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					
08/28/2017	\$ 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

Λ.			
Α	ACC	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			
		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	
В		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.	52615
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Exop of Missouri Inc	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		FairPoint Communications	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		908 W Frontview St	
		(Number, street, rural route, apartment, or suite number)  Dodge City, KS 67801-2233	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	Harrics	IDENTIFICATION OF CABLE SYSTEM:	ласс В.
Oystelli	1	DETITION OF VALLE OF STEM.	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	Wynnigham (1911)	
		(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.

		FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	Exop of Missouri Inc	626						
D	Instructions: List each separate community served by the cable system. A "comm" a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno						
	as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area		lie nome parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	Kearney	MO						
Community	Platte City	МО						
Rows as Necessary								

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

62615

E

Name

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**Exop of Missouri Inc** 

**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	12	30.45	IPTV Expanded	151	70.45
<ul> <li>Service to additional set(s)</li> </ul>			IPTV Ultimate	265	80.45
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T			

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				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel		Ultimate Movie Pack	45.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		HBO Digital Suite	17.00
<ul> <li>Fire protection</li> </ul>		Pay cable		Cinemax Digital Suite	12.00
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Starz/Encore Digital St	12.00
Installation: Residential		Fire protection		Showtime/TMC Digital	15.00
First set	50.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	50.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	50.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62615

**Exop of Missouri Inc** 

PRIMARY TRANSMITTERS: TELEVISION

# G

#### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WDAF (FOX)	4	l	Kansas City, MO
KCTV (CBS)	5	N	Kansas City, MO
KMCI (The Spot)	7	l	Kansas City, MO
KMBC (ABC)	9	N	Kansas City, MO
KSMO (MyNet)	10	<b>I</b>	Kansas City, MO
KSHB (NBC)	12	N	Kansas City, MO
KCWE (CW)	13	l	Kansas City, MO
KPXE (ION)	16	<u> </u>	Kansas City, MO
KCPT (PBS)	19	E	Kansas City, MO
	•		

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Exop of Missouri Inc** 

62615

### 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  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION OF STATION OF STATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION OF	CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
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Accounting Perio		CADI E SVST	TEM:				FOR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	Exop of Missouri Inc	CABLE 313	I ∟IVI.					62615
Substitute Carriage: Special Statement and Program Log								
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting perions permitted to delete und	od; enter the le der FCC rules a	tter "P" if the	listed progr ons in	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. T	TIMES TO	DELETION

ccounting Period:	·				SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Exop of Missouri Inc			;	SYSTEM ID 6261			
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscrit (as identified in space E) during the accounting period. For a furth page (vii) of the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmissions during the accounting period.  IMPORTANT: You must complete a statement in space P concern	pers for the system for explanation of form. service(s)	m's secondary tran	nsmission serv nis amount, se	ice			
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  Use block 2 if the amount of gross receipts in space K is more tha  Use block 3 if the amount of gross receipts in space K is more tha  See page (vi) of the general instructions located in the paper SA1-2 for	an \$137,100 but le an \$263,800 but le	ess than \$527,600					
	BLOCK 1: GROSS RECEIPT	S OF \$137,100	OR LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or les accounting period is \$52.00  Line 1. Royalty fee for accounting period		, , ,		1			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER	RIOD Add lines 1 a	and 2					
	BLOCK 2: GROSS RECEIPTS OF \$263,8	300 OR LESS (bu	ut more than \$137	7,100)				
	Base amount under statutory formula	<u>\$</u>	263,800.00	<u> </u>				
	2. Enter amount of gross receipts from space K	<u>\$</u>	251,833.00	<u> </u>				
	3. Subtract line 2 from line 1	<u>\$</u>	11,967.00	<u>_</u>				
	4. Enter the amount of gross receipts from space K		· · · · · <u>\$</u>	251,833.00	-			
	5. Enter the amount from line 3		<u>\$</u>	11,967.00	-			
	6. Subtract line 5 from line 4			239,866.00	-			
	7. Multiply line 6 by .005 (enter figure here)				1,199.33			
	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 1	THAN \$263,800 (	(but less than \$52	27,600)				
	Enter the amount of gross receipts from space K	<u> </u>		_				
	Base amount under statutory formula	<b>\$</b>	263,800.00	<u>.</u>				
	3. Subtract line 2 from line 1	<u> </u>		_				
	4. Multiply line 3 by .01		· · · · · <u> </u>		<u>-</u>			
	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 REMIT	TANCE DUE						
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, and a second se	above)	<b>\$</b>	1,199.33				
otal Remittance Due	2. Filing Fee (See the instructions for more information on filing fee ca			20.00	<del>.</del>			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	2 and 3		\$	1,219.33			
	Important: Your remittance must be in the form of an elec See page i of the general instructions in the		-	ister of Copyr	ights!			

Accounting Period:	2017/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM: Inc				SYSTEM ID# 62615
M Channels	to its subscribers, and  1. Enter the total nu system carried tele  2. Enter the total nu on which the cable	nd (2) the cable system's to imber of channels on which evision broadcast stations. imber of activated channels e system carried television b		els during the acc	counting period.	9
N Individual to Be Contacted		E CONTACTED IF FURTHE ut this statement of account	R INFORMATION IS NEEDE	ED (Identify an ind	ividual to whom	
for Further Information	Name <b>J</b>	ana Manterola			Telephone	509-962-0272
	(N	05 N Ruby Street lumber, street, rural route, apartm Ellensburg, WA 9892				
	Email (C	ity, town, state, zip)  imanterola@fair	oint.com		Fax (optional) 509-933-745	3
	CERTIFICATION (Th	is statement of account mu	be certified and signed in ac	ccordance with Co	opyright Office regulations)	
O Certification		hereby certify that (Check one		e cable svstem as	identified in line 1 of space B;	or
	(Agent of	owner other than corporati		ıly authorized ager	nt of the owner of the cable sys	
		or partner) I am an officer (if a 1 of space B.	corporation) or a partner (if a	partnership) of the	legal entity identified as owne	er of the cable system
		nd correct to the best of my k	eby declare under penalty of I owledge, information, and beli			
			X /s/ Mike Shultz	the line above to a	antifo this statement	
			nter an electronic signature on nter signature using an "/s/ sig			
		Typed or printed	me: Mike Shultz			
			<b>lice President Legisla</b> al position held in corporation or p		julatory	
		Date:			08/28/2017	

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counting Period: 2017/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
op of Missouri Inc	62615
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	_
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	
ID number First community served	
Accounting period	

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