystem's FM ante	adend, and (2 nna, during c	?) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If	dentify the call State whether t f the radio stati	he statio ion's sig	each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column.	se	ed by the cable s	ystem as a se	eparate a	and discrete	
Column 4: 0	Give the station	i's locati	the community with which the				C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		.=		t					
	FM		GRAND FORKS, ND	-					
(QHT (YCK	FM FM		GRAND FORKS, ND	-					
KXL	FM FM		GRAND FORKS, ND	-					
XPO	FM FM		GRAND FORKS, ND GRAFTON, ND	1					
J108	FM		GRAND FORKS, ND	-					
SNR	FM		THIEF RIVER FALLS, MI	N					
Q92	FM		WARROAD, MN	1					
FJM	FM		UND CAMPUS, GF, ND	-			<u> </u>		
(FNW	FM		FARGO, ND						
QWB	FM		FARGO, ND	-			<u> </u>		
(SRQ	FM		THIEF RIVER FALLS, MI	N					
COOL	FM		FARGO, ND	ï					
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Accounting Perio	od: 2021/1						FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#		
	WIKSTROM SYSTEMS	S LLC						6872		
-	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G					
	In General: In space I, ident									
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant station?									
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.	,		.g ,	, <b>,</b>		F	3		
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for period; enter the letter "P" if the listed program was substituted for period; enter the letter "P" if the listed program was substituted for period; enter the letter "P" if the listed program was substituted for period; enter the letter "P" if the listed program was substituted for period;									
							WHEN SUBSTITUTE CARRIAGE OCCURRED			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
			+							
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Accounting Period:	2021/1 FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	WIKSTROM SYSTEMS LLC	6872
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	,899.64
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month 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 \$137,100)	
	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	
	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)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 26SPN94L	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OV	WNER OF CABLE SYSTEM: STEMS LLC				SYSTEM ID# 6872
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cat	and (2) the cable system's	total numb ch the cabl s els n broadcas	st stations		8 69
N Individual to Be Contacted		BE CONTACTED IF FURT		DRMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	CARRIE KERN-TAG	GART		Telephone (218	) 436-2121
		PO BOX 217 (Number, street, rural route, apa KARLSTAD, MN 56 (City, town, state, zip)		ilte number)		
	Email	CAK@WIKTE	L.COM		Fax (optional) 218-436-3100	
O Certification	I, the undersigned     (Owner     (Agent     in lir     X     (Office     in lir     I have examined	d, hereby certify that (Check <b>r other than corporation or</b> <b>of owner other than corpo</b> he 1 of space B and that the <b>r or partner</b> ) I am an officer he to space B. the statement of account an , and correct to the best of m in 1001(1986)] <b>Typed or printer</b> Title:	ration or p owner is n owner is n o (if a corpo d hereby dd hy knowled X Enter an Enter sig ed name: CONT	Introduction of the boxes.) anip) I am the owner of the cable system a partnership) I am the duly authorized agon to a corporation or partnership; or bration) or a partner (if a partnership) of the leclare under penalty of Iaw that all state Ige, information, and belief, and are made /s/ CARRIE KERN-TAGGAF the electronic signature on the line above to gnature using an "/s/ signature" (e.g., /s/ CARRIE KERN-TAGGART IROLLER ion held in corporation or partnership)	as identified in line 1 of space B; or gent of the owner of the cable system the legal entity identified as owner of ements of fact contained herein de in good faith. RT	
		Date:			07/22/2021	

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

unting Period: 2021/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
STROM SYSTEMS LLC	687
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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. Line 1 Enter the amount of late payment or underpayment	Q 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	
* 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@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.	
Owner Address	
ID number	

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