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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
7/22/2021	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	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
	SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P.O. BOX 9
	(Number, street, rural route, apartment, or suite number)
	SPRINGVILLE, IA 52336 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	names 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 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.

		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC	853
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 hours.	t will serve as a form of system identification hereafter known
Area Served	identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	SPRINGVILLE	IA
Community		
Add Rows as Necessary		

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

853

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC

Ε

Secondary Transmission Service: Subscribers and Rates

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 of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category 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.

BL	OCK 1		BLOCK	₹2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	38	32.00	EXPANDED BASIC	281	90.00
 Service to additional set(s) 			SET TOP BOXES	407	5.00
 FM radio (if separate rate) 			PVR	153	7.00
Motel, hotel					
Commercial					
Converter					
 Residential 					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel			
 Pay cable—add'l channel 	15.00	Commercial			
 Fire protection 		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	15.00		
Converter		Disconnect	-		
		Outlet relocation	50.00		
		Move to new address	50.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC

853

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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, *except* (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 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 rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGAN	2	N	CEDAR RAPIDS, IA
KFXA	2.2	N	CEDAR RAPIDS, IA
GET TV	2.3	N-M	CEDAR RAPIDS, IA
KWWL	7	N	CEDAR RAPIDS, IA
CW	7.2	N-M	CEDAR RAPIDS, IA
ME-TV	7.3	N-M	CEDAR RAPIDS, IA
COURT TV	7.4	N-M	CEDAR RAPIDS, IA
TRUE CRIME	7.5	N-M	CEDAR RAPIDS, IA
KCRG	9	N	CEDAR RAPIDS, IA
MYNETWORK	9.2	N-M	CEDAR RAPIDS, IA
ANTENNA TV	9.3	N-M	CEDAR RAPIDS, IA
HEROES & ICONS	9.4	N-M	CEDAR RAPIDS, IA
START TV	9.5	N-M	CEDAR RAPIDS, IA
CIRCLE TV	9.6	N-M	CEDAR RAPIDS, IA
IPTV	12	E	IOWA CITY, IA
IPTV KIDS	12.2	E-M	IOWA CITY, IA
IPTV WORLD	12.3	E-M	IOWA CITY, IA
IPTV CREATE	12.4	E-M	IOWA CITY, IA
DABL	28	N-M	CEDAR RAPIDS, IA
CHARGE TV	28.2	N-M	CEDAR RAPIDS, IA
TBD TV	28.3	N-M	CEDAR RAPIDS, IA
STADIUM TV	28.4	N-M	CEDAR RAPIDS, IA
COMET TV	28.5	N-M	CEDAR RAPIDS, IA
KPXR	48	<u>l</u>	CEDAR RAPIDS, IA

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC

853

G

Primary Transmitters: Television 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, except (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 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 rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
GRIT	48.2	I-M	CEDAR RAPIDS, IA
BOUNCE	48.3	I-M	CEDAR RAPIDS, IA
KFXB	40	l	CEDAR RAPIDS, IA
KWKB	20	l	CEDAR RAPIDS, IA
LIGHT TV	20.2	I-M	CEDAR RAPIDS, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC

1 LW 10#

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
CHAK	FM		CEDAR RAPIDS, IA				
	T						
	 						
	 						
			 				
							
	-						
	-						
	_						
	T						
	 						
			 				
							
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ccounting Dari-	nd: 2021/1						FOD	M SA1 2E DAOE 5
ccounting Perio	CE CONTRACTOR OF	CABLE SYS	STEM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	SPRINGVILLE CO-OP	ERATIVE	TELEPHON	E ASSOCIATION INC	;			853
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant stat Note: If your answer is "Not log in block 2.	ify every no. iccounting phing that mu T CONCERTION, did you tion?	nnetwork televi period, under se ist be included RNING SUBS ur cable syster	ision program, broadcast be becific present and former Fin this log, see page (v) of TITUTE CARRIAGE on carry, on a substitute base	y a distant sta FCC rules, reg the general ins asis, any nonr	ulations, o	or authorization in the paper States	ons. For a further SA1-2 form.
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the molfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every not distant stategulations, ories like "mo Bulls." m was broasign of the address stating and and day ve "5/7." es when the Example: "er "R" if the	add additional connetwork teletion and that your authorization ovies" or "bask deast live, entite station broaddon's location (ons, if any, they when your sy e substitute pra program care listed program	I rows to the tables. vision program ("substitut our cable system substitut ns. See page (v) of the geteball." List specific program "Yes." Otherwise enter easting the substitute program community to which the community with which the stem carried the substitute orgam was carried by youried by a system from 6:0 m was substituted for program was substituted for pro	e program") the program the program titles, for e "No." are station is lide program. Use to a program. Use program. Use program. Use program. to 6 gramming that	nat, durin ogrammir ions for fu example, censed by entified). se numer m. List the :28:30 p.	g the accounng of another urther informa "I Love Lucy" y the FCC or, als, with the retimes accurm, should be stem was required.	ting station ation. or in month rately
	was substituted for prograr effect on October 19, 1976	-	your system w	·	WHE	N SUBS		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES TO	DELETION

Accounting Period:	2021/1 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC 853
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. \$ 167,523.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)
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 \$263,800 • 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.
	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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	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
	o. interest charge. Lines the amount from line 4, space Q, page 0
	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)
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
240	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
	EFT Trace # or TRANSACTION ID # 26SPLPMK
	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 OWNER OF CABLE SYSTEM: SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC	SYSTEM ID# 853
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	
	Enter the total number of channels on which the cable system carried television broadcast stations	29
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	201
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name JEAN SCHILLING Telephone	319-854-6107
	Address 207 BROADWAY, P. O. Box 9 (Number, street, rural route, apartment, or suite number)	
	SPRINGVILLE, IA 52336 (City, town, state, zip)	
	Email SPRINGVL@NETINS.NET Fax (optional) 319-854-901	0
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	ner of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	1
	X /s/ Jean Schilling	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Jean Schilling	
	Title: Executive Office Manager (Title of official position held in corporation or partnership)	
	Date: July 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 fling, a determination that would be made by a court of law.

	l: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF O	WNER OF CABLE SYSTEM:	SYSTEM ID
RINGVILLE	CO-OPERATIVE TELEPHONE ASSOCIATION INC	853
The Satellite lowing senter "In de servic scribe	STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- nce: etermining the total number of subscribers and the gross amounts paid to the cable system for the basic tee of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- ters and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Tormation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
	e paper SA1-2 form.	
made by sate	cocounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ellite carriers to satellite dish owners? ter the total here and list the satellite carrier(s) below	
Nama	No.	
Name Mailing Address	Name Mailing Address	
INTEREST	T ASSESSMENT	
You must cor	T ASSESSMENT Implete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. In ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
You must cor For an explar	mplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q Interest Assessment
You must cor For an explar Line 1 Enter	mplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. nation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. r the amount of late payment or underpayment	Interest Assessment
You must cor For an explar Line 1 Enter	mplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. nation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
You must cor For an explar Line 1 Enter	mplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. nation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. r the amount of late payment or underpayment	
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First community served Accounting period