This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

| FOR COPYRIGHT OFFICE USE ONLY |                      |  |  |  |
|-------------------------------|----------------------|--|--|--|
| DATE RECEIVED                 | AMOUNT               |  |  |  |
| 7/14/2017                     | \$ ALLOCATION NUMBER |  |  |  |
|                               |                      |  |  |  |

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                    | ACC | 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<br>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   |
|                      |     | OTEC COMMUNICATION COMPANY  |
|                      |     | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  |
|                      |     |   |
|                      |     | MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 427   |
|                      |     | (Number, street, rural route, apartment, or suite number)   |
|                      |     | OTTOVILLE OH 45876-0427<br>(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 is 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.

| Accounting Period:    | 2017/1  | FORM SA1-2E. PAGE 1b.                                      |  |  |  |  |  |
|-----------------------|---|--|--|--|--|--|--|
|                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |  |  |  |  |  |
| Name                  |   | 5274   |  |  |  |  |  |
|                       | OTEC COMMUNICATION COMPANY  | V=1 1  |  |  |  |  |  |
| _                     | Instructions: List each separate community served by the cable system. A "comm  |  |  |  |  |  |  |
| D                     | "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       | as the "first community." Please use it as the first community on all future filings.   |  |  |  |  |  |  |
| Area                  | Note: Entities and properties such as hotels, apartments, condominiums, or mobi   | ile home parks should be reported in parentheses below the |  |  |  |  |  |
| Served                | identified city.  |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       | CITY OR TOWN  | STATE  |  |  |  |  |  |
| First                 | OTTOVILLE   | ОН   |  |  |  |  |  |
| Community             | CLOVERDALE  | ОН   |  |  |  |  |  |
|                       | MONTEREY TWP-PUTNAM   | ОН   |  |  |  |  |  |
| Add Rows as Necessary | JACKSON TWP-PUTNAM  | OH   |  |  |  |  |  |
|                       | PERRY TWP-PUTNAM  | ОН   |  |  |  |  |  |
|                       | JENNINGS TWP-PUTNAM   | ОН   |  |  |  |  |  |
|                       | WASHINGTON TWP-PULDING  | ОН   |  |  |  |  |  |
|                       | LATTY TWP-PULDING   | OH   |  |  |  |  |  |
|                       | GROVER HILL   | OH   |  |  |  |  |  |
|                       | JACKSON TWP-VAN WERT  |  |  |  |  |  |  |
|                       |   | OH   |  |  |  |  |  |
|                       | HOAGLIN TWP-VAN WERT  | OH   |  |  |  |  |  |
|                       | DUPONT  | OH   |  |  |  |  |  |
|                       | WASHINGTON TWP-VAN WERT   | OH   |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5274

# OTEC COMMUNICATION COMPANY

# 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.

| BLG  | OCK 1                 |       | BLOCK 2             |                       |       |
|--|-----------------------|-------|---------------------|-----------------------|-------|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS | RATE  | CATEGORY OF SERVICE | NO. OF<br>SUBSCRIBERS | RATE  |
| Residential:                                     |                       |       |                     |                       |       |
| <ul> <li>Service to first set</li> </ul>         | 638                   | 21.95 | IPTV                | 318                   | 21.95 |
| <ul> <li>Service to additional set(s)</li> </ul> |                       |       |                     |                       |       |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |       |                     |                       |       |
| Motel, hotel                                     |                       |       |                     |                       |       |
| Commercial                                       |                       |       |                     |                       |       |
| Converter  |                       |       |                     |                       |       |
| <ul> <li>Residential</li> </ul>                  |                       |       |                     |                       |       |
| Non-residential                                  |                       |       |                     |                       |       |

# F

### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

|   | BLOCK 2 |                               |      |                     |       |
|---|---------|-------------------------------|------|---------------------|-------|
| CATEGORY OF SERVICE                             | RATE    | CATEGORY OF SERVICE           | RATE | CATEGORY OF SERVICE | RATE  |
| Continuing Services:                            |         | Installation: Non-residential |      |                     |       |
| <ul> <li>Pay cable</li> </ul>                   | 13.45   | Motel, hotel                  |      | EXPANDED BASIC      | 37.00 |
| <ul> <li>Pay cable—add'l channel</li> </ul>     | 17.25   | Commercial                    |      | IPTV Expanded Basic | 43.55 |
| <ul> <li>Fire protection</li> </ul>             |         | • Pay cable                   |      | IPTV Digital Basic  | 14.25 |
| <ul><li>Burglar protection</li></ul>            |         | Pay cable-add'l channel       |      |                     |       |
| Installation: Residential                       |         | Fire protection               |      |                     |       |
| First set                                       | 35.00   | Burglar protection            |      |                     |       |
| <ul> <li>Additional set(s)</li> </ul>           | T&M     | Other services:               |      |                     |       |
| <ul> <li>FM radio (if separate rate)</li> </ul> |         | Reconnect                     |      |                     |       |
| Converter                                       |         | Disconnect                    |      |                     |       |
|   |         | Outlet relocation             |      |                     |       |
|   |         | Move to new address           |      |                     |       |
|   |         |                               |      |                     |       |

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5274

4. LOCATION OF STATION

### OTEC COMMUNICATION COMPANY

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

Add Rows as Necessary

| WBGU     | 27   | E   | BOWLING GREEN - LIMA OH          |
|----------|------|-----|----------------------------------|
| WBGU     | 27.2 | E-M | BOWLING GREEN - LIMA OH          |
| WBGU     | 27.3 | E-M | BOWLING GREEN - LIMA OH          |
| CW3-WBOH | 3    | N   | LIMA OH                          |
| WLIO     | 8.1  | N   | LIMA OH                          |
| WOHL     | 8.2  | I   | LIMA OH                          |
| WLQP     | 35.1 | N   | LIMA OH                          |
| WLMO     | 35.2 | N   | LIMA OH                          |
| WTLW     | 44   | I   | LIMA OH                          |
| WTLW     | 44.2 | I-M | LIMA OH (WOSN-SUBSIDIARY TO WTL) |
| WTOL     | 11   | N   | TOLEDO OH                        |
| WBME     | 11.2 | N-M | RACINE WI                        |
| WTVG     | 13   | N   | TOLEDO OH                        |
| WNWO     | 24   | N   | TOLEDO OH                        |
|          |      |     |                                  |
|          |      |     |                                  |
|          |      |     |                                  |
|          |      |     |                                  |
|          |      |     |                                  |
|          |      |     |                                  |
|          |      |     |                                  |
|          |      |     |                                  |
|          |      |     |                                  |

3. TYPE OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **OTEC COMMUNICATION COMPANY**

5274

## 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 |
|-----------|--------------|--------------|---------------------|-----------|----------|------|---------------------|
|           |              |              |                     |           |          |      |                     |
|           | <del> </del> | <b></b>      |                     |           |          |      | <b> </b>            |
|           | <b></b>      | ļ            |                     |           |          | <br> |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           | <del> </del> | <del> </del> |                     |           |          |      |                     |
|           | <del> </del> | <del> </del> |                     |           |          | }    |                     |
|           | <del> </del> | <del> </del> |                     |           |          |      |                     |
|           | <b></b>      | <b></b>      |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           | <b>†</b>     |              |                     |           |          |      |                     |
|           | <del> </del> | <del> </del> |                     |           |          |      | <del> </del>        |
|           | <del> </del> | <del> </del> |                     |           |          |      |                     |
|           | <b></b>      |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          | [    |                     |
|           | <b>†</b>     |              |                     |           |          |      |                     |
|           | <del> </del> | <del> </del> |                     |           |          |      |                     |
|           | <b></b>      | <del> </del> |                     |           |          |      |                     |
|           | <b></b>      | ļ            |                     |           |          |      |                     |
|           |              |              |                     |           |          | <br> |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           | <b>†</b>     |              |                     |           |          |      |                     |
|           | <del> </del> | <del> </del> |                     |           |          |      | <del> </del>        |
|           | <del> </del> | <del> </del> |                     |           |          |      |                     |
|           | <b></b>      | ļ            |                     |           |          |      |                     |
|           |              |              |                     |           |          | <br> |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           | <del> </del> | <del> </del> |                     |           |          |      |                     |
|           | <del> </del> | <del> </del> |                     |           |          |      |                     |
|           | <b></b>      | <del> </del> |                     |           |          |      |                     |
|           | <b></b>      |              |                     |           |          |      | <br>                |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           | <b>T</b>     |              |                     |           |          |      |                     |
|           | <del> </del> | <del> </del> |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           | <b>_</b>     | ļ            |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |
|           | <del> </del> |              | <del> </del>        |           |          |      |                     |
|           | <b></b>      |              |                     |           |          |      |                     |
|           |              |              |                     |           |          |      |                     |

| Asserting Davis  | d. 2017/1  |  |  |  |  |   | FOR  | MOMOR DAGE                    |
|--|--|--|--|--|--|---|--|-------------------------------|
| Accounting Perio                                       | LEGAL NAME OF OWNER OF   | CABLE SYS  | TEM.   |  |  |   | FUR  | M SA1-2E. PAGE 5.  SYSTEM ID# |
| Name   | OTEC COMMUNICATION   |  |  |  |  |   |  | 5274                          |
| Substitute   | SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.   |  |  |  |  |   |  | For a further                 |
| Substitute Carriage: Special Statement and Program Log | 1. SPECIAL STATEMEN During the accounting per broadcast by a distant state of the | T CONCER iod, did you tion? ", leave the  E PROGRA titute progra ce, please a of every no distant stat gulations, o ies like "mo Bulls." m was broad sign of the sadcast static addian static addian static th and day ye "5/7." es when the | rest of this page when on a separa add additional rest of additional rest of a separa add additional rest of a separa add additional rest of a separa add additional rest of a separa additional rest of a separa additional rest of a separa | carry, on a substitute base ge blank. If your answer is the line. Use abbreviations rows to the tables. Is ision program ("substitute ur cable system substitute ur cable system substitutes. See page (v) of the geretball." List specific program of the substitute program was carried by your gram was carried by your | "Yes," you me yes," you m | ust complete ssible, if their at, during the gramming of ns for furthe ample, "I Lo | YES  the program  r meaning is  accounting another star r information ve Lucy" or  FCC or, in with the mores | NO m                          |
|  | to delete under FCC rules a<br>was substituted for progran<br>effect on October 19, 1976.  | and regulation   | ons in effect du<br>rour system wa   | s permitted to delete und  | d; enter the leter FCC rules a   | tter "P" if the and regulation  | listed progr<br>ons in<br>TUTE   | am                            |
|  | S  |  | E PROGRAM  | 1  | CARRIAGE OCCURRED 7. REASON F 5 MONTH 6. TIMES DELETION  |   |  |                               |
|  | 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No  | 3. STATION'S<br>CALL SIGN  | 4. STATION'S LOCATION  | 5. MONTH<br>AND DAY  |   | MES TO   | BEELTION                      |
|  |  |  |  |  |  |   |  |                               |
|  |  | <del> </del>   |  |  |  |   | =  |                               |

| Accounting Period:                 | 2017/1  | FORM SA                             | 1-2E. PAGE          |
|------------------------------------|---|-------------------------------------|---------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM: OTEC COMMUNICATION COMPANY   | S                                   | YSTEM ID            |
| K<br>Gross Receipts                | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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. | nsmission servic<br>nis amount, see | of<br>e<br>5,905.20 |
| L<br>Copyright<br>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.  |                                     |                     |
|                                    | 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 fo accounting period is \$52.00   | or 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   | 7,100)                              |                     |
|                                    | 1. Base amount under statutory formula  | <u> </u>                            |                     |
|                                    | 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  | 27,600)                             |                     |
|                                    | Enter the amount of gross receipts from space K   |                                     |                     |
|                                    | 2. Base amount under statutory formula  | <del>-</del><br>I                   |                     |
|                                    | 3. Subtract line 2 from line 1  | <del>-</del>                        |                     |
|                                    | 4. Multiply line 3 by .01   | _                                   |                     |
|                                    | Royalty due on the first \$263,800 of gross receipts (under statutory formula)  |                                     |                     |
|                                    | 6. Interest charge. Enter the amount from line 4, space Q, page 8   |                                     |                     |
|                                    |   | -                                   |                     |
|                                    | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6   | •                                   |                     |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE   |                                     |                     |
| Filing Fee and<br>Total Remittance | 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 Reg<br>See page i of the general instructions in the paper SA1-2 form for more informa   |                                     | hts!                |

| Accounting Period                  | : 2017/1  |   | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---|---------------------|
| Name                               |   | F OWNER OF CABLE SYSTEM:<br>MUNICATION COMPANY  | SYSTEM ID#<br>5274  |
| M<br>Channels                      | to its subscribe  1. Enter the tot system carrie  2. Enter the tot 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.  In the cable system of channels on which the cable ed television broadcast stations at language of activated channels expected by the cable system carried television broadcast stations address services  | 12                  |
| N<br>Individual to<br>Be Contacted | we can contact  | TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)   | 224                 |
| for Further<br>Information         | Name<br>Address   | WILLIAM J HONIGFORD  Telephone 419-453-3  245 W THIRD ST PO BOX 427   | 324                 |
|                                    | Address   | (Number, street, rural route, apartment, or suite number)  OTTOVILLE OH 45876-0427  |                     |
|                                    | Email   | (City, town, state, zip)  billh@ottovillemutual.com  Fax (optional) 419-453-2468  |                     |
| O<br>Certification                 | • I, the undersign  | (This statement of account must be certified and signed in accordance with Copyright Office regulations)  gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  where other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  |                     |
|                                    | X (Offi   | ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identifing in line 1 of space B and that the owner is not a corporation or partnership; or   ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable in line 1 of space B.  The determinant 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.   Cition 1001(1986)] |                     |
|                                    |   | 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: WILLIAM J HONIGFORD  |                     |
|                                    |   | Title: GENERAL MANAGER  (Title of official position held in corporation or partnership)   |                     |
|                                    |   | Date: 7/14/17   |                     |

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                            |
| TEC COMMUNICATION COMPANY  | 5274                                 |
| 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   |                                      |
| INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q                                    |
| Line 1 Enter the amount of late payment or underpayment  | Interest Assessment                  |
| Line 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  |                                      |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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   |                                      |
|  |                                      |

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 th 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.

| C           | Ca<br>Wo | ble<br>rksheet |
|-------------|----------|----------------|
| Cable ID #  |          |                |
| Examined by |          | Reviewed by    |

| C                                   | Ca<br>Wo | ible<br>irksheet         | Total amount of remittance |   | Number of SAs rec'd |             | ı      | Initials  |  |
|-------------------------------------|----------|--------------------------|----------------------------|---|---------------------|-------------|--------|-----------|--|
|                                     |          |                          | Date of remittance         |   | Check               | ☐ EFT       | FII    | LING FEES |  |
| Cable ID #                          |          |                          |                            |   |                     |             | Amount | Initials  |  |
| Examined by                         |          | Reviewed by              | Date examination completed |   | Allocation r        | number      |        |           |  |
| Space A<br>Accounting<br>Period     |          | ı                        |                            | _ |                     |             |        |           |  |
|                                     |          | anuary 1 - June 30, 2017 |                            |   | July 1 - Decemb     | er 31, 2017 |        |           |  |
|                                     |          | etter sent               |                            |   | Information rece    | eived       |        |           |  |
|                                     | A        | ocepted                  |                            |   | Phone call/Date     | 'Contact    |        |           |  |
| Space B<br>Owner                    |          |                          |                            |   |                     |             |        |           |  |
|                                     |          | etter sent               | _                          |   | Information rece    | eived       |        |           |  |
|                                     | A        | ccepted                  |                            |   | Phone call/Date.    | 'Contact    |        |           |  |
| Space D<br>Area Served              |          |                          |                            |   |                     |             |        |           |  |
|                                     |          | etter sent               | <del>-</del>               |   | Information rece    | eived       |        |           |  |
|                                     | A        | ccepted                  | <u></u>                    |   | Phone call/Date     | 'Contact    |        |           |  |
| Space E<br>Secondary<br>Transission |          |                          |                            |   |                     |             |        |           |  |
| Service<br>Subscribers:             |          | etter sent               | _                          |   | Information rece    | eived       |        |           |  |
| and Rates                           | A        | ocepted                  |                            |   | Phone call/Date     | 'Contact    |        |           |  |
| Space G<br>Primary<br>Transmitters: |          |                          |                            |   |                     |             |        |           |  |
| Television                          |          | etter sent               |                            |   | Information rec     | eived       |        |           |  |
|                                     | A        | coepted                  |                            |   | Phone call/Date     | /Contact    |        |           |  |
| Space H<br>Primary<br>Transmitters: |          |                          |                            |   |                     |             |        |           |  |
| Radio                               | A        | ccepted                  |                            |   | Phone call/Date     | /Contact    |        |           |  |

|   |   | Carriage   |
|---|---|--|
|   | Information received  |  |
| Accepted                                  | Phone call/Date/Contact   |  |
|   |   | Space J<br>Part-time<br>Carriage Log   |
| Letter sent                               | ☐ Information received  | (SA3 only)   |
| Accepted                                  | Phone call/Date/Contact   |  |
|   |   | Space K<br>Gross Receipts  |
| Letter sent                               | ☐ Information received  |  |
| Letter sent                               | Phone call/Date/Contact   |  |
|   |   | Space L<br>Copyright Filing<br>and Royalty Fees                              |
| Royalty Fee should be                     | Refund request to fiscal  |  |
| Letter sent                               | ☐ Information received  |  |
| Accepted                                  | Phoe call/Date/Contact  |  |
|   |   |  |
|   |   | Space M<br>Channels  |
| Letter sent                               | ☐ Information received  |  |
| Letter sent  Accepted                     | ☐ Information received ☐ Phone call/Date/Contact  |  |
|   |   |  |
|   |   | Channels  Space O  |
| Accepted                                  | Phone call/Date/Contact   | Channels  Space O  |
| Accepted                                  | Phone call/Date/Contact  Information received   | Channels  Space O  |
| Accepted                                  | Phone call/Date/Contact  Information received   | Space O Certification  Space P Statement of                                  |
| Accepted Letter sent Accepted             | Phone call/Date/Contact  Information received  Phone call/Date/Contact                      | Space O Certification  Space P Statement of                                  |
| Accepted Letter sent Accepted Letter sent | Phone call/Date/Contact  Information received Phone call/Date/Contact  Information received | Space O Certification  Space P Statement of                                  |
| Accepted Letter sent Accepted Letter sent | Phone call/Date/Contact  Information received Phone call/Date/Contact  Information received | Space O Certification  Space P Statement of Gross Receipts  Space Q Interest |