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 COPYRIGHT	Return completed workbook by email to:		
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable System General instruct in the first tab of	ctions	are located	02/12/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY	Y/(Period))	
		2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional - s	see instructions)	
Accounting Period					
		Instructions:			
В				ry of another corporation, give the full corp	porate title
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 a single statement of account and royalty fee		last day of the accounting period should su g period.	ıbmit a
		Check here if this is the system's first filing	. If not, enter the system's ID number ass	igned by the Licensing Division.	60636
		LEGAL NAME OF OWNER/MAILING			
		Baldwin Nashville Telephone Co BUSINESS NAME(S) OF OWNER OF			
		BUSINESS NAME(S) OF OWNER OF	CABLE STOTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 50			
		(Number, street, rural route, apartment, or suite nu	imber)		
		Baldwin, Iowa 52207 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busing a already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			

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.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
INGUIE	Baldwin Nashville Telephone Co	6063
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpored)	ommunity" is the same as a "community unit" as defined in FCC rules rated communities within unincorporated areas and including single,
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fill	lings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First Community		
	Baldwin	lowa
dd Rows as Necessary	Monmouth	lowa

	LEGAL NAME OF OWNER OF C								1 SA1-2E. SYSTE	-
Name	Baldwin Nashville Telep								-	6063
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable		
_	system, that is, the retransmission									
Secondary	about other services (including p	ay cable) in sp	ace F, not l	nere. All the	facts you	u state must be				
Transmission	last day of the accounting period	`		,	,	/				
Service: Sub- scribers and	Number of Subscribers: Both	•					-			
Rates	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 serv	ice at the rate	ndicated	not the numb	ber of se	ts receiving ser	vice).	-		
	Rate: Give the standard rate of									
	unit in which it is generally billed category, but do not include disc				iy standa	rd rate variatio	ns within a	particular rate		
	Block 1: In the left-hand block				es of sec	ondarv transm	ission serv	ice that cable		
	systems most commonly provide			0		•				
	that applies to your system. Not			-		-				
	categories, that person or entity					0				
	subscriber who pays extra for ca first set" and would be counted of					d in the count u	nder "Serv	ice to the		
						service that a	e different	from those		
	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 a	and rates, in the	e right-hand	block. A two	o- or thre	e-word descrip	tion of the	service is		
	sufficient. BLOCK 1							()		
					BLOC	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBE	RS I	RATI
	Residential:		454							
	Service to first set		151	64.95						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES	;					
-	In General: Space F calls for ra	te (not subscrib	oer) informa	tion with res						
F	not covered in space E, that is, t		that are not	offered in co	ombinatio	on with any sec	ondary tra	nsmission		
-	not covered in space E, that is, t service for a single fee. There a	e two exceptio	that are not ns: you do i	offered in co not need to g	ombinatio give rate	on with any sec information co	ondary tra	nsmission) services		
Г Services Other Than	not covered in space E, that is, t	e two exceptio or facilities furr	that are not ns: you do r nished to no	offered in co not need to g nsubscriber	ombinatio give rate s. Rate ir	on with any sec information co nformation sho	condary tra ncerning (1 uld include	nsmission) services both the		
Services Other Than Secondary	not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	e two exceptio or facilities furr hit in which it is rate column.	that are not ns: you do n nished to no usually bille	offered in co not need to g nsubscriber ed. If any rat	ombinatio give rate s. Rate in tes are ch	on with any sec information co nformation sho narged on a va	condary tra ncerning (1 uld include riable per-p	nsmission) services both the program basis,		
Services Other Than Secondary ransmissions:	not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai	e two exceptio or facilities furr hit in which it is rate column. te charged by t	that are not ns: you do n nished to no usually bille he cable sy	offered in co not need to g nsubscribers ed. If any rat stem for eac	ombinatio give rate s. Rate in es are ch ch of the	on with any sec information co nformation sho narged on a va applicable serv	condary tra ncerning (1 uld include riable per-p rices listed.	nsmission) services both the program basis,		
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	LEGAL NAME OF OWNER OF			SYSTEM						
Name	Baldwin Nashville Te			60						
	PRIMARY TRANSMITTERS: TELEVISION									
G	In General: In space G, ide carried by your cable syste FCC rules and regulations	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th	t (1) stations carried only on a part ne carriage of certain network prog	-time basis under rams [sections						
nsmitters: elevision	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:									
	station was carried <i>only</i> on • List the station here, and basis. For further information	e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	d both on a substitute basis and als see page (v) of the general instruc	so on some other ctions.						
	multicast stream associated "WETA-2" as the same on " Column 2: Give the channe	d with a station according to its over-the he form. el number the FCC assigned to the tele	e-air designation. For example, rep	port multistream						
	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						
	whbf	4	n	Rock Island, IL						
	whbf-3	4.3	n-m	Rock Island, IL						
ws as Necessary	kwqc	6	n	Davenport, Iowa						
	kwqc-3	6.3	n-m	Davenport, Iowa						
	kwqc-4	6.4	n-m	Davenport, Iowa						
	wqad	8	n	Moline,IL						
	wqad wqad-2	8 8.2	n n-m	Moline,IL Moline,IL						
	wqad-2	8.2	n-m	Moline,IL						
	wqad-2 wqad-3	8.2 8.3	n-m n-m	Moline,IL Moline,IL						
	wqad-2 wqad-3 kcrg	8.2 8.3 9	n-m n-m n	Moline,IL Moline,IL Cedar Rapids, Iowa						
	wqad-2 wqad-3 kcrg kcrg-2	8.2 8.3 9 9.2	n-m n-m n n-m	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa						
	wqad-2 wqad-3 kcrg kcrg-2 kiin	8.2 8.3 9 9.2 12	n-m n-m n n-m e	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City,Iowa						
	wqad-2 wqad-3 kcrg kcrg-2 kiin kiin-2	8.2 8.3 9 9.2 12 12.3	n-m n-m n n e e e-m	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City,Iowa Iowa City,Iowa						
	wqad-2 wqad-3 kcrg kcrg-2 kiin kiin-2 kiin-4	8.2 8.3 9 9.2 12 12.3 12.4	n-m n-m n n n-m e e e-m e-m	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City,Iowa Iowa City,Iowa Iowa City,Iowa						
	wqad-2 wqad-3 kcrg kcrg-2 kiin kiin-2 kiin-4 kljb	8.2 8.3 9 9.2 12 12.3 12.4 18	n-m n-m n n n-m e e e-m e-m n	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City,Iowa Iowa City,Iowa Iowa City,Iowa Davenport, Iowa						
	wqad-2 wqad-3 kcrg kcrg-2 kiin kiin-2 kiin-4 kljb kljb-2	8.2 8.3 9 9.2 12 12.3 12.4 18 18.2	n-m n-m n-m e e e-m e-m n n-m	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City,Iowa Iowa City,Iowa Iowa City,Iowa Davenport, Iowa Davenport, Iowa						
	wqad-2 wqad-3 kcrg kcrg-2 kiin kiin-2 kiin-4 kijb kljb-2 kgcw	8.2 8.3 9 9.2 12 12.3 12.4 18 18.2 26 26.2	n-m n-m n n n-m e e-m e-m n n n-m n n n n	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City,Iowa Iowa City,Iowa Iowa City,Iowa Davenport, Iowa Davenport, Iowa Burlington,Iowa						
	wqad-2 wqad-3 kcrg kcrg-2 kiin kiin-2 kiin-4 kljb kljb-2 kgcw kgcw-2	8.2 8.3 9 9.2 12 12.3 12.4 18.2 26	n-m n-m n-m e e e-m e-m n n n-m n-m	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City,Iowa Iowa City,Iowa Iowa City,Iowa Davenport, Iowa Davenport, Iowa Burlington,Iowa						
	wqad-2 wqad-3 kcrg kcrg-2 kiin kiin-2 kiin-4 kljb kljb-2 kgcw kgcw-2	8.2 8.3 9 9.2 12 12.3 12.4 18 18.2 26 26.2	n-m n-m n-m e e e-m e-m n n n-m n-m	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City,Iowa Iowa City,Iowa Iowa City,Iowa Davenport, Iowa Davenport, Iowa Burlington,Iowa						
	wqad-2 wqad-3 kcrg kcrg-2 kiin kiin-2 kiin-4 kljb kljb-2 kgcw kgcw-2	8.2 8.3 9 9.2 12 12.3 12.4 18 18.2 26 26.2	n-m n-m n-m e e e-m e-m n n n-m n-m	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City,Iowa Iowa City,Iowa Iowa City,Iowa Davenport, Iowa Davenport, Iowa Burlington,Iowa						
	wqad-2 wqad-3 kcrg kcrg-2 kiin kiin-2 kiin-4 kljb kljb-2 kgcw kgcw-2	8.2 8.3 9 9.2 12 12.3 12.4 18 18.2 26 26.2	n-m n-m n-m e e e-m e-m n n n-m n-m	Moline,IL Moline,IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City,Iowa Iowa City,Iowa Iowa City,Iowa Davenport, Iowa Davenport, Iowa Burlington,Iowa						

Baldwin Nas	FOWNER OF (SYSTEM 600
	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 Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7 01 1 111	0,0			7 0. 1	0,2		

Accounting Perio							FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Baldwin Nashville Tel	ephone C	0					60636
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			sis, anv noni	network telev	rision proa	ram
Statement and		-			,,			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							·
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		concod by th	o ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	ter "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was requ	ired
	to delete under FCC rules							
	was substituted for program							5
	effect on October 19, 1976	•						
					14/115			
			E PROGRAM	1		N SUBSTIT AGE OCCU		7. REASON FOR
		1	3. STATION'S			AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- то	
							•	
						_		
						_		
		+						
		+						
						-		
						_		
1	I	T	Г	1				7

Accounting Period:	2018/2 FORM	SA1-2E. PAGE 6.
Name		SYSTEM ID#
Hame	Baldwin Nashville Telephone Co	60636
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 tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	vice
	COPYRIGHT ROYALTY FEE	
L 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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-month accounting period is \$52.00	1
	Line 1. Royalty fee for accounting period	52.00
	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 \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more 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 \$263,800 (but less than \$527,600)	
	1. 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	
	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	
	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) \$ 52.00	_
	2. Filing Fee (See the instructions for more information on filing fee calculations)	-
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 26fccfam	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyright See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more informatic	

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Baldwin Nashville Telephone Co	SYSTEM ID# 60636
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	18 61
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		563-673-2001
	Address 5075 Hwy 64, PO Box 50 (Number, street, rural route, apartment, or suite number) Baldwin,lowa 52207 (City, town, state, zip)	
	Email bntc@netins.net Fax (optional) 563-673-2241	-
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified ner of the cable system
	Image: Second system Image: Second system Image: Second system Image: Second system Second system Second system </th <th></th>	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
dwin Nashville Telephone Co	6063
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 fol- lowing 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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Mailing Address	-
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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	

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