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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/22/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/1 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
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 490
		(Number, street, rural route, apartment, or suite number)
		ANNVILLE KY 40402-0490 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 11 SYSTEM ID
Name	C & W CABLE INC	3336
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future film	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter knowr ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First		
Community		
Add Rows as Necessary		
	BURNING SPRINGS ISLAND CREEK	КҮ КҮ

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1	TEM I
Name	C & W CABLE INC	ADEL OTOTEM.						010	33
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							hashan	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n	umber of billing	gs in that	category (the	number o	f persons or org	ganizations		
	separately for the particular serv Rate: Give the standard rate c							ic and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	nce payment.			•		
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	a subscriber in	each appl	icable category	. Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					l in the count ur	nder "Servic	e to the	
	Block 2: If your cable system					service that are	e different fr	om those	
	printed in block 1 (for example, t	iers of services	that inc	lude one or me	ore second	dary transmissi	ons), list the	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tv	o- or thre	e-word descript	tion of the s	ervice is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	COBCOLUD	LINO	TUTE	0,11		INNOL	COBCONDENCE	101
	Service to first set		650	18.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-							
F	In General: Space F calls for rat not covered in space E, that is, t	``	,		•				
	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the	rate column	usually	billed. If any ra	tes are ch	arged on a var	lable per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				SHEU. LISU			IOTTI OF A	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
				tion: Non-res	idential				
	Continuing Services:		• Mot	el, hotel					
	• Pay cable	18.00		-					
	Pay cable Pay cable—add'l channel	18.00	• Con	nmercial					ł
	Pay cable Pay cable—add'l channel Fire protection	18.00	• Con • Pay	nmercial cable	annal				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	18.00	• Con • Pay • Pay	nmercial cable cable-add'l ch	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	18.00	• Con • Pay • Pay • Fire	nmercial cable cable-add'l ch protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	18.00	• Con • Pay • Pay • Fire • Burg	nmercial cable cable-add'l ch	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	18.00	• Con • Pay • Pay • Fire • Burg Other s	nmercial cable cable-add'l ch protection glar protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	18.00	• Con • Pay • Pay • Fire • Burg Other s	nmercial cable cable-add'l ch protection glar protection ervices:	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	18.00	• Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	nmercial cable cable-add'l ch protection glar protection services: connect	annel				

g Period: 2	LEGAL NAME OF OWNER OF			FORM SA1-2E. PAGE 3 SYSTEM ID#
ime	C & W CABLE INC	CADLE STSTEM.		3336
		TELEVISION		
G nary nitters: vision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTVQ	36	N	LEXINGTON, KY
	WKYT	27	Ν	LEXINGTON, KY
essary	WKLE	46	E	LEXINGTON, KY
	WLEX	18	Ν	LEXINGTON, KY
	WDKY	56	l	DANVILLE, KY
	WYMT	57	Ν	HAZARD, KY
	WLJC	65	<u>I</u>	BEATTYVILLE, KY

Accounting P	eriod: 2017	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF		CABLE SY	/STEM:					SYSTEM ID#
C & W CABL	LE INC							333
	t every radio s	station ca	arried on a separate and discontribution of the second sec					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		T	,	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							t	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:					SYSTEM ID#
Name	C & W CABLE INC							3336
	SUBSTITUTE CARRIAGI				6			
	In General: In space I, identi		-		-	ion that you	ir cablo cycto	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	sion progran	ņ
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log			reat of this nea	a blank. If your anowar is '	Waa " wax mu	⊔ st complete	-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	e the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if thei	r meaning is	3
	clear. If you need more spa						r mouning ie	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							n.
	"NBA Basketball: 76ers vs.					p.o,o		
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nood by the	ECC or in	
	the case of Mexican or Can							
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 give				-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	noula be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system	was require	ed
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	TIMES — TO	DELETION
					•			
								"
							_	
								"
1								

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: C & W CABLE INC	S	YSTEM ID 3330
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission servic	e).00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	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	_	
	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 \$52)	7,600)	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more information		hts!

Accounting Period:	2017/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O C & W CABL	F OWNER OF CABLE SYSTEM: LE INC	SYSTEM ID# 3336
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period.	8 28
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	VEOLA R WILLIAMS Telephone (6	06) 364-5357
	Address	PO BOX 490 (Number, street, rural route, apartment, or suite number)	
		ANNVILLE, KY 40402-0490	
		(City, town, state, zip)	
	Email	vbwilliams@prtcnet.org Fax (optional) (606)364-2138	
•	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersig	gned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ow	uner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste	am as identified
		in line 1 of space B and that the owner is not a corporation or partnership; or	
		fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B.	of the cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
		X Veola R Williams	
		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: Veola R Williams	
		Title: Vice-President (Title of official position held in corporation or partnership)	
		Date: 08/21/17	

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ounting Period: 2017/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
W CABLE INC	333
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Y ES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
	_
Name Mailing Address Mailing Address	
No contraction of the second	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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