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.

		Return
FOR COPYRIGHT	TOFFICE USE ONLY	email to
DATE RECEIVED	AMOUNT	coplics
7/31/2024	\$	For add contact Office I
	ALLOCATION NUMBER	(202) 7

Return completed workbook by

coplicsoa@copyright.gov

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

Α	ACC	OUNTING 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		
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
		MARNE ELK HORN TELEPHONE COMPANY
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 120
		(Number, street, rural route, apartment, or suite number)
		ELK HORN, IA 51531 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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 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 filing, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
	MARNE ELK HORN TELEPHONE COMPANY	20172
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community or municorporated 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hotels.	unities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area		one parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	ELK HORN	IA
Community	BRAYTON	IA
	MARNE	IA
Add Rows as Necessary	KIMBALLTON	IA
Add Hows as Necessary	EXIRA	IA
	LAINA	iA .

Accounting Period: 2024/1

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 20172

MARNE ELK HORN TELEPHONE COMPANY

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		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	503	47.95			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		1		†	†

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		Motel, hotel			
 Pay cable—add'l channel 		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)	40.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		Move to new address	30.00		

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 20172

MARNE ELK HORN TELEPHONE COMPANY

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMTV-TV	3.1	N	OMAHA, NE
GRIT	3.2	N-M	OMAHA, NE
LAFF-TV	3.3	N-M	OMAHA, NE
MYSTERY	3.4	N-M	OMAHA, NE
COURT TV	3.5	N-M	OMAHA, NE
WOWT	6.1	N	OMAHA, NE
COZI	6.2	N-M	OMAHA, NE
H&I	6.3	N-M	OMAHA, NE
ION TV	6.4	N-M	OMAHA, NE
START TV	6.5	N-M	OMAHA, NE
THE 365	6.6	N-M	OMAHA, NE
OUTLAW	6.7	N-M	OMAHA, NE
KETV-DT	7.1	N	OMAHA, NE
KETV-ME	7.2	N-M	OMAHA, NE
KETV-STORY	7.3	N-M	OMAHA, NE
ION PLUS	7.4	N-M	OMAHA, NE
GETTV	7.5	N-M	OMAHA, NE
KCCI-HD	8.1	N	DES MOINES, IA
KCCI-SD	8.2	N-M	DES MOINES, IA
KCCI-MY	8.3	N-M	DES MOINES, IA
KCCI-STORY	8.4	N-M	DES MOINES, IA
NOSEY	8.5	N-M	DES MOINES, IA
TBD	15.1	N-M	DES MOINES, IA
THE NEST	15.2	N-M	OMAHA, NE
CHARGE!	15.3	N-M	OMAHA, NE

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 20172

MARNE ELK HORN TELEPHONE COMPANY

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
KDSM-DT	17.1	N	DES MOINES, IA
COMET	17.2	N-M	DES MOINES, IA
CHARGE!	17.3	N-M	DES MOINES, IA
TBD	17.4	N-M	DES MOINES, IA
KDMI	19.1	N	DES MOINES, IA
KYNE	26.1	E	OMAHA, NE
IPTV-H	36.1	E	RED OAK, IA
IPTV21-H	36.2	E-M	RED OAK, IA
IPTV3-H	36.3	E-M	RED OAK, IA
IPTV4-H	36.4	E-M	RED OAK, IA
FOX 42	42.1	N	OMAHA, NE
MYTV	42.2	N-M	OMAHA, NE
CW	42.3	N	OMAHA, NE
COMET	42.4	N-M	OMAHA, NE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MARNE ELK HORN TELEPHONE COMPANY

20172

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).

	=::		Г	T a.v. a.c.:			
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	d: 2024/1						FORM SA1-2E. PAGE 5.
NI	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#
Name	MARNE ELK HORN TE	LEPHONE	COMPANY				20172
		0050141	0747545	T AND DD00D444 00			
 Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every none counting pe	network television	on program, broadcast by cific present and former FC	a <i>distant</i> stat CC rules, regu	lations, or authoriz	zations. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Special Statement and	During the accounting peri-				sis, any nonn	etwork television	program
Program Log	broadcast by a distant stat	ion?				,	YES X NO
	Note: If your answer is "No,"	" leave the	rest of this page	e blank If your answer is	"Yes " you m		
	log in block 2.	10010 110	root or time pag	o biariti. Il your anower io	100, you !!	radi demplote the	Program
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a counder certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Cander Signey the month of the case of Mexican or Cander Signey the month of the nearest five minutes. Stated as "6:00—6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	tute prograice, please a of every nor distant staticulations, or es like "moves like "moves broad sign of the sid day a te "5/7." Is when the Example: a er "R" if the lend regulation.	m on a separate add additional renetwork televison and that your authorizations vies" or "basket locast live, enter tation broadcas in's location (thins, if any, the cowhen your system substitute program carries is effect dui	ows to the tables. sion program ("substitute or cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "sting the substitute program or community to which the sem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting period	program") the d for the program instruction titles, for ending the station is lice station is ide program. Us cable system in the form the	ensed by the FCC entified). e numerals, with a 28:30 p.m. should your system was etter "P" if the liste	counting other station formation. Lucy" or C or, in the month accurately d be s required ed program
	5.100 5				W	IEN SUBSTITUT	re l
	S	UBSTITUT	E PROGRAM			RIAGE OCCURF	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO
					_		
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Accounting Period: 2	2024/1 FORM SA1-2I	E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MARNE ELK HORN TELEPHONE COMPANY SYST	TEM ID# 20172
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 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 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. (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	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	
	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 \$ 119,086.90	
	6. Subtract line 5 from line 4	
		20.40
		28.13
	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	28.13
	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	
	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	
	7. TOTAL ROTALITY FLE PATABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 0	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	4. Describe For Describe for Association Desired (from block 4.2 and about)	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
	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	18.13
	EFT Trace # or TRANSACTION ID # 27GHLQQB	
	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:	2024/1		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: IORN TELEPHONE COMPANY	SYSTEM ID# 20172
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. all number of channels on which the cable ed television broadcast stations all number of activated channels cable system carried television broadcast stations deast services	39 95
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	Rachel Hamilton Telephone 712.764	4.6161
	Address	PO Box 120 (Number, street, rural route, apartment, or suite number) Elk Horn, IA 51531 (City, town, state, zip)	
	Email	rachel@metcteam.com Fax (optional 712.764.2773	
	CERTIFICATION ((This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or	dentified
	X (Office	ter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the continuous in line 1 of space B.	able system
		the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		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: Rachel Hamilton	
		Title: CEO (Title of official position held in corporation or partnership)	
		Date: 7.31.24	

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

			FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CA	ABLE SYSTEM:		SYSTEM ID
ARNE ELK HORN TELE	EPHONE COMPANY		20172
The Satellite Home Viewer lowing sentence: "In determining the service of providin scribers and amount of the service of providin scribers and amount of the service of providing scribers and amount of the service of	e total number of subscribers and the gring secondary transmissions of primary bunts collected from subscribers receiving when to exclude these amounts, see the 2 form.	EEIPTS EXCLUSIONS 1111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic roadcast transmitters, the system shall not include sub- rose secondary transmissions pursuant to section 119." e note on page (vii) of the general instructions amounts of gross receipts for secondary transmissions	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total h	here and list the satellite carrier(s) below	y	
Name Mailing Address		Name Mailing Address	
INTEREST ASSESS	MENT		
·	vorksheet for those royalty payments sub erest assessment, see page (viii) of the g	bmitted as a result of a late payment or underpayment.	O
		general instructions located in the paper SAT-2 form.	•
Line 1 Enter the amount	t of late payment or underpayment		Interest Assessment
		x	Interest Assessment
	t of late payment or underpayment	xe	Interest Assessment
Line 2 Multiply line 1 by	t of late payment or underpayment	xe	
Line 2 Multiply line 1 by	t of late payment or underpayment the interest rate* and enter the sum here the number of days late and enter the sum	xexda	
Line 2 Multiply line 1 by to Line 3 Multiply line 2 by to Line 4 Multiply line 3 by to Line 4 Multiply	t of late payment or underpayment the interest rate* and enter the sum here the number of days late and enter the sum	x	
Line 2 Multiply line 1 by to Line 3 Multiply line 2 by to Line 4 Multiply line 3 by to in space L (page 6)	t of late payment or underpayment	x	
Line 2 Multiply line 1 by to Line 3 Multiply line 2 by to Line 4 Multiply line 3 by to in space L (page 6) * To view the interest to	t of late payment or underpayment	x	
Line 2 Multiply line 1 by to Line 3 Multiply line 2 by to Line 4 Multiply line 3 by to in space L (page 6) * To view the interest to contact the Licensin	t of late payment or underpayment	x	
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the line 4 multiply line 1 by the line 4 multiply line 2 by the line 4 multiply line 3 by the line 4 multiply line 2 by the line 4 multiply line 3 by the line 4 multiply line 4 multiply line 3 by the line 4 multiply line 4 multiply line 4 multiply line 3 by the line 4 multiply	tof late payment or underpayment	x	
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