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			
08/27/2024	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACC	DUNTING 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						
		RS Fiber Cooperative						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	310 Main Avenue, PO Box 326 (Number, street, rural route, apartment, or suite number)							
		Gaylord, MN 55334 ((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 Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
	RS Fiber Cooperative	636					
	Instructions: List each separate community served by the cable system. A "community served by the cable system."						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sir						
	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						
	as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Served	identified city.						
	CITY OR TOWN	STATE					
First	Gaylord	MN					
Community	Winthrop	MN					
	Green Isle	MN					
dd Rows as Necessary	Lafayette	MN					
,	New Auburn	MN					
	Gibbon	MN					
	Brownton	MN					
	Fairfax	MN					
	Buffalo Lake	MN					
	Stewart	MN					

Accounting Period: 2024/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63638 **RS Fiber Cooperative** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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 BLOCK 1 BLOCK 2 NO. OF NO OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 374 70.69 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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. CATEGORY OF SERVICE CATEGORY OF SERVICE RATE **RATE** CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential · Motel, hotel · Pay cable · Pay cable—add'l channel Commercial Fire protection • Pav cable · Pay cable-add'l channel Burglar protection Installation: Residential · Fire protection First set · Burglar protection

Other services:

Reconnect

DisconnectOutlet relocationMove to new address

Additional set(s)

• Converter

• FM radio (if separate rate)

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63638

RS Fiber Cooperative

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
KTCA DT	2.1	E	ST PAUL
KTCA DT4	2.4	E-M	ST PAUL
KTCI DT2	2.2	E-M	ST PAUL
KTCI DT3	2.3	E-M	ST PAUL
WCCO DT	4.1	N	MINNEAPOLIS
WCCO DT2	4.2	N-M	MINNEAPOLIS
KSTP DT	5.1	N	MINNEAPOLIS
KSTC DT2	5.2	<u>l</u>	MINNEAPOLIS
KSTC DT3	5.3	N-M	MINNEAPOLIS
KSTC DT4	5.4	N-M	MINNEAPOLIS
KSTC DT6	5.6	N-M	MINNEAPOLIS
WFTC DT2	9.2	I-M	MINNEAPOLIS
KMSP DT9	9.9	I-M	MINNEAPOLIS
KARE DT	11.1	N	MINNEAPOLIS
KARE DT2	11.2	N-M	MINNEAPOLIS
KARE DT3	11.3	N-M	MINNEAPOLIS
KARE DT4	11.4	N-M	MINNEAPOLIS
WUCW DT	23	I-M	MINNEAPOLIS
WUCW DT2	23.2	I-M	MINNEAPOLIS
WUCW DT3	23.3	I-M	MINNEAPOLIS
WUCW DT4	23.4	I-M	MINNEAPOLIS
WFTC DT3	9.3	I-M	MINNEAPOLIS
KEYC DT	12	N	MANKATO
KPXM DT	41	I	ST CLOUD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63638

RS Fiber Cooperative

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
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Accounting Perio							EODI	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	RS Fiber Cooperative							63638
1	SUBSTITUTE CARRIAG	_	-			···· 414		A
•	In General: In space I, identification in Substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Special Statement and								r <u>am</u>
Program Log	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 complete the program							
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	In General: List each subs				wherever po	ossible, if th	eir meanin	g is
	clear. If you need more spa			rrows to the tables. vision program ("substitute	program") th	nat. during t	he account	ina
	period, was broadcast by a	a distant sta	tion and that y	our cable system substitut	ed for the pro	ogramming	of another	station
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	tetball. List specific progra	iii uues, ioi e	зхаптріе, т	Love Lucy	OI
				er "Yes." Otherwise enter "				
		•		casting the substitute progr the community to which the		rensed by th	ne ECC or	in
	the case of Mexican or Car						ie i cc oi,	""
			when your sy	stem carried the substitute	program. Us	se numerals	, with the r	nonth
	first. Example: for May 7 gi		a substituta nr	ogram was carried by your	cable system	m I jet the ti	mes accur	ately
	to the nearest five minutes							atory
	stated as "6:00-6:30 p.m."	. «D»:«						. ,
	to delete under FCC rules			m was substituted for progr				
	was substituted for prograr							og. a
			your system w	as permitted to delete und	er FCC rules	and regula	tions in	
	effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regula	tions in	
	effect on October 19, 1976	•	your system w	as permitted to delete und	T			
	,	i.	E PROGRAM	·	WHE	and regula N SUBSTIT AGE OCCL	UTE	7. REASON FOR
	S	i.		1	WHE	N SUBSTIT	UTE JRRED	7. REASON FOR DELETION
	,	UBSTITUT	E PROGRAM	1	WHE CARRI	N SUBSTIT AGE OCCL	UTE JRRED	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRIA 5. MONTH	N SUBSTIT AGE OCCL	TUTE JRRED MES	

Accounting Period:	2024/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RS Fiber Cooperative	S,	YSTEM ID# 63638
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	nission service amount, se	3,731.42
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 \$ 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.	:263,80(
	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 accounting period is \$52.00	this 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 lines 1 and 2	-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
		68,731.42	
	<u> </u>		
		95,068.58	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)	\$	368.31
	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	\$	368.31
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	368.31	
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	\$	388.31
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> 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 m		

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7.
Name	RS Fiber Coop	OWNER OF CABLE SYSTEM: erative			SYSTEM ID# 63638
M Channels			f channels on which the cable system carried otal number of activated channels during the		
		number of channels on which television broadcast stations.	n the cable		33
	on which the ca	number of activated channels able system carried television ast services	broadcast stations		110
N Individual to Be Contacted		BE CONTACTED IF FURTH	IER INFORMATION IS NEEDED (Identify an nt.)	individual to whom	
for Further Information	Name	Manuel de Angel		Telephone (50	07)474-5840
	Address	58 Johnson Street (Number, street, rural route, apartm	nent, or suite number)		
		Winona, MN 55987 (City, town, state, zip)			
	Email	mdeangel@exch	hange.hbci.com	Fax (optional)	
0	CERTIFICATION	(This statement of account mu	ust be certified and signed in accordance witl	h Copyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check on	ne,but only one, of the boxes.)		
	(Owner	r other than corporation or pa	artnership) I am the owner of the cable system	as identified in line 1 of space B; o	r
			tion or partnership) I am the duly authorized a wner is not a corporation or partnership; or	gent of the owner of the cable syste	em as identified
		er or partner) I am an officer (if ine 1 of space B.	f a corporation) or a partner (if a partnership) of	the legal entity identified as owner	of the cable system
		e, and correct to the best of my l	nereby declare under penalty of law that all stat knowledge, information, and belief, and are ma		
			X /s/ Daniel Pecarina		
			Enter an electronic signature on the line above t Enter signature using an "/s/ signature" (e.g., /s,		
		Typed or printed	name: Daniel Pecarina		11111111111111111111111111111111111111
			President and General Manager fficial position held in corporation or partnership)		
		Date:		July 31, 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 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

Accounting Period: 2024/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RS Fiber Cooperative	63638
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 a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system f service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmission on when to exclude these amounts, see the note on page (vii) of the general instru located in the paper SA1-2 form.	for the basic not include subsection 119." Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	v transmissions
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions located in the paper. Line 1 Enter the amount of late payment or underpayment	
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	<u>-</u> x 0.00274
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	erest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further as contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ssistance 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 Copyrigh list below the owner, address, first community served, ID number, and accounting period as given in the	•
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 fling, a determination that would be made by a court of law.