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					
8/17/2017	\$ 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

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)
	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.
	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
	HomeTel Entertainment, Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	501 N Douglas St (Number, street, rural route, apartment, or suite number)
	Saint Jacob, IL 62281
	(City, town, state, zip)
	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.
1	IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
2	PO Box 215
	(Number, street, rural route, apartment, or suite number) Saint Jacob, IL 62281 (City, town, state, zip code)
	INSTR names 1

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

Accounting Period:	2017/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	HomeTel Entertainment, Inc.	61967						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a 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 Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	St Jacob	IL .						
Community								
Add Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

HomeTel Entertainment, Inc.

61967

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	400	57.95	Digital Basic	268	11.00	
 Service to additional set(s) 			Digital Premium	40	31.00	
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
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 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Digital Premium	10.95
 Pay cable—add'l channel 		Commercial		to	27.95
 Fire protection 		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		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# 61967

HomeTel Entertainment, Inc.

G

Primary Transmitters: Television

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
KDNL	30	N	St. Louis, Missouri
KETC	9	E	St. Louis, Missouri
KMOV	4	N	St. Louis, Missouri
KPLR	11	l	St. Louis, Missouri
KSDK	5	N	St. Louis, Missouri
KTVI	2	N	St. Louis, Missouri
WRBU	46	l	East St. Louis, Illinois
KNLC	24	l	St. Louis, Missouri
KPLR-2	11.2	N-M	St. Louis, Missouri
KPLR-3	11.3	N-M	St. Louis, Missouri
KDNL-2	30.2	N-M	St. Louis, Missouri
KDNL-3	30.3	N-M	St. Louis, Missouri
KETC-2	9.2	E-M	St. Louis, Missouri
KETC-3	9.3	E-M	St. Louis, Missouri
KETC-4	9.4	E-M	St. Louis, Missouri
KSDK-2	5.2	N-M	St. Louis, Missouri
KTVI-2	2.2	N-M	St. Louis, Missouri
KMOV-2	4.2	N-M	St. Louis, Missouri
KMOV-3	4.3	N-M	St. Louis, Missouri

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

accounting Period: 2017/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

HomeTel Entertainment, Inc.

SYSTEM ID#

61967

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

Н

Primary Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

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.

- **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).

CALLOCAL	A N A Th A	0/5	LOCATION OF STATION	CALL CICK	A N A	0/5	LOCATION OF STATION
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							

Accounting Perio		0.451.5.5.						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		ГЕМ:						SYSTEM ID#
	HomeTel Entertainment, Inc.								61967
Substitute Carriage:	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and Program Log	 During the accounting period broadcast by a distant state. Note: If your answer is "No' log in block 2. 	od, did you tion?	r cable system	carry, on a substitute		•		YES	X NO
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call: Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a	m on a separa add additional innetwork televion and that your authorizations vies" or "basked least live, entertation broadcaton's location (thins, if any, the ownen your system is substitute program carried listed program	rows to the tables. Ision program ("substitute cable system substitutes." See page (v) of the tball." List specific proof "Yes." Otherwise entous asting the substitute procommunity to which community with which tem carried the substitute gram was carried by yed by a system from 6 was substituted for proceeding to the substitute of the	eute proituted for general gram ti er "No." ogram. In the state the state proiture p	ogram") that for the progal instruction itles, for example ation is lice ation is identification. Use the ble system. p.m. to 6:2 ming that y	t, during the ramming one for furthe ample, "I Lambed by the tified). List the time the second by the tified by t	ne accounting of another state information cove Lucy" or the FCC or, in with the more should be made accurate should be made accurate and made accurate should be made accurate and made accurate accurate and made accurate accurat	dition n. nth ely
	to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed period was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE							ions in	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?				5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCAT	ION	AND DAY	FROM	<u>— то</u>	
					-				
					-				
					-				
					-				
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Accounting Period:	2017/1			FORM S	A1-2E. PAGE 6.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HomeTel Entertainment, Inc.			S	*YSTEM ID# 61967		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanate 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	e system's ation of ho	secondary tran w to compute th	smission serv nis amount, se	ice e 2,907.00		
Copyright Royalty Fee							
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that	you must pay for	this six-month			
	Line 1. Royalty fee for accounting period				0.00		
	Eine 2. interest charge. Enter the amount nom line 4, space Q, page 0				0.00		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	nes 1 and	2	· · <u> </u>	_		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)			
	Base amount under statutory formula	\$	263,800.00	_			
	2. Enter amount of gross receipts from space K	\$	162,907.00	_			
	3. Subtract line 2 from line 1	\$	100,893.00	_			
	4. Enter the amount of gross receipts from space K		. \$	162,907.00			
	5. Enter the amount from line 3		. \$	100,893.00			
	6. Subtract line 5 from line 4		\$	62,014.00			
	7. Multiply line 6 by .005 (enter figure here)			\$	310.07		
	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	7 and 8		\$	310.07		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	t less than \$52	7,600)			
	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	4, 5, and 6					
	FILING FEE AND TOTAL REMITTANCE DU	JE					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	310.07			
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	330.07		
	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1		_		hts!		

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2017/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: tainment, Inc.		SYSTEM ID# 61967
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the car	number of channels on which the television broadcast stations number of activated channels able system carried television broadcast.		299
N Individual to Be Contacted		BE CONTACTED IF FURTHER bout this statement of account.)	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Rachel Stopka		618-644-3366
	Address	501 North Douglas Street, rural route, apartmer Saint Jacob, IL 62281 (City, town, state, zip)		
	Email	rstopka@hometel	.com Fax (optional)	
	CERTIFICATION (This statement of account must	t be certified and signed in accordance with Copyright Office regulations)	
Certification		d, hereby certify that (Check one,	but only one, of the boxes.) nership) I am the owner of the cable system as identified in line 1 of space B;	or
	in I	ine 1 of space B and that the own	on or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or	
	in I	ine 1 of space B.	corporation) or a partner (if a partnership) of the legal entity identified as owner eby declare under penalty of law that all statements of fact contained herein	er of the cable system
		e, and correct to the best of my kno	owledge, information, and belief, and are made in good faith.	
			X /s/ Rachel Stopka	
			nter an electronic signature on the line above to certify this statement. nter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na	ame: Rachel Stopka	
			Secretary ial position held in corporation or partnership)	
		Date:	8/16/2017	

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2017/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
meTel Entertainment, Inc.	61967
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
x	1
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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	_
(interest charge)	
* 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	a l

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