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				
8/26/24	\$ ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
Accounting	20241 Barcode Data Filing Period (optional	- see instructions)							
Period									
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsof the subsidiary, not that of the parent corporation.	idiary of another corporation, give the full corporate title							
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								
	Savage Communications								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFEREN	Γ)							
	SCI Cable TV								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	206 Power Avenue North (Number, street, rural route, apartment, or suite number)								
	Hinkley, MN 55037 (City, town, state, zip)								
С	RUCTIONS: In line 1, give any business or trade names used to ide s already appear in space B. In line 2, give the mailing address of t								
System	IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	(Number, street, rural route, apartment, or suite number)								
	(City, lown, 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.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Savage Communications Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincord discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community: First Community First Community Add Rows as Necessary Area CITY OR TOWN CITY O	porated communities within unincorporated areas and including single
Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincord discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the ast he "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, of identified city. CITY OR TOWN First Community CITY OR TOWN Solway Twp Industrial Twp Brevator Twp Grand Lake Twp	"community" is the same as a "community unit" as defined in FCC rule porated communities within unincorporated areas and including single
Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future. Note: Entities and properties such as hotels, apartments, condominiums, of identified city. CITY OR TOWN Canosia Twp Community Solway Twp Industrial Twp Brevator Twp Grand Lake Twp	"community" is the same as a "community unit" as defined in FCC rule porated communities within unincorporated areas and including single
"a separate and distinct community or municipal entity (including unincord discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future. Note: Entities and properties such as hotels, apartments, condominiums, or identified city. CITY OR TOWN First Community Solway Twp Industrial Twp Brevator Twp Grand Lake Twp	porated communities within unincorporated areas and including single
Area Served identified city. CITY OR TOWN First Canosia Twp Community Solway Twp Industrial Twp Brevator Twp Grand Lake Twp	e filings.
First Canosia Twp Community Solway Twp Industrial Twp d Rows as Necessary Brevator Twp Grand Lake Twp	or mobile home parks should be reported in parentheses below the
First Canosia Twp Community Solway Twp Industrial Twp d Rows as Necessary Brevator Twp Grand Lake Twp	
Community Solway Twp Industrial Twp d Rows as Necessary Grand Lake Twp	STATE MN
Industrial Twp Brevator Twp Grand Lake Twp	MN
Rows as Necessary Brevator Twp Grand Lake Twp	
Grand Lake Twp	MN
	MN
Hermantown	MN
	MN

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Savage Communications

SYSTEM ID# 34285

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 	97	48.95				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		†				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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

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

BLOCK 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	100.00	Burglar protection		
 Additional set(s) 		Other services:		
 FM radio (if separate rate) 		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34285

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

Savage Communications

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
KDLH	33	1	Duluth, MN
KDLH-DT2	33.2	I-M	Duluth, MN
KDLH-DT3	33.3	I-M	Duluth, MN
KDLH-DT4	33.4	I-M	Duluth, MN
KDLH-DT5	33.5	I-M	Duluth, MN
KDLH-DT6	33.6	I-M	Duluth, MN
KBJR	19	N	Superior, WI
KBJR-DT2	19.2	N-M	Superior, WI
KBJR-DT3	19.3	I-M	Superior, WI
KQDS	18	N	Duluth, MN
KQDS-DT2	18.2	I-M	Duluth, MN
WDSE	8	E	Duluth, MN
WDSE-DT2	8.2	E-M	Duluth, MN
WDSE-DT3	8.3	E-M	Duluth, MN
WDSE-DT4	8.4	E-M	Duluth, MN
WDIO	10	N	Duluth, MN
WDIO-DT2	10.2	I-M	Duluth, MN
WDIO-DT4	10.4	I-M	Duluth, MN
WDIO-DT5	10.5	I-M	Duluth, MN
KPXM	16	<u> </u>	St. Cloud, MN
wcco	32	N	Minneapolis, MN
KAWE	9	E	Bemidji, MN

unting Period	2024/1			FORM SA1-2E. PAG		
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEMI		
Name	Savage Communications					
	PRIMARY TRANSMITTERS:	TELEVISION				
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channer of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these terms of the same of the column 4: Give the location of the same	an during the accounting period, exception effect on June 24, 1981, permitting to 16, 20 and (4), or 76.63 (referring to 76.64 explained in the next paragraph. With respect to any distant stations des, regulations, or authorizations: in space G—but do list it in space I (if a substitute basis. Iso in space I, if the station was carried a concerning substitute basis stations is call sign. Do not report origination with a station according to its over-the form. In number the FCC assigned to the teleform of the form. In the form of the form o	translator stations and low power teles of (1) stations carried only on a part-tir he carriage of certain network program of (e)(2) and (4))]; and (2) certain stationarried by your cable system on a substitute basis and also the Special Statement and Program Lord both on a substitute basis and also the special Statement and Program Lord both on a substitute basis and also the special Statement and Program Lord both on a substitute basis and also the special Statement and Program Lord both on a substitute basis and also the special Statement and Program Lord both on a substitute basis and also the special Statement and Program Lord both on a substitute basis and also the special form the station in the station is the community to which the station is the community with which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each transtream me air in its community moncommercial indent), "I-M" nal multicast). Is licensed by the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Savage Communications

34285

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
						 	
					 		

						FOR	M SA1-2E. PAGE 5.
od: 2024/1 LEGAL NAME OF OWNER OI	F CABLE SYS	STEM:				101	SYSTEM ID#
Savage Communicati	ons						34285
SUBSTITUTE CARRIAGE In General: In space I, identicate substitute basis during the explanation of the programm. 1. SPECIAL STATEMENT • During the accounting periodic by a distant state of the state	GE: SPECIA titify every not accounting p ming that mu IT CONCEF eriod, did you ation? o," leave the E PROGRA stitute progra ace, please e of every not a distant stat egulations, orries like "mo bulls." Im was broa	eriod, under sp st be included RNING SUBS ur cable syster e rest of this pa AMS am on a separ add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, enti	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE of the carry, on a substitute based by the carry, on a substitute based by the carry of the ca	y a distant state CC rules, reg he general instants, any nonres "Yes," you res wherever possible to for the program") It ted for the program titles, for e "No."	ulations, contractions network to nust com possible, if nat, durin ogrammir ions for fu	relevision progression progres	stem carried on a ons. For a further SA1-2 form. gram X NO gram gram gram station ation.
the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra	nadian station than day ive "5/7." nes when the Example: a tter "R" if the and regulation ming that y	ons, if any, the when your sy e substitute program can listed prograr ions in effect d	e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0' m was substituted for progluring the accounting period	e station is ide e program. Use r cable syster 1:15 p.m. to 6 ramming that od; enter the I der FCC rules	entified). se numer m. List the :28:30 p. :your sys etter "P" i	als, with the e times accu m. should be tem was <i>req</i> if the listed p ulations in	month rately uired
	N IDOTITUT	E DDOODAN		WHEN SUBSTITUTE			7 DEASON FOR
				1			7. REASON FOR DELETION
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
	In General: In space I, iden substitute basis during the explanation of the program. 1. SPECIAL STATEMEN. • During the accounting period broadcast by a distant state. Note: If your answer is "Note in block 2. 2. LOG OF SUBSTITUT in General: List each subsclear. If you need more spander certain FCC rules, rounder Giste the tertain state of Mexican or Cacolumn 4: Give the broad case of Mexican or Cacolumn 6: State the tint to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograeffect on October 19, 1976	In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu. 1. SPECIAL STATEMENT CONCEF. • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No," leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant stat under certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statif the case of Mexican or Canadian statifuc Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the tothe delete under FCC rules and regulation was substituted for programming that the effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included. 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable syster broadcast by a distant station? Note: If your answer is "No," leave the rest of this palog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separ clear. If you need more space, please add additiona Column 1: Give the title of every nonnetwork tele period, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorizatio Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadc Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of the space of the programming that must be included in this log, see page (v) of the space of the programming that must be included in this log, see page (v) of the space of the programming that must be included in this log, see page (v) of the space of the program of	substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance in the programming that must be included in this log, see page (v) of the general instance in the program of the program of the general instance in the program of the	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that substitute basis during the accounting period, under specific present and former FCC rules, regulations, explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to 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 com log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if 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, durin period, was broadcast by a distant station and that your cable system substituted for the programmir under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fu Do not use general categories like "movies" or "basketball." List specific program titles, for example, "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 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 by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your syst to delete under FCC rules and regulations in effect during the accounting period; e	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sysubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatic explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper of the general carry, on a substitute basis, any nonnetwork television program or a substitute basis, any nonnetwork television program or a substitute basis, any nonnetwork television program or a substitute program or a substitute program is "Yes," you must complete the program in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meanir 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 account period, was broadcast by a distant station and that your cable system substitute for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information on the general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "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 identified). Column 5: Give the month and day when your system carried the substitute program. Li

Accounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:		1-2E. PAGE STEM ID
Name	Savage Communications		3428
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,488.90 ss receipts)
	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 \$100.00 the second of 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 the accounting period is \$52.00. Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$263,800 his six-month	52.00 0.00 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)	00)	
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K 3. Subtract line 2 from line 1 4. Enter the amount of gross receipts from space K 5. Enter the amount from line 3 6. Subtract line 5 from line 4 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8		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 2. Base amount under statutory formula		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me		

Accounting Period:	2024/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Savage Communications	SYSTEM ID# 34285
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	22
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name Alma Hoxha, Cinnamon Mueller Telephone 314-46	:2-9000
Information	Address 1714 Deer Tracks Trail, Suite 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip)	
	Email ahoxha@cinnamonmueller.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	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: Scott Savage Title: VP/Business Development (Title of official position held in corporation or partnership)	
	Date: August 26, 2024	

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.

Accounting Period: 2024/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Savage Communications	34285
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."	P Special Statement 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	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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.	
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	
ID number First community served Accounting period	

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