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 | | | | | | |
| 1-18-22 | \$ | | | | | | |
| | 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 |
| | Barcode Data Filing Period (optional - see instructions) |
| Accounting Period | |
| | Instructions: |
| В | 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 |
| | MH Telecom LLC |
| | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | мнтс |
| | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | 200 E Main St (Number, street, rural route, apartment, or suite number) |
| | Mount Horeb WI 53572 |
| | (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 | . IDENTIFICATION OF CABLE SYSTEM: |
| | 1 |
| | 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.

| Accounting Period: | 2021/2 | | | | | | | | |
|-----------------------|---|---|--|--|--|--|--|--|--|
| | LEGAL NAME OF OWNER OF GARLE OVOTER | FORM SA1-2E. PAGE 1b. | | | | | | | |
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | | |
| | MH Telecom LLC Instructions: List each separate community served by the cable system. A "commu | 62129 | | | | | | | |
| D | separate and distinct community or municipal entity (including unincorporated columincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. | mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first | | | | | | | |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. | | | | | | | | |
| | | | | | | | | | |
| | CITY OR TOWN | STATE | | | | | | | |
| First | Mount Horeb | WI | | | | | | | |
| Community | Blue Mounds | WI | | | | | | | |
| | Dodgeville | WI | | | | | | | |
| Add Rows as Necessary | | | | | | | | | |
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Accounting Period: 2021/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MH Telecom LLC

SYSTEM ID# 62129

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 | | | | |
|-------------------------------|-------------|-------|---------------------|-------------|------|--|--|
| | NO. OF | | | NO. OF | | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | CATEGORY OF SERVICE | SUBSCRIBERS | RATE | | |
| Residential: | | | | | | | |
| Service to first set | 714 | 49.75 | | | | | |
| Service to additional set(s) | | | | | | | |
| • FM radio (if separate rate) | | | | | | | |
| Motel, hotel | | | | | | | |
| Commercial | | | | | | | |
| Converter | | | | | | | |
| Residential | | | | | | | |
| Non-residential | | | | | | | |
| | | 1 | | | 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 | 49.75 | Motel, hotel | | НВО | 18.00 |
| Pay cable—add'l channel | | Commercial | | Cinimax | 16.00 |
| Fire protection | | • Pay cable | | Showtime | 16.00 |
| •Burglar protection | | Pay cable-add'l channel | | Starz | 16.00 |
| Installation: Residential | | Fire protection | | | |
| • First set | | Burglar protection | | | |
| Additional set(s) | | Other services: | | | |
| • FM radio (if separate rate) | | Reconnect | | | |
| Converter | | Disconnect | | | |
| | | Outlet relocation | | | |
| | | Move to new address | | | |
| | | | | | |

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name

62129

MH Telecom LLC PRIMARY TRANSMITTERS: TELEVISION

substitute program basis, as explained in the next paragraph.

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 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 |
|--------------|--------------------------|--------------------|------------------------|
| WKOW | 27.1 | N | Madison, WI |
| WKOW-1 | 27.2 | N-M | Madison, WI |
| WKOW-3 | 27.3 | N-M | Madison, WI |
| WMTV | 15.1 | N | Madison, WI |
| WMTV-2 | 15.2 | N-M | Madison, WI |
| WMTV-3 | 15.3 | N-M | Madison, WI |
| WBUW | 57.1 | l | Madison, WI |
| WHA-TV | 21.1 | E | Madison, WI |
| WHA-TV 2 | 21.2 | E | Madison, WI |
| WHA-TV 3 | 21.3 | E | Madison, WI |
| WMSN | 47.1 | N | Madison, WI |
| WMSN 2 | 47.2 | N-M | Madison, WI |
| WISC | 3.1 | N | Madison, WI |
| WISC-2 | 3.2 | N-M | Madison, WI |
| WKOW-4 | 27.4 | N-M | Madison, WI |
| WKOW-5 | 27.5 | N-M | Madison, WI |
| WHA-TV 4 | 21.4 | E | Madison, WI |
| WMSN 3 | 47.3 | N-M | Madison, WI |
| WMTV-4 | 15.4 | N-M | Madison, WI |
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Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MH Telecom LLC 62129

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

Н

Primary Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period. 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.

- 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 |
|-----------|----------|------|---------------------|-----------|----------|-----|---------------------|
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| Accounting Perio | | 0.4 D. E. 0.40T | | | | | | | FORM | M SA1-2E. PAGE 5. |
|--|--|-----------------------|-------------------------------------|--|--------|---------------|---------------|----------------|-----------|------------------------|
| Name | LEGAL NAME OF OWNER OF OM Telecom LLC | CABLE SYST | EM: | | | | | | | SYSTEM ID# 62129 |
| | SUBSTITUTE CARRIAGE | : SPECIA | L STATEMEN | T AND PROGRAM LO |)G | | | | | |
| Substitute | In General: In space I, identifications substitute basis during the acceptanation of the programmi | fy every non | network televis eriod, under spe | ion program, broadcast be cific present and former I | oy a o | rules, regula | ations, or au | uthoriza | ations. F | or a further |
| Carriage: | 1. 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 | | • | . dable eyelem | ourly, or a substitute b | uo.o, | any nomi | | | | V |
| Program Log | TES LINO | | | | | | | | | INO |
| Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progral log in block 2. | | | | | | | | progran | n | |
| | 2. LOG OF SUBSTITUTE PROGRAMS 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 required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for letter "P" if th | | | | | | | | | |
| | , | | | | | | N SUBST | | | |
| | | | E PROGRAM 3. STATION'S | | | 5. MONTH | AGE OCC | CURRE TIMES | ED | 7. REASON FOR DELETION |
| | TITLE OF PROGRAM | 2. LIVE? Yes or No | CALL SIGN | 4. STATION'S LOCATIO | N | AND DAY | FROM | _ | то | |
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| Accounting Period: | 2021/2 | | | FORM SA | A1-2E. PAGE 6. | | | | |
|------------------------------------|--|---------------------------|-------------------------------------|-----------------------------|---------------------------|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: MH Telecom LLC | | | s | YSTEM ID# 62129 | | | | |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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. | ystem's se n of how to | condary transmis compute this ar | ssion service mount, see | 0,204.35 pss receipts) | | | | |
| 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in | out less than formation. | n \$527,600 | 53,800 | | | | | |
| | 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 | ioo tilat yo | a made pay for an | o oix monar | | | | | |
| | Line 1. Royalty fee for accounting period | | | | | | | | |
| | 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 lin | es 1 and 2 | | | | | | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES | SS (but mo | ore than \$137,1 | 00) | | | | | |
| | Base amount under statutory formula | \$ | 263,800.00 | | | | | | |
| | 2. Enter amount of gross receipts from space K | \$ | 220,204.35 | | | | | | |
| | 3. Subtract line 2 from line 1 | \$ | 43,595.65 | | | | | | |
| | 4. Enter the amount of gross receipts from space K | | . \$ 2 | 20,204.35 | | | | | |
| | 5. Enter the amount from line 3 | | \$ | 43,595.65 | | | | | |
| | 6. Subtract line 5 from line 4 | | \$ 1 | 76,608.70 | | | | | |
| | 7. Multiply line 6 by .005 (enter figure here) | | | \$ | 883.04 | | | | |
| | 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 | | \$ | 883.04 | | | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 | ,800 (but | less than \$527, | 600) | | | | | |
| | Enter the amount of gross receipts from space K | | | | | | | | |
| | 2. Base amount under statutory formula | | 263,800.00 | | | | | | |
| | 3. Subtract line 2 from line 1 | | , | | | | | | |
| | 4. Multiply line 3 by .01 | | | | | | | | |
| | 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 | | | 0.00 | | | | | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, | 5 and 6 | | | | | | | |
| | | | | | | | | | |
| | FILING FEE AND TOTAL REMITTANCE DU | E | | | | | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | | . \$ | 883.04 | | | | | |
| Due | 2. Filling Fee (See the instructions for more information on filling fee calculations) | | \$ | 20.00 | | | | | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | | | \$ | 903.04 | | | | |
| | Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1 | | - | | nts! | | | | |

| Accounting Period: | 2021/2 | | | | | FORM SA1-2E. PAGE 7. |
|------------------------------|----------------------------------|--|-----------------------|---|-------------------------------|-------------------------|
| Name | LEGAL NAME OF OW MH Telecom LLC | NER OF CABLE SYSTEM: | | | | SYSTEM ID# 62129 |
| M Channels | | • , | | ls on which the cable system carried telev per of activated channels during the acco | | |
| | | number of channels on which television broadcast stations | | le | | 20 |
| | on which the ca | number of activated channel able system carried televisio ast services | n broadca | | | 240 |
| N Individual to Be Contacted | | BE CONTACTED IF FURTH DOUT this statement of accou | | RMATION IS NEEDED (Identify an individ | dual to whom | |
| for Further Information | Name <u>I</u> | Leslie Scheckel | | | Telephone | 608-930-9985 |
| | | 200 E Main St Number, street, rural route, apartn | nent, or suit | e number) | | |
| | | Mt Horeb WI 53572 City, town, state, zip) | | | | |
| | Email | leslie.scheckel@ | mhtcinc | .com | Fax (optional | |
| 0 | CERTIFICATION (TI | his statement of account mu | st be cer | tified and signed in accordance with Copy | right Office regulations) | |
| Certification | • I, the undersigned, | hereby certify that (Check or | ne, but onl | y one , of the boxes.) | | |
| | (Owner o | other than corporation or pa | artnership | a) I am the owner of the cable system as ide | entified in line 1 of space E | 3; or |
| | | | | artnership) I am the duly authorized agent on not a corporation or partnership; or | of the owner of the cable s | ystem as identified |
| | | or partner) I am an officer (in line 1 of space B. | f a corpora | ation) or a partner (if a partnership) of the le | egal entity identified as owr | ner of the cable system |
| | | , and correct to the best of my | | clare under penalty of law that all statements ge, information, and belief, and are made in | | |
| | | | X | /s/ John Van Ooyen | | |
| | | | | electronic signature on the line above to certif nature using an "/s/ signature" (e.g., /s/ John | | |
| | | Typed or printed | name: | John Van Ooyen | | |
| | | Title: | CEO le of official | position held in corporation or partnership) | | |
| | | Date: | | J | January 18, 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.

| 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? 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. Line 1 Enter the amount of late payment or underpayment | FORM SA1-2E. PAGE 8 |
|--|--------------------------------------|
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| made by satellite carriers to satellite dish owners? X NO | Receipts Exclusion |
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| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Q |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessment |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| Line 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 | |
| in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 | |
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| | |
| | |
| Owner | |
| Address | |
| ID number | |
| First community served Accounting period | |

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CONTROL #: REMITTANCE #:

☐Letter sent

 $\square \mathsf{Accepted}$

 \square Accepted

Space H Primary Transmitters: Radio

| C | Cable Worksheet | Total amount of remittance | Number of SAs re | c'd Initials | | | | |
|-------------------------------------|-----------------------------|----------------------------|----------------------------|-----------------|--|--|--|--|
| | | Date of remittance | Check □EFT | ☐FILING FEES | | | | |
| Cable ID# | | | | Amount Initials | | | | |
| Examined by | Reviewed by | Date examination completed | Allocation number | | | | | |
| Space A Accounting Period | | | | | | | | |
| | ☐ January 1 - June 30, 2017 | [| July 1 - December 31, 2017 | | | | | |
| | ☐ Letter sent |] | ☐ Information received | | | | | |
| | □Accepted | ☐ Phone call/Date/Contact | | | | | | |
| Space B Owner | | | | | | | | |
| | Letter sent |] | ☐Information received | | | | | |
| | □Accepted |] | Phone call/Date/Contact | | | | | |
| Space D Area Served | | | | | | | | |
| | ☐ Letter sent |] | ☐ Information received | | | | | |
| | □Accepted |] | Phone call/Date/Contact | | | | | |
| Space E Secondary Transission | | | | | | | | |
| Service Subscribers: | ☐Letter sent | [| ☐Information received | | | | | |
| and Rates | □Accepted | [| ☐Phone call/Date/Contact | | | | | |
| Space G Primary Transmitters: | | | | | | | | |
| Television | | | | | | | | |

 $\ \ \, \square \\ \ \, Information \ received$

☐ Phone call/Date/Contact

 \square Phone call/Date/Contact

| | | Space I Substitute Carriage |
|------------------------|---------------------------|---|
| ☐Letter sent | ☐Information received | |
| □Accepted | ☐Phone call/Date/Contact | |
| | | Space J Part-time Carriage Log |
| ☑Letter sent | ☐Information received | (SA3 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 Fees |
| ☐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 | |