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

POR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT \$ 08/28/2017 ALLOCATION NUMBER		
\$ 08/28/2017	FOR COPYRIGHT	OFFICE USE ONLY
08/28/2017	DATE RECEIVED	AMOUNT
	08/28/2017	*

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	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
		Orwell Cable Television Co
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		FairPoint Communications
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		908 W Frontview St (Number, street, rural route, apartment, or suite number)
		Dodge City, KS 67801-2233 (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 salready 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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF OARLE CYCTEV	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Orwell Cable Television Co	293
	Instructions: List each separate community served by the cable system. A "commur	
D	"a separate and distinct community or municipal entity (including unincorporated or	
D	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 kno
	as the "first community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	The second secon
Served		
	CITY OR TOWN	STATE
First	Orwell	OH
Community	Windsor	OH
	North Bloomfield	OH
d Rows as Necessary	Rome	ОН
	Colebrook	ОН

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Orwell Cable Television Co

29330

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		BLOCI	< 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	00000.11.00		0.11200111 01 02111102	00000.110	
Service to first set	477	52.45			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T		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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel		НВО	16.75
 Pay cable—add'l channel 		Commercial		Showtime	14.75
 Fire protection 		Pay cable		Showtime + HBO	30.50
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	75.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	25.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29330

Orwell Cable Television Co

PRIMARY TRANSMITTERS: 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
WKYC (NBC)	3	N	Cleveland, OH
WUAB (IND)	4	<u> </u>	Cleveland, OH
KJKW (FOX)	8	<u> </u>	Cleveland, OH
NEWS (ABC)	10	N	Cleveland, OH
WOIO (CBS)	18	N	Cleveland, OH
WFMJ (NBC)	21	N	Youngstown, OH

	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Orwell Cable Television Co

29330

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							FOR	M SA1-2E. PAGE 5.
Name	Orwell Cable Television		ГЕМ:					SYSTEM ID# 29330
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri- broadcast by a distant stat Note: If your answer is "No"	y every nor counting peng that must CONCER od, did your ion?	nnetwork televis eriod, under spe et be included in ENING SUBST r cable system	cion program, broadcast le ecific present and former I this log, see page (v) of this log, see page (v) of the TITUTE CARRIAGE carry, on a substitute ba	by a distant sta FCC rules, regu the general inst asis, any nonne	lations, or au ructions in the	uthorizations. ne paper SA1 sion progran YES	For a further -2 form.
	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, reg Do not use general categori. "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call some Column 4: Give the broad the case of Mexican or Canace Column 5: Give the monifirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. Is 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 te, please a of every noi distant stati gulations, or es like "mor Bulls." I was broad distant statio distant statio distant statio distant statio distant statio distant day e "5/7." s when the Example: a or "R" if the nd regulation	m on a separa add additional ranetwork televition and that your authorizations vies" or "basked cast live, enterestation broadca on's location (thins, if any, the content of the program carried listed program ons in effect du	sows to the tables. sion program ("substitut ur cable system substitut ur cable system substitut ur cable system substitut ur cable system substitut some community." Otherwise enter sting the substitute program was carried by you are community with which the carried the substitut ur gram was carried by you are do by a system from 6:00 was substituted for progring the accounting periods.	e program") the ted for the program instruction am titles, for eximal. "No." ram. he station is lice e station is lice e program. Use in cable system 1:15 p.m. to 6:2 gramming that yod; enter the le	at, during the gramming of one for further cample, "I Lo ensed by the ntified). The numerals, at List the time 28:30 p.m. so your system tter "P" if the	e accounting fanother state information ove Lucy" or e FCC or, in with the mornes accurate should be was require e listed progr	tion n. nth ly
	SI 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH	EN SUBST RIAGE OCC 6. FROM		7. REASON FOR DELETION

ccounting Period:	1	OF OWNER OF CAR	BLE SYSTEM:							SA1-2E. PAGE SYSTEM II
Name	_	able Televisio								293
K Gross Receipts	all amounts (as identified page (vii) of Gross	ns: The figure yours (gross receipts	i) paid to you uring the acc structions loc ubscribers fo	or cable system counting period cated in the pa or secondary tra	n by subscr d. For a furt per SA1-2 f ansmission	ibers for the her explana form. service(s)	e system' ation of h	's secondary tr ow to compute	y. Enter the tota ansmission serv this amount, se	ice
		NT: You must co							-	ross receipts)
L Copyright Royalty Fee	Instructions: Complete buse block of Use blo	T ROYALTY FE: To compute the block 1, block 2, 1 if the amount c 2 if the amount c 3 if the general insofthe	e royalty fee or block 3. of gross rece of gross rece of gross rece	eipts in space heipts in space heipts in space heipts in space h	K is more th	an \$137,10 an \$263,80	00 but les	s than \$527,60		
			BLC	OCK 1: GROS	S RECEIP	TS OF \$13	37,100 O	R LESS		
		: As a cable system period is \$52.00	em with gross	receipts of \$1	37,100 or le	ss, the roya	ilty fee tha	at you must pay	for this six-month	ו
	Line 1. Roy	alty fee for accou	ıntina period							
										0.00
	Line 2. milei	rest charge. Ente	er trie arriouri	t irom iirie 4, st	Dace Q, page	50			··	0.00
	Line 3. TOT	TAL ROYALTY F	EE PAYABL	E FOR ACCO	UNTING PE	RIOD Add	lines 1 an	d 2		
		BLOC	CK 2: GROS	S RECEIPTS	S OF \$263,	800 OR LE	ESS (but	more than \$1	37,100)	
	1. Base am	ount under statut	ory formula .				\$	263,800.0	00_	
		ount of gross rec						143,189.0	00_	
	3. Subtract	line 2 from line 1					\$	120,611.0	00_	
		amount of gross						-	143,189.00	<u>-</u>
		amount from line							120,611.00	=
		line 5 from line 4								-
		ine 6 by .005 (en								112.89
	8. Interest of	charge. Enter the	amount fron	ı line 4, space	Q, page 8 .				• • • •	0.00
	9. TOTAL F	ROYALTY FEE P	AYABLE FO	R ACCOUNTI	NG PERIOD). Add lines	7 and 8 .		\$	112.89
		BLOCK	K 3: GROSS	RECEIPTS	OF MORE	THAN \$26	3,800 (b	out less than \$	527,600)	
	1. Enter the	amount of gross	receipts from	n space K						
	2. Base am	ount under statut	ory formula .				\$	263,800.0	00	
		line 2 from line 1								
	4. Multiply li	ine 3 by .01								=.
	5. Royalty d	due on the first \$2	263,800 of gro	oss receipts (u	nder statutor	y formula) .		\$	1,319.00	-
		charge. Enter the								_
	7. TOTAL F	ROYALTY FEE P	AYABLE FO	R ACCOUNTI	NG PERIOD). Add lines	4, 5, and	6		
	<u> </u>			EE AND TO						
			ILINGF	LE AND TO	IZE INEIVILI	I AINCE D	JL			
Filing Fee and Fotal Remittance	1. Royalty F	ee Payable for A	ccounting Pe	eriod (from Bloc	ck 1, 2, or 3,	above)		<u>\$</u>	112.89	
Due		e (See the instruc	ctions for mor	re information of	on filing fee o	calculations)	\$	20.00	
		. ,			9.00		,	· · ·		-
	3. TOTAL A	AMOUNT DUE F	OR ACCOUN	NTING PERIOD	D. Add lines	s 2 and 3			\$	132.89
	Impe	ortant: Your ren	nittance mus	st be in the fo	rm of an ele	ctronic na	/ment na	vable to the Re	egister of Copyr	ights!
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| | LEGAL NAME OF OWNER Orwell Cable Televis CHANNELS Instructions: You mus to its subscribers, and (1. Enter the total number of system carried televis 2. 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Mike Shultz Enter of micro position held in corporation or partnership. | LEGAL NAME OF OWNER OF CABLE SYSTEM: Orwell Cable Television Co CHANNELS Instructions: You must give (1) the number of channels on which the cable system or to its subscribers, and (2) the cable system's total number of activated channels during 1. Enter the total number of channels on which the cable
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(Owner other than corporation or partnership) I am the dury authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership, or X (Officer or partnersh) am an efficer (if a corporation) or a partner (if a partnership) of the legal entity identify in line 1 of space B and that the owner is not a corporation or partnership, or X (Officer or partnersh) am an efficer (if a corporation) or a partner (if a partnership) of the legal entity identified 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 container to complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Title: Wice President Legislative and Regulatory (Title of official position held in corporation or partnership) | LEGAL NAME OF OWNER OF CABLE SYSTEM: Orwell Cable Television Co CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast is 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 and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Address 305 N Ruby Street [Number, street, rural route, spartment, or sude number) Ellensburg, WA 98926 [City, town, state, zit) Email | LEGAL NAME OF OWNER OF CABLE SYSTEM: Orwell Cable Television Co CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat 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 and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Jana Manterol J | LEGAL NAME OF OWNER OF CABLE SYSTEM. Orwell Cable Television Co CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static 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 and nontroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Address 305 N Ruby Street [Number, street, fural trobs, apartment, or suite number) Ellensburg, WA 98926 (City, town, site, pi) Email Jana Manterola@fairpoint.com Fax (optional) 509-933 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation in line 1 of space B and that the owner is not a corporation or partnership) I am the oble system as identified in line 1 of space B in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnersh | LEGAL NAME OF OWNER OF CABLE SYSTEM: Orwell Cable Television Co 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. 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(Certification (This statement of account must be certified and signed in accordance with Copyright Office regulations into 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as on in line 1 of space B a | LECAL NAME OF CWNER OF CABLE SYSTEM Orwell Cable Television Co 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 and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Address Josh Ruby Street (Pourter, street, use route, apartment, or sude number) Ellensburg, MA 98926 (City, town, stee, 2p) Email maniterola@fairpoint.com Fax (optional) 509-933-745 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes) (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B in line 1 of space B and that the owner is not a coporation or partnership; or (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B and that the owner is not a coporation or partnership) of the legal entity identified as owner 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 thus complete, and
correct to the best of my knowledge, information, and belief, and are made in good faith. Typed or printed name: Mike Shultz Vice President Legislative and Regulatory (Tale of official position head in coporation or partnership) | LEGAL NAME OF OWNER OF CABLE SYSTEM: Orwell Cable Television Co 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 and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Jana Manterol Telephone 5 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. It the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Officer or partner) I am an office (if a corporation) or a partnership of the legal entity identified as owner in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space B and that the owner is not a corporation or a partnership) of the legal entity identified as owner in line 1 of space B and that the owner is not a corporation or a partnership) of the legal entity identified as owner in line 1 of space B. 1 have examined the statement of account and hereby declare under pensity of law that all statements of fact contained herein are too, complete, and corner to the best of my knowledge, information, and belief, and are made in good faith. Typed or printed name: Mike Shultz Fitter of efficial position heat in corporation or pattership) Mike Shultz | LEGAL NAME OF OWNER OF CABLE SYSTEM: Orwell Cable Television Co 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 and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Address 305 N Ruby Street (Number, sizet, rule rode, systemers, or substanting) Ellensburg, WA 98926 (City, town, state, rp) Email jmanterola@fairpoint.com Fax (optional) 509.933.7453. CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as owner of in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as owner of 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 tox, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Enter an electronic signature on the line above to certify this statement. Enter signature using an 1/s1 signature* (e.g., /s1 John Smith) Typed or printed name: Mike Shultz Vice President Legislative and Regulatory | LEGAL NAME OF OWNER OF CABLE SYSTEM: Orwell Cable Television Co 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 and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Telephone 509 Address 305 N Ruby Street (Number, street, rupi routs, apartment, or subs number) Ellensburg, WA 98926 (City, town, data, 2;0) Immanterola@fairpoint.com Fax (optional) 509-933-7433 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 8; or (Agent of owner other than corporation or partnership) I am the duty authorized agent of the owner of the cable system in line 1 of space 8 and that the owner is not a corporation or partnership; or X (Officer or partners) I am an officer (if a corporation or partnership) of the legal entity identified as owner of in line 1 of space 8 and that the owner is not a corporation or partnership; or X (Officer or partners) I am an officer (if a corporation or partnership) of the legal entity identified as owner of in line 1 of space 8. - 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. Typed or printed name: | LEGAL NAME OF OWNER OF CABLE SYSTEM: Orwell Cable Television Co 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 on which the cable system carried television broadcast stations and nonbroadcast services. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Telephone 509-9 Address 305 N Ruby Street [Paurise, street, ruar route, apartment, or sufe number) Ellensburg, WA 98926 (City, Iown, statement of account must be certified and signed in accordance with Copyright Office regulations) - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8, or in line 1 of space 8 and that the owner is not a corporation or partnership, or X (Officer or partnersh) im an officer (if a corporation) or partnership) of the legal entity identified as owner of the in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as owner of the in line 1 of space 8. - 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. The enter an electronic signature on the line above to certify this statement. Enter signature using an "fyl signature" (e.g., fyl John Smith) Typed or printed name: Mike Shultz Vice President Legislative a | CRAIL NAME OF OWNER OF CABLE SYSTEM: Orwell Cable Television Co | LEGAL NAME OF OWNER OF CABLE SYSTEM | LECAL NAME OF OWNER OF CABLE SYSTEME Orwell Cable Television Co 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 on which the cable system carried television broadcast stations and nonbroadcast services. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Telephone 509-962-4 Address 305 N Ruby Street (Numor, street, and rous, aperment, or sulle number) Ellensburg, WA 98926 (City, town, state, pp) Email Fax (optional) 509-933-7453 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as iden in line 1 of space B, or A (Officer or partnership) am an officer (if a corporation or partnership) of the legal entilly identified as owner of the cable in line 1 of space B. - 1 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. X /s/ Mike Shultz Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Mike Shultz Vice President Legislative and Regulatory (field of officer) pentership) | LECAL NAME OF CWINER OF CABLE SYSTEM: Drivell Cable Television CO | LECAL NAME OF OWNER OF CASLE SYSTEM: Orvell Cable Television Co 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 system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast stations and nonbroadcast stations and nonbroadcast stations and nonbroadcast statement of account.) NDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Address 305 N Ruby Street (Plunter, steet, tural roots, speciment, or sufe number): Ellensburg, MA 98026 City, town, state, sp) Email Instructions, particular, speciment, or sufe number): Ellensburg, MA 98026 City, town, state, sp) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. It be undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnershi | LECAL NAME OF OWNER OF CABLE SYSTEM: Orvall Cable Television Co 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 systems total number of activated channels during the accounting period. 1. 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Instruction of partnership of the logal entry identified as owner of the cable system in line 1 of space 8. 3. Instruction of partnership of 1 am the duly authorized agent of the owner of the cable system in line 1 of space 8. 3. Instruction of partnership of 1 am the duly authorized agent of the owner of the cable system in line 1 of space 8. 3. Instruction of partnership of 1 am the duly authorized agent of the owner of the cable system in line 1 of space 8. 3. Instruction | EFAIL NAME OF OWNER OF CABLE SYSTEM Orwell Cable Television Co CHANNELS | EFGAL NAME OF OWNER OF CABLE SYSTEM Orwell Cable Television Co CHANNELS | EFGAL NAME OF OWNER OF CARLE SYSTEM | ECAL NAME OF CONNER OF CABLE SYSTEM Orwell Cable Television Co CHANNELS | ECAL NAME OF CONNER OF CABLE SYSTEM Orwell Cable Television Co CHANNELS | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - 1. It is undersigned, hereby certify that (Check one, but only one) of the boxes.) Certification (This statement of account must be certified and signed in accordance with Copyright Office regulations) - 1. It is undersigned, hereby certify that (Check one, but only one) of the boxes.) Certification of space 8 and that the corporation or partnership) I am the owner of the cable system as identified as owner of the cable system as referenced that the owner is not a corporation or partnership) or less that is a corporation or partnership) in the field and in the I of space 8 owner of the cable system as identified as own | ECAL NAME OF OWNER OF CABLE SYSTEM: Orvell Cable Television Co CHANNELS | ECAL NAME OF OWNER OF CAELE SYSTEM: Orwell Cable Television Co CHANNELS | ECAL NAME OF OWNER OF CARLE SYSTEM Orvalid Cable Television Co. | ECAL NAME OF CONNEX OF CASE SYSTEM Creation Cabbo Talevision Co | ECAL NAME OF OWNER OF CASIE SYSTEM CIVATION CONTROL Cable Television Co 2 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried literision broadcast stations to its subscribers, and (2) the cable systems statal number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried deliversion broadcast stations. 2. Enter the total number of activated channels on which the cable system same deliversion broadcast stations and inchroadcast services. 35 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Address 365 Individual to BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Telephone 509-962-0272 Ellipsiburg, WA 98926 (bly bear state, sept. (cly, bear state, sept. Ellipsiburg, WA 98926 (cly, bear state, sept. (cly, bear state, sept. Fax (optional) 509-933-7453. CERTIFICATION (this statement of account must be certified and signed in accordance with Copyright Office regulations) 1. The undestigated, hereby certify that (Check one, <i>but</i> only one, of the boxes.) (Owner other than corporation or partnership) are the duly authorized apart of the owner of the cable system as identified in in a 1 of space 8. or X (Officer or partners) am an officer (if a corporation) or a partnership; or X (Officer or partners) am an officer (if a corporation or partnership; or X (Officer or partners) am an officer (if a corporation or partnership; or X (If the control of account and hereby deades under penalty of law that all statements of fact contained herein are true, compate, and corporation or partnership; or X (If the officer of partnership) are the duly authorized apart of the owner of the cable system as identified in the second of the corporation of partnership; or corporation or partnership | EGAL NAME OF CAMES OF CARE SYSTEM: 22 Channels Cable Television Co 22 | ECAN NAME OF CMRER OF CASE SYSTEM CONNECTED Februsion CO 29. CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its absorbiors, and (2) the cable system is 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 and inchroadcast stations. 35 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Telephone 509-962-0272 Address 36 N Ruby Street (**Lip, bear, state, pp.**) Email Instructions, cases, to set and state account must be certified and signed in accordance with Copyright Office regulations) 1. (In a undersigned, headly certify that (Check one, <i>but and</i>) one, of the boxes; (**Owner other than corporation or partnership) I am the day subhorized agent of the cable system as identified in line 1 of space B and that the owner in
one accomption or partnership; or 2. (Officer or partnersh) am an officer (if a corporation) or a partnership; or 2. (Officer or partnersh) am an officer (if a corporation) or a partnership; or in the leaded system as identified as owner of the cable system in line 1 of space B and that the owner in one accomption or partnership; or in the statement of account and hereby acides under penalty of law that all statements of fact contained heren are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fath. 2. (**A Milke Shultz** **Inter of space B and the statement of account and hereby acides under penalty of law that all statements of fact contained heren are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fath. 2. (**Societion 1001(1986)) **Yes President Le | EGAL MAME OF CWINER OF CABLE SYSTEMS Orwell Cable Television Co 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 and nonbroadcast stations. 3.5 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Jana Manterol Telephone 509-962-0272 Address 3.05 N Ruby Streat Fortion, view, use a cose accept to select the cable system carried television broadcast stations and nonbroadcast services. City town, view, use a cose accept to select the cable system and provided to whom we can contact about this statement of account.) Para (optional) 509-962-0272 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) -1, the undersigned, hardey-certify that (Chack one, but only one, of the boxes) (Owner other than corporation or partnership) I am the duty authorized agent of the owner of the cable system as identified in fire 1 of space B. or (Officer or partnersh) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system as identified in fire 1 of space B. or (Officer or partnersh) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system in fire 1 of space B. or (Officer or partnersh) I am an officer (if a corporation or partnership) or its what all assements of fact contained herein are true, compiles, and correct to the best of my knowledge, information, and belief, and are made in pood tath. Yeld Milke Shultz Liter an electronic signature on the line ab | ECAL NAME OF OWNER OF CABLE EYSTEM ANAMELS 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 systems total number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable systems total number of channels of channels of channels on which the cable 1. Enter the total number of channels on which the cable 1. System carried television broadcast stations 2. Enter the total number of channels on which the cable 2. Enter the total number of carbeted channels 3. The properties of the control of the con |

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 the 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 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: 2017/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
rwell Cable Television Co	29330
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Name Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
xdays	
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	
* 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@loc.gov.	
** 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 Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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