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			
	\$			
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: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	2024/02 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	20242 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						
	Southeast Telephone Co. of Wisconsin, LLC						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	525 Junction Road (Number, street, rural route, apartment, or suite number)						
	(Number, street, rural route, apartment, or suite number) Madison, WI 53717 (City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 CARLE SYSTEM:						
	TDS Telecom, Inc.						
	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.

Accounting Period: 2	024/02						
Accounting Feriou. 2		FORM SA1-2E. PAGE 1b.					
M-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Southeast Telephone Co. of Wisconsin, LLC	63574					
	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					
D	separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve "first community." Please use it as the first community on all future filings.	ities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the city.						
	0.774.07.704.1						
First	CITY OR TOWN Waterford	STATE WI					
Community	Windlake	WI					
•	Tilliano						
Add Rows as Necessary							
,							

Accounting Period: 2024/02

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southeast Telephone Co. of Wisconsin, LLC

SYSTEM ID#

63574

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

Bl	_OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	979	\$30/mo			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	4	\$64/mo			
Converter					
Residential	979	\$6/Mo.			
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 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$8.00-\$15.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$50.00		
 Fire protection 		Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$0-\$49.95	Burglar protection			
 Additional set(s) 	\$0-\$49.95	Other services:			
 FM radio (if separate rate) 		Reconnect	\$0-\$25.00		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2024/02 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS:

SYSTEM ID# 63574

Southeast Telephone Co. of Wisconsin, LLC

TELEVISION

G

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
WISN	12.1	N	Milwaukee, WI
WISN-DT2	12.2	N-M	Milwaukee, WI
WISN - DT4	12.4	N-M	Milwaukee, WI
WISN - DT6	12.6	N-M	Milwaukee, WI
WDJT	58.1	N	Milwaukee, WI
WBME-CD	58.2	I	Milwaukee, WI
WITI	6.1	N	Milwaukee, WI
WITI-DT2	6.2	N-M	Milwaukee, WI
WTMJ	4.1	N	Milwaukee, WI
WTMJ-DT2	4.2	N-M	Milwaukee, WI
WTMJ-DT3	4.3	N-M	Milwaukee, WI
WTMJ-DT4	4.4	N-M	Milwaukee, WI
WTMJ-DT5	4.5	N-M	Milwaukee, WI
WMLW	49.1	I	Racine, WI
WMLW-DT2	49.2	I-M	Racine, WI
WMLW-DT3	49.3	I-M	Racine, WI
WMLW-DT4	49.4	I-M	Racine, WI
WVTV	18.1	I	Milwaukee, WI
WVTV-DT2	24.1	I-M	Milwaukee, WI
WVTV-DT3	24.2	I-M	Milwaukee, WI
WVTV-DT4	24.3	I-M	Milwaukee, WI
WYTU	63.1	I	Milwaukee, WI
WYTU-DT2	63.2	I-M	Milwaukee, WI
WPXE	55.1	I	Kenosha, WI
WMVS	10.1	E	Milwaukee, WI
WMVS-DT2	10.2	E-M	Milwaukee, WI
WMVT	36.1	E	Milwaukee, WI
WMVT-DT2	36.2	E-M	Milwaukee, WI
WVCY	30.1	I	Milwaukee, WI
WIWN	68.1	I	Milwaukee, WI

Accounting Period: 2024/02 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63574 Southeast Telephone Co. of Wisconsin, LLC TELEVISION PRIMARY TRANSMITTERS: 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 Primary 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 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

Accounting Period: 2024/02 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Southeast Telephone Co. of Wisconsin, LLC

63574

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
N/A							
							
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ccounting Period	: 2024/02					F	ORM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					SYSTEM ID#		
Name	Southeast Telephone C	o. of Wisco	nsin, LLC				63574		
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a sub basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of t programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special	1. SPECIAL STATEMENT				and paper extra				
Statement and	During the accounting period				v nonnetwork te	elevision program			
Program Log	broadcast by a distant station	•	ible system can	y, on a substitute basis, an	y nonnetwork to		X NO		
	,					LYES	× NO		
	Note: If your answer is "No", log in block 2.	leave the res	t of this page bla	ank. If your answer is "Yes,"	" you must com	plete the program			
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976.						1		
	OUROTITUTE PROOPAN				WHEN SU	JBSTITUTE CARRIAGE			
			E PROGRAM		_	OCCURRED	7. REASON FOR DELETION		
	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			
	N/A								
						_			
						_			
			 						
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Accounting Period: 20	24/02	FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Southeast Telephone Co. of Wisconsin, LLC		SYSTEM ID# 63574
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission so (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	ervice ee	72,180.02
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of g	ross receipts)
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 \$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 this six-n accounting period is \$52.00 Line 1. Royalty fee for accounting period	onth	
	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 \$137,10	0)	_
	1. Base amount under statutory formula)	
	2. Enter amount of gross receipts from space K	 '	
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	00)	
	1. Enter the amount of gross receipts from space K	2	
	2. Base amount under statutory formula	_)	
	3. Subtract line 2 from line 1	2	
	4. Multiply line 3 by .01	83.80	
	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	\$	1,402.80
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,402.80	
	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	\$	1,422.80
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

U.S. Copyright Office Form (Rev. 05-17)

Accounting Period: 20	024/02				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF C. Southeast Telephone Co.				SYSTEM ID# 63574
M Channels	to its subscribers, and (2) the subscribers, a	channels on which the cable n broadcast stations	n which the cable system carried television to activated channels during the accounting stations	period.	30 158
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this st		MATION IS NEEDED (Identify an individual to	o whom	
for Further Information	Name Mitche	II Maier		Telephone	(608) 886-8210
		nction Rd treet, rural route, apartment, or suite n	umber)		
	Madiso (City, town,	on, WI 53593 state, zip)			
	Email	Finance@tdstelecom.com		Fax (optional)	
O Certification	I, the undersigned, hereby ce (Owner other than (Agent of owner of in line 1 of the line 1 of	rtify that (Check one, but only on a corporation or partnership) I in other than corporation or partner of space B and that the owner is a par) I am an officer (if a corporation of space B.	d and signed in accordance with Copyright One, of the boxes.) am the owner of the cable system as identifies ership) I am the duly authorized agent of the not a corporation or partnership; or n) or a partner (if a partnership) of the legal ere under penalty of law that all statements of fainformation, and belief, and are made in good	d in line 1 of space B; or owner of the cable system as id ntity identified as owner of the ca	
		Enter an Enter sig Typed or printed name: Title: Assist	/s/ Thomas Bader n electronic signature on the line above to ce gnature using an "/s/ signature" (e.g., /s/ Joi Thomas Bader tant Treasurer cial position held in corporation or partnership)	,	

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 fling, a determination that would be made by a court of law.

counting Period: 2024/02		FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
utheast Telephone Co. of Wisconsin, LLC		63574
SPECIAL STATEMENT CONCERNING GROSS RECEIP The Satellite Home Viewer Act of 1988 amended Title 17, section 11 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broa scribers and amounts collected from subscribers receiving secondary."	P Special Statement Concerning Gross Receipts Exclusion	
For more information on when to exclude these amounts, see the not located in the paper SA1-2 form.	te on page (vii) of the general instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any amo made by satellite carriers to satellite dish owners?	unts of gross receipts for secondary transmission	s
X NO	•	
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address	Name Mailing Address	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	-
Line 3 Multiply line 2 by the number of days late and enter the sum	x	days
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/licenscontact the Licensing Division at (202) 707-8150 or licensing@	- · · · · · · · · · · · · · · · · · · ·	3e
** This is the decimal equivalent of 1/365, which is the interest as	ssessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of accour list below the owner, address, first community served, ID number, an		se .
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 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.