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 COPYRIGHT	FOFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/28/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20171 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		63327	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TOPSHAM COMMUNICATIONS, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 217	
		(Number, street, rural route, apartment, or suite number) HAMMOND, NY 13646-0217	
		(City, town, state, zip)	
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	MAILING ADDRESS OF CABLE SYSTEM:	
	2		
		(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
<u>.</u>			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	TOPSHAM COMMUNICATIONS, LLC	63327
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.	
		07475
First	CITY OR TOWN FAIRLEE TOWN	STATE VT
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name		TIONS, LLC							6332
_	SECONDARY TRANSMISSION	SERVICE: SUE	SCRIBE		TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission	last day of the accounting period Number of Subscribers: Both						alo avotom	brokon	
Service: Sub- scribers and	down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate in	dicated-	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				iy standai	rd rate variation:	s within a p	barticular rate	
	Block 1: In the left-hand block				es of seco	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					I in the count un	der "Servio	ce to the	
	Block 2: If your cable system h					service that are	different fr	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	right-han	d block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		271	24.95					
			166	24.95 6.95					
	Service to additional set(s)		100	0.90					
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSIC	ONS: RATES	;				
E	In General: Space F calls for rat	•	,		•	• •			
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		- 3 ,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				ileu. List	these other serv		ionn or a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			RY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			on: Non-resi					
	• Pay cable	15.95	• Motel,	hotel					
	Pay cable—add'l channel	16.00	• Comm	nercial					
	Fire protection		• Pay ca	able					1
	•Burglar protection		• Pay ca	able-add'l ch	annel				
	Installation: Residential		• Fire p	otection					
	First set	100.00	• Burgla	r protection					
	 Additional set(s) 	C	Other ser	vices:					
	• FM radio (if separate rate)		• Recor			45.00			
	• Converter		 Discor 	nnect					
	(I)								
	(I)		 Outlet 	nnect relocation to new addre		15.00			

nting Period:	LEGAL NAME OF OWNER O			SYSTEM II
Name	TOPSHAM COMMUN			6332
	PRIMARY TRANSMITTERS:	•		
G Primary Insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination put d with a station according to its over-the- the form. The number the FCC assigned to the televent VRC is channel 4 in Washington, D.C. In case whether the station is a network se ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list if	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCAX	3	N	BURLINGTON, VT
	WVNY	22	N	BURLINGTON, VT
S Necessary	WNNE	31	N	HANDOVER, NH / HARTFORD, VT
	WVTA	33	E	
WCAX 3 N BURLINGTON, VT WVNY 22 N BURLINGTON, VT s as Necessary WNNE 31 N HANDOVER, NH / HARTFORD				

	COMMUNIC	ATION	S, LLC					SYSTEM II 633
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: Co	ctions Conce it is carried by monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	rning AI y the sys be recein to the Coord sign of of the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office r at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	egulations, ar adend, and (2 mna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st general in eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	ſ	1		1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	TOPSHAM COMMUNIC	CATIONS,	LLC					63327
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv no	nnetwork televis	ion program, broadcast by	a distant stat	ion. that vour	cable svste	m carried on a
	substitute basis during the a	ccounting p	eriod, under spe	ecific present and former FC	C rules, regul	ations, or aut	horizations.	For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the program	n
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute	program") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further	information	۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."		·	U U			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	ould be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
					r 1			1
		רו ודודסמו ו	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						_	-	
						_	_	
							-	
						_	_	
						_	-	
						_	_	
							-	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TOPSHAM COMMUNICATIONS, LLC	S	*STEM ID# 63327
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 7,906.00
Copyright	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	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 \$527	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: COMMUNICATIONS, LLC		SYSTEM ID# 63327
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to	ers, and (2) the cable system's	s	231
	and nonbroa	adcast services		
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of account	HER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
for Further Information	Name	SHELLY L. COLE	Telephone	9 <u>315-324-5911</u>
	Address	PO BOX 217 (Number, street, rural route, apa	artment, or suite number)	
		HAMMOND, NY 136 (City, town, state, zip)		
	Email	slcole@cit-tele	e.com Fax (optional) 315-324-62	90
0	CERTIFICATIO	IN (This statement of account r	must be certified and signed in accordance with Copyright Office regulations;)
Certification	• I, the undersig	gned, hereby certify that (Check	one, but only one, of the boxes.)	
	(Ow	ner other than corporation or	partnership) I am the owner of the cable system as identified in line 1 of space I	B; or
			ration or partnership) I am the duly authorized agent of the owner of the cable a	system as identified
			owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified as ow	ner of the cable system
	I have examin are true, comp	in line 1 of space B.	d hereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith.	·
			X /s/ Shelly L. Cole	_
			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 printe	ed name: Shelly L. Cole	
		Title:	Accounting Supervisor	
			f official position held in corporation or partnership)	

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unting Period: 2017/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
SHAM COMMUNICATIONS, LLC		633
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters scribers and amounts collected from subscribers receiving secondary transmissions. For more information on when to exclude these amounts, see the note on page (vii) of located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross received and by satellite carriers to satellite dish owners?	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- sions pursuant to section 119." f the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below.	\$	
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of		
For an explanation of interest assessment, see page (viii) of the general instructions lo		Q
	ocated in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo	ocated in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions lo	x	
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	xdays	
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	xdays	
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	xdays	
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x	
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x	
 For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ (interest charge)	
 For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ (interest charge)	
 For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x	
 For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x	
 For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x	
 For an explanation of interest assessment, see page (viii) of the general instructions look Line 1 Enter the amount of late payment or underpayment	x	
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