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					
02/28/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@loc.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
	20212 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	NEBRASKA CENTRAL TELECOM INC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 700 (Number, street, rural route, apartment, or suite number)
	GIBBON, NE 68840 (City, town, state, zip)
_	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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:  NCTC CABLE
	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					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I 312					
	NEBRASKA CENTRAL TELECOM INC						
	Instructions: List each separate community served by the cable system. A "community						
D	"a separate and distinct community or municipal entity (including unincorporated com						
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t will serve as a form of system identification hereafter kno					
	as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	BURWELL 031226	NE 					
ommunity	ANSLEY 060960	NE.					
	ARCADIA 031228	NE					
ows as Necessary	ASHTON 029480	NE					
	BOELUS 035035	NE					
	DANNEBROG 029313	NE					
	ELBA 033351	NE					
	MASON CITY 034983	NE					
	NORTH LOUP 031209	NE					
	SARGENT 031227	NE					
	SCOTIA 031208	NE					
	TAYLOR 031210	NE					

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#31226

# **NEBRASKA CENTRAL TELECOM INC**

E

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			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	427	63.55	BROADCAST BASIC	10	28.55	
Service to additional set(s)			DIGITAL BASIC	27	19.00	
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
Residential	44	-				
Non-residential						
					l	

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	15.50	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	18.50	Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	45.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect	-		
		Outlet relocation	36.25		
		Move to new address	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 31226

# **NEBRASKA CENTRAL TELECOM INC**

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.

Add Rows as Necessary

KLNE         7         E-M         LEXINGTON, NE           KGIN         11         N         GRAND ISLAND, NE	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGIN11NGRAND ISLAND, NEKHGI13NKEARNEY, NE	KSNB	5	N	HASTINGS, NE
KHGI 13 N KEARNEY, NE	KLNE	7	E-M	LEXINGTON, NE
	KGIN	11	N	GRAND ISLAND, NE
KFXL 17 N LINCOLN, NE	KHGI	13	N	KEARNEY, NE
	KFXL	17	N	LINCOLN, NE
		•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **NEBRASKA CENTRAL TELECOM INC**

31226

#### 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
	21.111				31.111		
							1

	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					RM SA1-2E. PAGE 5		
Name	NEBRASKA CENTRA							31226		
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	ENT AND PROGRAM LO	G					
1		_	_		_	tion that v	our cable s	vstem carried on a		
-	<b>In General:</b> In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	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 and	<ul> <li>During the accounting pe</li> </ul>	riod, did yo	ur cable syste	m carry, on a substitute ba	sis, any nonr	network te	levision pro			
ogram 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.									
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
				rate line. Use abbreviations	wherever po	ossible, if	their mean	ing is		
	clear. If you need more specified the title			ii rows to the tables. evision program ("substitute	program") th	nat during	the accou	ıntina		
	period, was broadcast by a	a distant sta	tion and that y	our cable system substitut	ed for the pro	ogrammin	g of anothe	er station		
				ns. See page (v) of the ger						
	"NBA Basketball: 76ers vs		ovies" or "bask	ketball." List specific progra	m titles, for e	example, '	I Love Luc	y" or		
			idcast live, ent	ter "Yes." Otherwise enter "	No."					
				casting the substitute progr						
			,	the community to which the community with which the		,	the FCC c	or, in		
				stem carried the substitute			als, with the	e month		
	first. Example: for May 7 g									
				rogram was carried by your ried by a system from 6:01						
	stated as "6:00–6:30 p.m."	•	a program car	fied by a system from 6.01	. 15 p.111. 10 6	.20.30 p.i	II. SHOUIU D	e		
			e listed prograi	m was substituted for progr	amming that	your sys	tem was <i>re</i>	quired		
				during the accounting perio				program		
	was substituted for program effect on October 19, 1976	•	your system w	as permitted to delete und	or FCC rulos	and regu	ilations in			
	eliect off October 13, 1370				ci i oo iules	dila rege				
		).			T OO Tuics	and rege				
					WHE	N SUBSI	TITUTE	7 054000150		
	s	UBSTITUT	E PROGRAN		WHE CARRI	N SUBSI	TITUTE CURRED	7. REASON FO		
	S 1. TITLE OF PROGRAM	UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBSI	TITUTE CURRED TIMES			
		UBSTITUT			WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
		UBSTITUT	3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOI DELETION		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM I			
Name	NEBRASKA CENTRAL TELECOM INC				312			
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you	file and the a	mount you nay	Enter the total of				
K Gross Receipts	Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of 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, see							
Siloss Receipts	page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service		w to compute ti	iis amount, see				
	during the accounting period			\$ 15	3,020.16			
	IMPORTANT: You must complete a statement in space P concerning gr	oss receipts.		(Amount of gr	ross receipts)			
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:							
Copyright Royalty Fee	<ul> <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 les</li> </ul>	e						
,,	Use block 2 if the amount of gross receipts in space K is more than \$137	7,100 but less						
	<ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263 See page (vi) of the general instructions located in the paper SA1-2 form for r</li> </ul>							
	BLOCK 1: GROSS RECEIPTS OF	\$137,100 C	R LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the accounting period is \$52.00	royalty fee th	at you must pay	for this six-mon				
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	Line 2 TOTAL POVALTY FEE DAVABLE FOR ACCOUNTING REPURD	A -  -	-10					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2							
	Base amount under statutory formula							
	Enter amount of gross receipts from space K	\$	153,020.1	16				
	3. Subtract line 2 from line 1	\$	110,779.8	34				
	4. Enter the amount of gross receipts from space K		\$	153,020.16				
	5. Enter the amount from line 3		\$	110,779.84				
	6. Subtract line 5 from line 4		\$	42,240.32				
	7. Multiply line 6 by .005 (enter figure here)			. \$	211.20			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			· · ·	0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 7 and 8 .		\$	211.20			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN	\$263,800 (b	out less than \$5	527,600)				
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	-		<u> </u>				
	3. Subtract line 2 from line 1			<u> </u>				
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory form							
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 4, 5, and	16	· · · <u> </u>				
	FILING FEE AND TOTAL REMITTANC	E DUE						
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	١	\$	211.20				
otal Remittance Due								
	Filing Fee (See the instructions for more information on filing fee calculat	ions)	<u>\$</u>	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and	3		\$	231.20			

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER NEBRASKA CENTR				SYSTEM ID# 31226
<b>M</b> Channels	to its subscribers, and an	(2) the cable system's total per of channels on which to sion broadcast stations per of activated channels system carried television br			5
N Individual to Be Contacted		CONTACTED IF FURTHEI	R INFORMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name <b>Jen</b>	nnifer Samuelson		Telephone 308	-468-6910
	(Numi GIB	BOX 700 lber, street, rural route, apartme BBON, NE 68840-07 town, state, zip)			
	Email	jennifersamuelso	on@nctc.net	Fax (optional) 308-468-9929	
	CERTIFICATION (This s	statement of account mus	st be certified and signed in accordance with C	copyright Office regulations)	
O Certification	(Agent of ow in line 1 c	or than corporation or par wner other than corporati of space B and that the ow	e, but only one, of the boxes.)  rtnership) I am the owner of the cable system a  ion or partnership) I am the duly authorized ag  mer is not a corporation or partnership; or  a corporation) or a partner (if a partnership) of the	ent of the owner of the cable syster	m as identified
		correct to the best of my k	ereby declare under penalty of law that all stater knowledge, information, and belief, and are mad		
			X /s/ John Nelson  Enter an electronic signature on the line above to a content of the signature using an "/s/ signature" (e.g., /s/ J	·	
		Typed or printed r	name: <b>John Nelson</b>		
			Chief Executive Officer cial position held in corporation or partnership)		
		Date:		2/28/2022	

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.

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 31226 **NEBRASKA CENTRAL TELECOM INC** 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** 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 Name Name 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. **Interest Assessment** davs 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 . . . . . . \* 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@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

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 th 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.

ID number

First community served Accounting period