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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook	10/01/2019	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Particle Investigation - Particle Interference
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Provide Data Elling Dedict (uniform), and instructions)
		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.
	х	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
		Community Cable & Broadband, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 307 (Number, street, rural route, apartment, or suite number)
		SKIATOOK, OK, 74070 (City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	_	(Number, street, fura route, apartment, or solite number)

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
	Community Cable & Broadband, Inc.	
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated c	
	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 kno
	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 mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	SKIATOOK	ОК
Community	COLLINSVILLE	OK
-	SPERRY	OK
	AVANT	OK
dd Rows as Necessary		
	BARNSDALL	OK
	HOMINY	OK
	OILTON	OK
	YALE	OK

							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					SYS	TEM ID
	Community Cable & Bro	adband, Inc.						
-	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIBERS AND R	ATES				
E	In General: The information in s							
. .	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period					nose existii	ng on the	
Service: Sub-	Number of Subscribers: Both					le system.	broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n						charged	
	separately for the particular serv						a and the	
	Rate: Give the standard rate c unit in which it is generally billed							
	category, but do not include disc			ing standa		, within a b		
	Block 1: In the left-hand block	in space E, the	form lists the catego					
	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 of							
	Block 2: If your cable system	has rate categori	es for secondary tra	nsmission				
	printed in block 1 (for example, the							
	with the number of subscribers a sufficient.	ind rates, in the r	ight-hand block. A ty	vo- or three	e-word descripti	on of the se	ervice is	
		DCK 1				BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF	RS RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:			-				
	 Service to first set 	1,	876 27.95					
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			<u>د</u>				
-	In General: Space F calls for rat	-		-	l your cable sys	em's servi	ces that were	
F	not covered in space E, that is, th							
0	service for a single fee. There are							
Services Other Than	furnished at cost or (2) services amount of the charge and the un							
Secondary	enter only the letters "PP" in the		sually blica. If ally re			ibic per-pre	Sgram basis,	
Transmissions:	Block 1: Give the standard rat	e charged by the						
Rates	Block 2: List any services that							
	listed in block 1 and for which a s brief (two- or three-word) descrip	•		shed. List	these other serv	ices in the	form of a	
							DI OCK A	
	CATEGORY OF SERVICE	BLOCI RATE C	X 1 ATEGORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:		stallation: Non-res			0.11200		
	• Pay cable		Motel, hotel					
	• Pay cable—add'l channel		Commercial					
	• Fire protection		Pay cable					k
	•Burglar protection		Pay cable-add'l cl	nannel				
	Installation: Residential		Fire protection					
	First set		 Burglar protection 					
	Additional set(s)	c	ther services:					
	• FM radio (if separate rate)		Reconnect					
	Converter		Disconnect					
			Outlet relocation					
	1		Sanot cloudion			I		
			 Move to new addr 	ess				

Name	LEGAL NAME OF OWNER OF	· CABLE SYSTEM:		SYSTEM
	Community Cable & E	•		
G Primary	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6	 f (1) stations carried only on a part-tine carriage of certain network program 	ime basis under ams [sections
ransmitters: Television	Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru	he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- pr "E-M" (for noncommercial education in the paper SA1-2 form.	Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).
	Column 4: Give the location	on of each station. For U.S. stations, list dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	the community to which the station	5
	KJRH	8	N	TULSA, OK
	KJRH-DT2	8.2	I-M	TULSA, OK
Rows as Necessary	KJRH-DT3	8.3	I-M	TULSA, OK
(OWS ds INCLUSION, ,	KTPX	28	- ···	OKMULGEE, OK
	KOKI	23	N	TULSA, OK
	КОТУ	45	N	TULSA, OK
	KQCW	20	-	MUSKOGEE, OK
	KTPX-DT2	28.2	I-M	OKMULGEE, OK
	KTPX-DT3	28.3	I-M	OKMULGEE, OK
	KTPX-DT4	28.4	I-M	OKMULGEE, OK
	KTPX-DT5	28.5	I-M	OKMULGEE, OK
	KTPX-DT6	28.6	I-M	OKMULGEE, OK
	KOKI-DT2	22.2	I-M	TULSA, OK
	KOKI-DT3	22.3	I-M	TULSA, OK
	КМҮТ	34	I	TULSA, OK
	KMYT-DT2	34.2	I-M	TULSA, OK
	KMYT-DT3	34.3	I-M	TULSA, OK
	KMYT-DT4	34.4	I-M	TULSA, OK
	KRSU	32	E	CLAREMORE, OK
	KDOR	36	l	BARTLESVILLE, OK
	KDOR-DT2	36.2	I-M	BARTLESVILLE, OK
		36.3	I-M	BARTLESVILLE, OK
	KDOR-DT3			
	KDOR-DT3 KDOR-DT4	36.4	I-M	BARTLESVILLE, OK
			I-M I-M	BARTLESVILLE, OK BARTLESVILLE, OK

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	Community Cable & E	Broadband, Inc.		
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on in Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti ne carriage of certain network progra i1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form.	me basis under ims [sections ions carried on a bstitute program .og)—if the o on some other ons. 'N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		16.2 16 3	I-M	TULSA, OK
	KWHB-DT3 KOED	16.3 11	I-M E	
	KOED	•	E	
		13		OKLAHOMA CITY, OK
	KETA-DT2	13.2 13.3	E-M E-M	OKLAHOMA CITY, OK
	KETA-DT3 KTUL			
		10	Ν	TULSA, OK
		10.2	L M	THE CALOK
	KTUL-DT2	10.2	I-M	TULSA, OK
	KTUL-DT2 KTUL-DT3	10.3	I-M	TULSA, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3	10.3 45.3		TULSA, OK TULSA, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB	10.3 45.3 33	i-M i-M i	TULSA, OK TULSA, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV	10.3 45.3 33 25	i-M i-M i N	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT	10.3 45.3 33 25 19	i-M i-M i	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT KSBI	10.3 45.3 33 25 19 23	i-M i-M i N	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT KSBI KGEB	10.3 45.3 33 25 19 23 12	i-M i-M i N	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT KSBI KGEB KTBO	10.3 45.3 33 25 19 23 12 15	I-M I-M I I I I I I I I	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK TULSA, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT KSBI KGEB	10.3 45.3 33 25 19 23 12	i-M i-M i N	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT KSBI KGEB KTBO	10.3 45.3 33 25 19 23 12 15	I-M I-M I I I I I I I I	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK TULSA, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT KSBI KGEB KTBO	10.3 45.3 33 25 19 23 12 15	I-M I-M I I I I I I I I	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK TULSA, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT KSBI KGEB KTBO	10.3 45.3 33 25 19 23 12 15	I-M I-M I I I I I I I I	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK TULSA, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT KSBI KGEB KTBO	10.3 45.3 33 25 19 23 12 15	I-M I-M I I I I I I I I	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK TULSA, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT KSBI KGEB KTBO	10.3 45.3 33 25 19 23 12 15	I-M I-M I I I I I I I I	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK TULSA, OK OKLAHOMA CITY, OK
	KTUL-DT2 KTUL-DT3 KOTV-DT3 KOCB KWTV KAUT KSBI KGEB KTBO	10.3 45.3 33 25 19 23 12 15	I-M I-M I I I I I I I I	TULSA, OK TULSA, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK TULSA, OK OKLAHOMA CITY, OK

EGAL NAME OF								SYSTEM
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable he station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Community Cable & B	roadband	l, Inc.					0
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion. that you	r cable svste	m carried on a
-	substitute basis during the a							
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	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT							
Special Statement and	 During the accounting period 	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	
Program Log	broadcast by a distant stat	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	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more space			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 furthe	r informatior	ו.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	ve Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call s	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	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, v	vith the mor	nth
	first. Example: for May 7 giv	e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	a program carne	ed by a system nom 6.01.	15 p.m. to 6.2	o.su p.m. si		
	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.	ming that y	our system wa	s permitted to delete unde	r FCC rules a	na regulatio	ns in	
					r 1			1
						IN SUBSTI		
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	<u> </u>	
						-	_	
						-	_	
								'
						-	_	
]				_	
						-	_	
]				_	
							_	
1	1		1	I				1

Accounting Period:	2017/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Community Cable & Broadband, Inc.	0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmise (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less	
Noyany Fee	 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$20 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. 	63,800
	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 th accounting period is \$52.00	nis six-mon
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)
	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	
	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 \$527,6	500)
	1. Enter the amount of gross receipts from space K \$ 314,604.20	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	508.04
	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	38.10
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 1,865.14
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,865.14
	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	\$ 1,885.14
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more tables and tables are tables as the paper SA1-2 form and the Excel instructions tab for more tables are tables as the paper SA1-2 form and the Excel instructions tab for more tables are tables as the paper SA1-2 form and the Excel instructions tab for more tables are tables as the paper SA1-2 form and tables are tables as tables are tables are tables as tables are tables are tables as tables are tables are tables are tables as tables are tabl	

Accounting Period:	2017/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: able & Broadband, Inc.		SYSTEM ID#
M Channels	to its subscribe1. Enter the to system carrie2. Enter the to on which the	rs, and (2) the cable system's total number of al number of channels on which the cable d television broadcast stations	which the cable system carried television broadcast stations f activated channels during the accounting period.	42 150+
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMA about this statement of account.)	TION IS NEEDED (Identify an individual to whom	
for Further Information	Name	BRUCE BEARD	Telephone	314-462-9000
	Address	1714 Deer Track Trail (Number, street, rural route, apartment, or suite nur	mber)	
		St. Louis, MO 63131 (City, town, state, zip)		
	Email	BBEARD@CINNAMONMUE	ELLER.COM Fax (optional)	
	CERTIFICATIO	I (This statement of account must be certified	and signed in accordance with Copyright Office regulations)	
O Certification		ned, hereby certify that (Check one, but only one rer other than corporation or partnership) a	e, of the boxes.) m the owner of the cable system as identified in line 1 of space B	; or
	(Of	n line 1 of space B and that the owner is not a co	rship) I am the duly authorized agent of the owner of the cable sy orporation or partnership; or I or a partner (if a partnership) of the legal entity identified as own	
	are true, comp		under penalty of law that all statements of fact contained herein ormation, and belief, and are made in good faith.	
		Enter an elect	/ Dennis Soule ronic signature on the line above to certify this statement. re using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: DI	ENNIS SOULE	
		Title: PRESIDE (Title of official position he	NT/CEO Id in corporation or partnership)	
		Date:	October 1, 2019	

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 t 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 lav

Dunting Period: 2017/1		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
mmunity Cable & Broadband, Inc.		F
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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? X NO	r the basic ot include sub- ection 119." tions	P Special Statemen Concerning Gross 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 a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S	SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	SA1-2 form. 1,827.04	_
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	SA1-2 form. 1,827.04 1%	Q Interest Assessme
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