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 COPYRIGE	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	1-20-22	ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	RY THIS STATEMENT: (VY		-

Α	ACCOUNTING	G PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2021/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20212 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		is: Il legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title o ary, not that of the parent corporation.	f
Owner	List any othe	ner name or names under which the owner conducts the business of the cable system.	
		re different owners during the accounting period, only the owner on the last day of the accounting period should submit a single of account and royalty fee payment covering the entire accounting period.	e
	Check here i	if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	61429
		NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	MidlandsN BUSINESS	Net LLC S NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING A	ADDRESS OF OWNER OF CABLE SYSTEM	
	PO Box	< 330 set, rural route, apartment, or sulte number)	
		n, IA 51050	
С		S: In line 1, give any business or trade names used to identify the business and operation of the system u appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	ATION OF CABLE SYSTEM:	
		dsNet LLC dba WesTel Systems	
	0		
	2 (Number, stree	eet, rural route, apartment, or suite number)	
	(City, town, sta	tate, 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MidlandsNet LLC	61429
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	r" is the same as a "community unit" as defined in FCC rules: "a unities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	me parks should be reported in parentheses below the identified
Served		
	CITY OR TOWN	STATE
First	Marcus	AI
ommunity	Quimby	IA
	Sutherland/Calumet	IA
ows as Necessary	Alton	IA
	Remsen/Oyens	IA

								FORM SA1	TEM IC	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MidlandsNet LLC								6142	
Е	SECONDARY TRANSMISSION									
	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									
Secondary		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								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	r 31, as the ca	ise may be	e).		0		
Service: Sub-		oth blocks in space E call for the number of subscribers to the cable system, broken								
scribers and Rates	down by categories of secondary each category by counting the n					•				
Rates	separately for the particular serv			0,0			•	schargeu		
	Rate: Give the standard rate c							ge and the		
	unit in which it is generally billed				ny standa	rd rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable		
	systems most commonly provide	•		•						
	that applies to your system. Not									
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted o					I in the count ur	ider "Servi	ce to the		
	Block 2: If your cable system					service that are	e different t	from those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in th	e right-ha	and block. A tv	vo- or thre	e-word descript	ion of the s	service is		
	sufficient.	DCK 1			1		BLOC	()		
		NO. OF					DLOOF	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		1,325	24.95	Retrans	smission Fee	9		21.8	
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	 Residential Non-residential 									
	• Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	6					
F	In General: Space F calls for rat					ll your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t						-			
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0.	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the					-		-		
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									
	brief (two- or three-word) description and include the rate for each.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE	-	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:			tion: Non-res						
	• Pay cable		• Mot	el, hotel						
	• Pay cable—add'l channel		• Con	nmercial						
	Fire protection		• Pay	cable						
	 Burglar protection 		• Pay	cable-add'l ch	annel					
	Installation: Residential		• Fire	protection						
	• First set	\$25	• Burg	glar protection						
	 Additional set(s) 		Other s	ervices:						
	 FM radio (if separate rate) 		• Rec	onnect		25.00				
	Converter		Disc	onnect						
	Converter		2.00	onnoor						
	Converter			et relocation						

					SA1-2E. P.						
Name	LEGAL NAME OF OWNER OF MidlandsNet LLC	CABLE SYSTEM:			61 61						
	PRIMARY TRANSMITTERS:										
G	In General: In space G, ide	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under									
D. Jacoby		CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections /6.59(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									
Primary ransmitters:	substitute program basis, a	as explained in the next paragraph.									
Television		s: With respect to any distant stations carr ules, regulations, or authorizations:	ried by your cable system on a sub	ostitute program							
	• Do not list the station here station was carried only on	re in space G—but do list it in space I (the n a substitute basis.	·								
	basis. For further information Column 1: List each station	also in space I, if the station was carried to on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro-	see page (v) of the general instructi ogram services such as HBO, ESP	ions. PN, etc. Identify each							
	"WETA-2" as the same on	d with a station according to its over-the-a the form. lel number the FCC assigned to the televi	c								
	of license. For example, W Column 3: Indicate in each	VRC is channel 4 in Washington, D.C. h case whether the station is a network sta	tation, an independent station, or a	noncommercial							
		ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or									
	Column 4: Give the location	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	the community to which the station i	•							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATI	ION						
	KTIV-S	4.1	N	SIOUX CITY, IA							
	KTIV-2	4.2	N-M	SIOUX CITY, IA							
Rows as Necessary	KTIV-3	4.3	N-M	SIOUX CITY, IA							
	KTIV-4	4.4	N-M	SIOUX CITY, IA							
	KCAU-S	9.1	N	SIOUX CITY, IA							
	KCAU-2	9.2	N-M	SIOUX CITY, IA							
	KCAU-3	9.3	N-M	SIOUX CITY, IA							
	KCAU-4	9.4	N-M	SIOUX CITY, IA							
	KCAU-4 KPTH-3	9.4	<u>N-M</u> N								
				SIOUX CITY, IA							
	КРТН-3	44.3	N	SIOUX CITY, IA SIOUX CITY, IA							
	KPTH-3 KMEG-2	44.3 14.2	N N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA							
	KPTH-3 KMEG-2 KMEG-3	44.3 14.2 14.3	N N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA							
	KPTH-3 KMEG-2 KMEG-3 KSIN-S	44.3 14.2 14.3 27.1	N N-M N-M E	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA							
	KPTH-3 KMEG-2 KMEG-3 KSIN-S KSIN-2	44.3 14.2 14.3 27.1 27.2	N N-M N-M E E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA							
	KPTH-3 KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3	44.3 14.2 14.3 27.1 27.2 27.3 27.4	N N-M N-M E E-M E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA							
	KPTH-3 KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3 KSIN-4	44.3 14.2 14.3 27.1 27.2 27.3 27.4 44.1	N N-M E E-M E-M E-M N	SIOUX CITY, IA SIOUX CITY, IA							
	KPTH-3 KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3 KSIN-4 KPTH-S	44.3 14.2 14.3 27.1 27.2 27.3 27.4	N N-M N-M E E E-M E-M E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA							
	KPTH-3 KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3 KSIN-4 KPTH-S	44.3 14.2 14.3 27.1 27.2 27.3 27.4 44.1	N N-M E E-M E-M E-M N	SIOUX CITY, IA SIOUX CITY, IA							
	KPTH-3 KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3 KSIN-4 KPTH-S	44.3 14.2 14.3 27.1 27.2 27.3 27.4 44.1	N N-M E E-M E-M E-M N	SIOUX CITY, IA SIOUX CITY, IA							
	KPTH-3 KMEG-2 KMEG-3 KSIN-S KSIN-2 KSIN-3 KSIN-4 KPTH-S	44.3 14.2 14.3 27.1 27.2 27.3 27.4 44.1	N N-M E E-M E-M E-M N	SIOUX CITY, IA SIOUX CITY, IA							

/idlandsNet		PADLE 9	I STEWI.					SYSTEM I
mulanusnei								614
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.								
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se red by the FCC) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5			
Norma	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	MidlandsNet LLC							61429			
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i						
l I	In General: In space I, identi										
Substitute	substitute basis during the ac explanation of the programm	•••	•	•							
Carriage:		. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	• During the accounting period, did your cable system carry, on a substitute basis, any poppetwork television program										
Statement and Program Log	broadcast by a distant sta	-	,	,,,	, ,		YES	× NO			
r rogram Log	2				«»./ »						
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust comple	te the progra	m			
	log in block 2. 2. LOG OF SUBSTITUTE		MS								
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	eir meaning is	6			
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.	-		•				
	Column 1: Give the title period, was broadcast by a			sion program ("substitute							
	under certain FCC rules, re										
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	ove Lucy" or				
		n was broad		"Yes." Otherwise enter "N							
				sting the substitute progra e community to which the		nsed by th	e FCC or in				
	the case of Mexican or Can						CT 00 01, III				
			when your syst	em carried the substitute	program. Use	numerals	, with the mo	nth			
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	l ist the tir	mes accurate				
	to the nearest five minutes.							si y			
	stated as "6:00-6:30 p.m."										
	to delete under FCC rules a			was substituted for progra							
	was substituted for program							am			
	effect on October 19, 1976.										
	s	UBSTITUT	TE PROGRAM			EN 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		TIMES — TO	DELETION			
		100 01 110	ON LEE OTON			TROM	10				
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Accounting Period:	2021/2 F	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MidlandsNet LLC	SYSTEM ID# 61429
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 ta all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$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-raccounting period is \$52.00 Line 1. Royalty fee for accounting period	0.00
	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	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	7. Multiply line 6 by .005 (enter figure here)	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 \$ 489,769.00	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1 \$ 225,969.00	
	4. Multiply line 3 by .01	9 69
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319	
		0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	3,578.69
		3,378.09
	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) \$ 3,575 0. Siling Fee (Over the instruction of formation on Films for actual distance) \$ 20	<u>3.69</u>).00
	2. Filing Fee (See the instructions for more information on filing fee calculations)	3,598.69
	EFT Trace # or TRANSACTION ID # 26UMHNTK	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more infor	

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C MidlandsNet L	DWNER OF CABLE SYSTEM: LC				SYSTEM ID# 61429
M Channels	to its subscriber		total num	els on which the cable system carried tele ober of activated channels during the acc		
						24
	on which the	al number of activated channe cable system carried televisio dcast services	n broado			42
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further	Name	Robert Gannon			Telephone 712	2-786-1181
Information						
	Address	PO Box 330 (Number, street, rural route, apartr	ment, or su	ite number)		
		Remsen, IA 51050				
		(City, town, state, zip)				
	Email	bgannon@west	elsysten	ns.com	Fax (optional 712-786-2400	
		(This statement of account mu	ust be ce	rtified and signed in accordance with Cop	ovright Office regulations)	
O Certification		d, hereby certify that (Check or			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Owne	r other than corporation or p	artnersh	ip) I am the owner of the cable system as i	dentified in line 1 of space B; or	
	(Agent			artnership) I am the duly authorized agent s not a corporation or partnership; or	t of the owner of the cable syster	m as identified
	X (Offic	er or partner) I am an officer (i in line 1 of space B.	f a corpo	ration) or a partner (if a partnership) of the	legal entity identified as owner of	f the cable system
		te, and correct to the best of m	-	clare under penalty of law that all statemer Ige, information, and belief, and are made i		
			X	/s/ Robert Gannon		
				electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	name:	Robert Gannon		
		Title: (Tit	CEO	l position held in corporation or partnership)		
		Date:			1/20/22	

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ccounting Period: 2021/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
lidlandsNet LLC	61429
 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 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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.	
** 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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Cable Worksheet		Total amount of remittance	d Initials		
			Date of remittance	Check	□ FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	□Janua	ry 1 - June 30, 2017]July 1 - December 31, 2017	
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space B Owner					
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space D Area Served					
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Letter	sent		Information received	
and Rates	Accep	ted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Letter	sent	Γ	Information received	
	Accep	ted	C	Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Accep	ted	C	Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
☑Letter sent	☐ Information received	(SAS ONLY)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	