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					
08/26/2024	\$	For a			
	ALLOCATION NUMBER	(202)			

Return completed workbook by

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				
		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				
		Brookings Municipal Utilities				
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM				
		PO Box 588: 525 Western Ave (Number, street, rural route, apartment, or suite number)				
		Brookings, SD 57006				
		(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.

		FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Hume	Brookings Municipal Utilities 6333								
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the							
	CITY OR TOWN	CTATE							
First Community	Brookings	STATE SD							
Rows as Necessary									

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63330

Brookings Municipal Utilities

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 	997	60.95			
 Service to additional set(s) 	313	7.00			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	42	60.95			
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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	115.95	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) 	110.00	Other services:			
• FM radio (if separate rate)		Reconnect	7.00		
Converter		Disconnect	7.00		
		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# 63330

Brookings Municipal Utilities

G

Primary Transmitters: Television

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
KDLT-FOX	4	N	Sioux Falls, SD
KDLT-NBC	5	N	Sioux Falls, SD
KCSD-DT2	7	E-M	Sioux Falls, SD
KCSD-SDPB	8	E	Sioux Falls, SD
KCSD-DT3	9	E-M	Sioux Falls, SD
KELO-DT2	10	N-M	Sioux Falls, SD
KELO-CBS	11	N	Sioux Falls, SD
KSFY-ABC	13	N	Sioux Falls, SD
KSFY-DT3 MeTV	14	N-M	Sioux Falls, SD
KCPO-LP	15	l	Sioux Falls, SD
KELO-WxNOW	17	N-M	Sioux Falls, SD
KELO-DT4	18	N-M	Sioux Falls, SD
KTTM-TCT	213	N-M	Sioux Falls, SD
KSFL-DT	219	N-M	Sioux Falls, SD
KSFY-DT2	220	N-M	Sioux Falls, SD
KSFY-DT4	221	N-M	Sioux Falls, SD
KSFY-D5	223	N-M	Sioux Falls, SD
KDLT-D4	224	N-M	Sioux Falls, SD
KDLT-DT3	225	N-M	Sioux Falls, SD
KAUN-LP	226	N-M	Sioux Falls, SD

SYSTEM ID#

Brookings Municipal Utilities

63330

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).

	T =	I a:-	I	1	I	I o :-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							<u> </u>
	l					 	<u> </u>
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	1 2024/4									
Accounting Perio	od: 2024/1 LEGAL NAME OF OWNER OF	CABLE SVS	TEM:				FOR	SYSTEM ID#		
Name	Brookings Municipal		I LIVI.					63330		
	Brookings manicipal	- Cillicio						03330		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
ı	In General: In space I, iden									
Substitute	substitute basis during the a explanation of the programm	• • • • • • • • • • • • • • • • • • • •		•						
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.									
Statement and Program Log	and									
	log in block 2.	o, icave aic	rest of this pe	igo bianik. Ii your anower k	, 100, your	nast com	piete trie pro	gram		
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs				s wherever p	ossible, if	their meanin	ng is		
	clear. If you need more spa			rows to the tables. vision program ("substitute	nrogram") ti	hat during	the accoun	ting		
	period, was broadcast by a									
	under certain FCC rules, re									
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example,	T Love Lucy	or		
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter '						
		0		asting the substitute progr the community to which the		censed by	the ECC or	in		
	the case of Mexican or Car						THE TOO OI,	, ""		
			when your sy	stem carried the substitute	program. U	se numera	als, with the	month		
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cable syste	m List the	e times accui	rately		
	to the nearest five minutes									
	stated as "6:00–6:30 p.m."	tor "D" if the	listed program	n was substituted for prog	ramming that	vour eve	tom was road	uired		
	to delete under FCC rules									
								logiani		
			your system w	as permitted to delete und				logiani		
	effect on October 19, 1976		your system w	as permitted to delete und				ogram		
			your system w	as permitted to delete und	ler FCC rules		lations in	ogram		
	effect on October 19, 1976	i	your system w		ler FCC rules WHE	and regu	lations in	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES			
	effect on October 19, 1976	UBSTITUT	E PROGRAM	· 	er FCC rules WHE CARRI	and regu N SUBS ⁻ AGE OC	Ilations in	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S	· I	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR		

Accounting Period:	2024/1			FORM SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Brookings Municipal Utilities			SYSTEM ID# 63330				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanate 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	e system's sation of how	secondary trans to compute this	mission service				
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 \$13							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00.	ty fee that y	ou must pay for t	his six-month				
	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 li	ines 1 and 2	2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE							
	Base amount under statutory formula	,						
	Enter amount of gross receipts from space K		•					
	3. Subtract line 2 from line 1							
	Enter the amount of gross receipts from space K			•				
	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 \$26	3,800 (but	less than \$527,	600)				
	Enter the amount of gross receipts from space K	. \$	439,695.00					
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	175,895.00					
				1 759 05				
	4. Multiply line 3 by .01			1,758.95				
	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			\$ 3,077.95				
	FILING FEE AND TOTAL REMITTANCE DI	JE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	3,077.95				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$ 3,097.95				
	EFT Trace # or TRANSACTION ID #	9.14	4084E+13					
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the							

Accounting Period: 2	2024/1 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Brookings Municipal Utilities SYSTEM ID# 63330
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. 20 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 172
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 Laura Julius Telephone 605-692-6325
Information	Address PO Box 588: 525 Western Ave (Number, street, rural route, apartment, or suite number) Brookings, SD 57006 (City, town, state, zip)
	Email
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 as identified 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 cable system 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)] X /s/ Steve Meyer 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: Steve Meyer Title: Executive Vice President / General Manager (Title of official position held in corporation or partnership)
	Date: August 22, 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.

counting Period: 2024/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ookings Municipal Utilities	63330
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 addit lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	ne basic include sub- Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary trainmade by satellite carriers to satellite dish owners? X NO	nsmissions
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	
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	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	st charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assist contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ance please
** 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 Of list below the owner, address, first community served, ID number, and accounting period as given in the orig	• •
Owner Address	
ID number First community served	
Accounting period	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)