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	Γ OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2/28/2025	\$ 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	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	20242 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	
	Savage Communications	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	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	TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these nes 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	IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	(Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	
	p e : : : e :	

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Name	Savage Communications	395
	Instructions: List each separate community served by the cable system. A "community	
_	separate and distinct community or municipal entity (including unincorporated community	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	as a form of system identification flereafter known as the firs
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	mo parks should be reported in parentheses helow the identif
Area	city.	the parks should be reported in parentheses below the identifi
Served	icity.	
	CITY OR TOWN	CTATE
	City of Sandatana	STATE
First Community	City of Sandstone	MN
Community	Dell Grove Twp	MN
	Wagner Twp	MN
Rows as Necessary	Sandstone Twp	MN
	City of Hinckley	MN
	Hinckley Twp	MN
	Barry Twp	MN
	Arlone Twp	MN
	Clover Twp	MN
	Crosby Twp	MN
	City of Finlayson	MN
	Pine Lake Twp	MN
	Finlayson Twp	MN
	Rutledge	MN
	Kettle River	MN
	Willow River	MN
	L	
	Sturgeon Lake Twp	MN
	Norman Twp	MN
	City of Askov	MN
	Partridge	MN
	City of Barnum	MN
	Barnum Twp	MN
	Moose Lake Twp	MN
	Kettle River City	MN

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

39554

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Savage Communications

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	743	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 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: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 39554

Savage Communications

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	34	Е	Saint Paul, MN
KPXM	16	l	St. Cloud, MN
wcco	32	N	Minneapolis, MN
KSTP	35	N	Saint Paul, MN
wucw	22	l	Minneapolis, MN
WFTC	9	<u> </u>	Minneapolis, MN
WDSE	8	E	Duluth, MN
KMSP	9	N	Minneapolis, MN
WDIO	10	N	Duluth, MN
KARE	31	N	Minneapolis, MN
KSTC	30	l	Minneapolis, MN
WCCO-DT2	32.2	I-M	Minneapolis, MN
KSTP-DT2	35.2	I-M	Saint Paul, MN
WUCW-DT3	22.3	I-M	Minneapolis, MN
WUCW-DT4	22.4	I-M	Minneapolis, MN
WUCW-DT5	22.5	I-M	Minneapolis, MN
WFTC-DT2	9.2	I-M	Minneapolis, MN
WFTC-DT3	9.3	I-M	Minneapolis, MN
KARE-DT2	31.2	I-M	Minneapolis, MN
KARE-DT3	31.3	I-M	Minneapolis, MN
KARE-DT4	31.4	I-M	Minneapolis, MN
KSTC-DT2	30.2	I-M	Minneapolis, MN
KSTC-DT3	30.3	I-M	Minneapolis, MN
KSTC-DT4	30.4	I-M	Minneapolis, MN
KTCA-DT2	34.2	E-M	Saint Paul, MN

Accounting Period: 2024/2 FORM SA1-2E, PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 39554 **Savage Communications** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KTCA-DT3 34.3 E-M Saint Paul, MN

Accounting Period: 2024/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Savage Communications

39554

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
						\	

Accounting Perio	d: 2024/2						FORM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF O	ABLE SYST	EM:				SYSTEM ID#	
Name	Savage Communication	ns					39554	
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOC	3			
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former F0	CC rules, regul	lations, or authoriza	ations. For a further	
Carriage:	1. SPECIAL STATEMENT	CONCERI	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	During the accounting peri	od, did youi	r cable system	carry, on a substitute bas	sis, any nonne	etwork telev <u>ision</u> p	rogram	
Program Log	broadcast by a distant station?							
	Note: If your answer is "No,"	leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete the p	program	
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a counder certain FCC rules, requiver Do not use general categori "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Canace Column 5: Give the monifirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00—6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	tute progra ce, please a of every nor distant stati gulations, or es like "mor Bulls." I was broad cign of the s dcast statio adian statio th and day e "5/7." s when the Example: a	m on a separate add additional representation broadca in separate with a separate and that your authorizations vies" or "baske" least live, enter tation broadca in's location (the ins, if any, the content of the institute program carried isted program carried isted program ons in effect duited additional representations in effect duited and that is the interest of	ows to the tables. sion program ("substitute or cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "sting the substitute program to ecommunity to which the community with which the em carried the substitute gram was carried by your ed by a system from 6:01 was substituted for progring the accounting perio	program") the d for the program instruction m titles, for example. See station is lice station is ide program. Us cable system: 15 p.m. to 6: ramming that d; enter the less to for the program is the cable system of the cable	at, during the according and the according and the according to the accord	ounting ner station rmation. ucy" or or, in the month ccurately be required d program	
	ellect off Goldself 16, 1676.				WH	EN SUBSTITUTE		
	S	UBSTITUT	E PROGRAM	1	CARF	RIAGE OCCURRE	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	TO	
						_		
						T		
						 		
						+		
						<u> </u>		
						<u> </u>		
						<u> </u>		
						_		
						†		
						 		
						 		
						 		
						 		

Accounting Period:	2024/2		FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	Savage Communications			39554
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how t 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.	econdary transmo compute this a	nission service amount, see	8,291.10
	IMPORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gre	oss receipts)
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 but less the Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600.	263,800.	
	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 y accounting period is \$52.00.	ou must pay for t	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 2 TOTAL POVALTY FFF DAVABLE FOR ACCOUNTING PERIOD Additions 4 and 2			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m		•	
	Base amount under statutory formula			
	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		218,291.10	
	5. Enter the amount from line 3		45,508.90	
	6. Subtract line 5 from line 4		172,782.20	
	7. Multiply line 6 by .005 (enter figure here)			863.91
	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		\$	863.91
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00	•	
	3. Subtract line 2 from line 1		•	
	4. Multiply line 3 by .01		•	
	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)	. \$	863.91	
Due	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		\$	883.91
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form and the Excel instru			_

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.
Name	Savage Comm	OWNER OF CABLE SYSTEM: unications				SYSTEM ID# 39554
M Channels	to its subscriber		total numbe	on which the cable system carried to		
				• • • • • • • • • • • • • • • • • • • •		26
	-					
	on which the	al number of activated channe cable system carried television dcast services	on broadcas	st stations		227
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accordance.		RMATION IS NEEDED (Identify an in	dividual	
for Further Information	Name	Alma Hoxha, Cinnan	non Muel	ler	Telephone	314-462-9000
mormation	Address	1714 Deer Tracks Tr. (Number, street, rural route, apart				
		St. Louis, MO 63131 (City, town, state, zip)				
	Email	ahoxha@cinna	monmueller	r.com	Fax (optional	
0	CERTIFICATION	(This statement of account m	ust be certifi	ied and signed in accordance with C	opyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but only</i> (one, of the boxes.)		
	(Owne	r other than corporation or p	partnership)	I am the owner of the cable system as	s identified in line 1 of space	B; or
	(Agent			tnership) I am the duly authorized age ot a corporation or partnership; or	nt of the owner of the cable s	system as identified
	X (Offic	er or partner) I am an officer (in line 1 of space B.	if a corporati	ion) or a partner (if a partnership) of th	e legal entity identified as ow	ner of the cable system
		ete, and correct to the best of m	•	are under penalty of law that all statem e, information, and belief, and are mad		
	· 		X /	/s/ Scott Savage		
				ectronic signature on the line above to co ture using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	I name:	Scott Savage		
		Title:		iness Development position held in corporation or partnership)		
		Date:			Feb. 28, 2025	

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.

ounting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
vage Communications	39554
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." 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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	<u>-</u>
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
	_
Line O. Markink, line 4 has the interest and enterthe court have	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	_
	_
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter 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 \$	_
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 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	_
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 (interest charge) * 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.	_
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	-
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	_
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