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

Construction Date RECEIVED AMOUNT Control Network Cable Systems (Short Form) 08/29/2024 \$ Control Network Control Network OB/29/2024 \$ ALLOCATION NUMBER Control Network Control Network OB/29/2024 \$ ALLOCATION NUMBER Control Network Control Network OB/29/2024 \$ ALLOCATION NUMBER Control Network Control Network OB/20/2024 \$ ALLOCATION NUMBER Control Network Control Network Control Network Control Network A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Control Network Control	STATEM	FNT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
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(City, town, state, zip code)		2	(Number, street, rural route, apartment, or suite n	umber)		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) requested on this			(City, town, state, zip code)			
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	New Knoxville Telephone	63427
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	St. Henry	ОН
Community	Coldwater	ОН
	Montezuma	ОН
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	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							1-2E. PAG
Name	New Knoxville Telephor								634
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L _	In General: The information in s system, that is, the retransmission	•		-					
Secondary	about other services (including p								
ransmission	last day of the accounting period							.9	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary					•			
Rates	each category by counting the nu separately for the particular service							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.				ny standar	d rate variations	within a p	articular rate	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca					in the count unc	ler "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					convice that are	difforont fr	om thoso	
	printed in block 1 (for example, ti	-		-					
	with the number of subscribers a								
	sufficient.		-						
	BLO	DCK 1					BLOCH		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF	VICE	NO. OF SUBSCRIBERS	RA
	Residential:	CODOCIVIDE	_110		UAT			ODBOOKIDENO	
	Service to first set		939	51.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		-	• •			
•	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	ble per-pro	ogram basis,	
Secondary	enter only the letters "PP" in the		aa aabi	a avatara far aa	ab af tha a	mulicoble com <i>i</i> co	a liatad		
ansmissions:	Block 1: Give the standard rat Block 2: List any services that			•		••		vere not	
		• •		moniou or onor.			shou that		
Rates	listed in block 1 and for which a s	separate charge	e was i	nade or establis	-	• •	ces in the	form of a	
	-				-	• •	ces in the	form of a	
	listed in block 1 and for which a s	otion and includ	e the ra		-	• •	ces in the		
	listed in block 1 and for which a s	otion and includ	e the ra CK 1		shed. List	• •		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip	otion and includ	e the ra CK 1 CATE0	ate for each.	whed. List	these other servi		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ	e the ra CK 1 CATEC Install	ate for each. GORY OF SER	whed. List	these other servi		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOC	e the ra CK 1 CATEC Install • Mo	ate for each. GORY OF SER ation: Non-res	whed. List	these other servi		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC	e the ra CK 1 CATEC Install • Mo • Co	ate for each. GORY OF SER ation: Non-res itel, hotel	whed. List	these other servi		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC	e the ra CK 1 CATEC Install • Mo • Co • Pa	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial	VICE	these other servi		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	BLOC	e the ra CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable	VICE	these other servi		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOC	e the ra CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch	VICE	these other servi		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	8.95-18.95	e the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir • Bu	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection	VICE	these other servi		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	8.95-18.95	e the ra CK 1 CATEO Install • Mo • Co • Pa • Pa • Fin • Bu • Bu	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	VICE	these other servi		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	8.95-18.95	e the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu Other • Re	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	VICE	RATE		BLOCK 2	RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	24.95 20.00	e the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fird • Bu • Bu • Bu • Co • Co	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	VICE	RATE		BLOCK 2	RA

counting Period:	2024/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	New Knoxville Telep	hone		63427
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHIO			
		7	N	
	WKEF	22	N	
ld Rows as Necessary	WRGT	45	N	
	WDTN	2	N	
	WPTD	16	E	
	WBGU	27	E	
	WTLW	44	I	
	WLIO	35	N	
	WOHL	25	Ν	
	WLMO-LP	38	Е	
	WLQP	18	Ν	
	WOSN	44.2	I-M	
	WPTA	21	N	

New Knoxvi	OWNER OF O		ITTENI.					SYSTEM II 634
PRIMARY TRA								
n General: List	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1 : lo Column 2 : S	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t	y the sys be recein at the Co I sign of o the statio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. nal was electronically process	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during c ge (v) of the g	!) it can ertain st eneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing ive the station	g a checl n's locati	A mark in the "S/D" column. on (the community to which the community with which the	e station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
						·		

Name							FORM	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF New Knoxville Teleph		STEM:					SYSTEM ID# 63427
	SUBSTITUTE CARRIAG		AL STATEME	NT AND PROGRAM I O	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	tify every not	nnetwork televi period, under sp	<i>sion program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or a	uthorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				0			
Special Statement and	 During the accounting pe 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network telev	ision prog	ram
Program Log	broadcast by a distant sta	ition?					YES	×NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comple	te the prog	gram
	log in block 2.				·			
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broo the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no a distant star egulations, of ries like "mo Bulls." m was broa sign of the adcast station nadian station nadian station th and day ve "5/7." ees when the . Example: a ter "R" if the and regulation	add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (f ons, if any, the v when your sy e substitute pr a program carr e listed program ions in effect d	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter " casting the substitute progra the community to which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progra	e program") ti ed for the pro- neral instruct m titles, for e No." am. e station is lid e program. Us cable syste :15 p.m. to 6 ramming that d; enter the l	hat, during th ogramming c ions for furth example, "I L censed by th entified). se numerals, m. List the tin 5:28:30 p.m. t your system letter "P" if th	e account of another s er informa ove Lucy" e FCC or, with the n mes accura should be n was <i>requ</i> e listed pro	ing station tion. or in nonth ately
	ellect off October 19, 1970	•						
	-		E PROGRAM	1	CARRI	N SUBSTIT AGE OCCU 6. TIN	RRED	7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCU	RRED MES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	7. REASON FOR DELETION
	-	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED //ES	

Accounting Period:	2024/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
Name	New Knoxville Telephone				63427
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanation 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	system's s tion of how	econdary transi to compute this	mission servi amount, see \$ 29	ce
		•			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	alty fee that	you must pay fo	r this six-mor	itl
	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 LE	SS (but mo	ore than \$137,	100)	
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	293,621.40		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	29,821.40		
	4. Multiply line 3 by .01		\$	298.21	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6		\$	1,617.21
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,617.21	
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 .			\$	1,637.21
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ights!

Accounting Period	: 2024/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF New Knoxville	OWNER OF CABLE SYSTEM: Telephone				SYSTEM ID# 63427
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the o	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried televisior cast services	total number of activate h the cable Is ı broadcast stations	d channels during the	accounting period.	17 103
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		NEEDED (Identify an	individual to whom	
for Further Information	Name	Cara Baumeister			Telephone	(240) 420-3660
	Address 	1000 Willow Circle (Number, street, rural route, apart Hagerstown, MD 21 (City, town, state, zip) SQUELLHORS			Fax (optional) 419-753-295	0
O Certification	(Owned) (Agen in X (Office) • I have examined	ed, hereby certify that (Check of er other than corporation or p at of owner other than corpora line 1 of space B and that the of cer or partner) I am an officer (if line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	artnership) I am the own tion or partnership) I an where is not a corporation if a corporation) or a part hereby declare under pe knowledge, information, X "/s/ Presto Enter an electronic signa Enter signature using an	ner of the cable system In the duly authorized ag or partnership; or her (if a partnership) of nalty of law that all state and belief, and are man on Meyer ture on the line above to "/s/ signature" (e.g., /s/	gent of the owner of the cable s the legal entity identified as ow ements of fact contained herein de in good faith.	system as identified ner of the cable system
		Title: (Title of c	Assistant Secret			
		Date:			August 28, 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 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 telephon 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 i 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 th completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
w Knoxville Telephone	6342
 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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	- Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 underpayment.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	_
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	ays
Line 1 Enter the amount of late payment or underpayment	ays
Line 1 Enter the amount of late payment or underpayment	 ays
Line 1 Enter the amount of late payment or underpayment	- ays - -
Line 1 Enter the amount of late payment or underpayment	- ays - -
Line 1 Enter the amount of late payment or underpayment	- ays - -
Line 1 Enter the amount of late payment or underpayment	- ays - -
Line 1 Enter the amount of late payment or underpayment	- ays - -

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