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 COPYRIGH	IT OFFICE 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	02/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	10816
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Trenton TV Cable Co.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 345 (Number, street, rural route, apartment, or suite number)	
		Trenton, TN 38382-0345 (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 is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Trenton TV Cable Co.	10816
D	Instructions: List each separate community served by the cable system. "a separate and distinct community or municipal entity (including uninco	a "community" is the same as a "community unit" as defined in FCC rules: rporated communities within unincorporated areas and including single, y that you list will serve as a form of system identification hereafter known e filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Trenton	TN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	
Name	Trenton TV Cable Co.	ADEE OTOTEM.						010	1081
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, n	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n	umber of billing	gs in that	t category (the	number o	f persons or org	anizations		
	separately for the particular serve Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc	ounts allowed	for adva	nce payment.					
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti	iers of services	that inc	lude one or mo	ore second	dary transmissio	ons), list the	em, together	
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRID	ERO	NATE	CAI	LOOKT OF SEI	VICE	SUBSCRIBERS	
	Service to first set		765	26.35					
	Service to additional set(s)								
	FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	6				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services of	or facilities furr	nished to	nonsubscriber	rs. Rate in	formation shoul	d include b	oth the	
Other Than	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any rai	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	Block 1: Give the standard rat		he cable	system for each	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip	1 0			shed. List	these other serv	lices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			tion: Non-resi			0.1120		
	• Pay cable		• Mot	el, hotel			Basic F	Plus	54.
				nmercial			Digital/	HD	11.
	Pay cable—add'l channel		• Pay	cable			HBO		18.
	Fire protection		-		annal		Cinema		
	Fire protection Burglar protection		-	cable-add'l ch	annei		St	1X	14.
	Fire protection Burglar protection Installation: Residential	44.20	• Fire	protection	annei		Starz	1X	14. 10.
	Fire protection Burglar protection Installation: Residential First set	44.38	• Fire • Burg	protection glar protection	annei		Starz		
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	44.38 38.65	• Fire • Burg Other s	protection glar protection services:	annei	30.00	Starz		
	Fire protection Burglar protection Installation: Residential First set		• Fire • Burg Other s • Rec	protection glar protection	annei	30.00	Starz		
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other s • Rec • Disc	e protection glar protection services: connect	annei	30.00	Starz		

	· ·			0.407514 10
lame	LEGAL NAME OF OWNER OF			SYSTEM ID# 10816
	Trenton TV Cable Co.			
G imary smitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin the carriage of certain network program S1(e)(2) and (4))]; and (2) certain stati 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 program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent station in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBBJ	43	N	
	WDDJ			Jackson, TN
	WBBJ-DT3	43.3	N-M	Jackson, TN Jackson, TN
ecessary				······································
ecessary	WBBJ-DT3	43.3	N-M	Jackson, TN
ecessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
cessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
ecessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
	WPSD-DT3	32.3	I-M	Paducah, KY
ecessary	WBBJ-DT3 WPSD WPSD-DT2 WPSD-DT3 WLJT	43.3 32 32.2 32.3 47	N-M N I-M E	Jackson, TN Paducah, KY Paducah, KY Paducah, KY Lexington. TN
2Cessary	WBBJ-DT3 WPSD WPSD-DT2 WPSD-DT3 WLJT WLJT-DT2	43.3 32 32.2 32.3 47 47.2	N-M N I-M I-M E E E-M	Jackson, TN Paducah, KY Paducah, KY Paducah, KY Lexington. TN Lexington. TN
cessary	WBBJ-DT3 WPSD WPSD-DT2 WPSD-DT3 WLJT WLJT-DT2 WLJT DT3 WJKT	43.3 32 32.2 32.3 47 47.2 47.3	N-M N I-M E E E-M E-M	Jackson, TN Paducah, KY Paducah, KY Paducah, KY Lexington. TN Lexington. TN Lexington. TN Jackson, TN
łecessary	WBBJ-DT3 WPSD WPSD-DT2 WPSD-DT3 WLJT WLJT-DT2 WLJT DT3	43.3 32 32.2 32.3 47 47.2 47.3 39	N-M N I-M E E E-M E-M N	Jackson, TN Paducah, KY Paducah, KY Paducah, KY Lexington. TN Lexington. TN Lexington. TN
Vecessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
	WPSD-DT3	32.3	E	Paducah, KY
	WLJT	47	E	Lexington. TN
	WLJT-DT2	47.2	E-M	Lexington. TN
	WLJT DT3	47.3	E-M	Lexington. TN
	WJKT	39	N	Jackson, TN
Necessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
	WPSD-DT3	32.3	E	Paducah, KY
	WLJT	47	E	Lexington. TN
	WLJT-DT2	47.2	E-M	Lexington. TN
	WLJT DT3	47.3	E-M	Lexington. TN
	WJKT	39	N	Jackson, TN
Necessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
	WPSD-DT3	32.3	E	Paducah, KY
	WLJT	47	E	Lexington. TN
	WLJT-DT2	47.2	E-M	Lexington. TN
	WLJT DT3	47.3	E-M	Lexington. TN
	WJKT	39	N	Jackson, TN
Necessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
	WPSD-DT3	32.3	E	Paducah, KY
	WLJT	47	E	Lexington. TN
	WLJT-DT2	47.2	E-M	Lexington. TN
	WLJT DT3	47.3	E-M	Lexington. TN
	WJKT	39	N	Jackson, TN
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	WPSD	32	N	Paducah, KY
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	WLJT	47	E	Lexington. TN
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	WJKT	39	N	Jackson, TN
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	WPSD	32	N	Paducah, KY
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	WLJT-DT2	47.2	E-M	Lexington. TN
	WLJT DT3	47.3	E-M	Lexington. TN
	WJKT	39	N	Jackson, TN
Necessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
	WPSD-DT3	32.3	E	Paducah, KY
	WLJT	47	E	Lexington. TN
	WLJT-DT2	47.2	E-M	Lexington. TN
	WLJT DT3	47.3	E-M	Lexington. TN
	WJKT	39	N	Jackson, TN
s Necessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
	WPSD-DT3	32.3	E	Paducah, KY
	WLJT	47	E	Lexington. TN
	WLJT-DT2	47.2	E-M	Lexington. TN
	WLJT DT3	47.3	E-M	Lexington. TN
	WJKT	39	N	Jackson, TN
s Necessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
	WPSD-DT3	32.3	E	Paducah, KY
	WLJT	47	E	Lexington. TN
	WLJT-DT2	47.2	E-M	Lexington. TN
	WLJT DT3	47.3	E-M	Lexington. TN
	WJKT	39	N	Jackson, TN
as Necessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
	WPSD-DT3	32.3	E	Paducah, KY
	WLJT	47	E	Lexington. TN
	WLJT-DT2	47.2	E-M	Lexington. TN
	WLJT DT3	47.3	E-M	Lexington. TN
	WJKT	39	N	Jackson, TN
as Necessary	WBBJ-DT3	43.3	N-M	Jackson, TN
	WPSD	32	N	Paducah, KY
	WPSD-DT2	32.2	I-M	Paducah, KY
	WPSD-DT3	32.3	E	Paducah, KY
	WLJT	47	E	Lexington. TN
	WLJT-DT2	47.2	E-M	Lexington. TN
	WLJT DT3	47.3	E-M	Lexington. TN
	WJKT	39	N	Jackson, TN

Trenton TV (• OWNER OF (Cable Co.	CABLE SY	/STEM:					SYSTEM II 108
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of if or detailed info aper SA1-2 for Column 1: Ic Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
		1	· · · · ·	1		1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							t	

Accounting Perio	d: 2017/2						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Trenton TV Cable Co.							10816
	SUBSTITUTE CARRIAGE				<u> </u>			
I I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					s general mat			2 101111.
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting period 	-	r cable system	carry, on a substitute basi	s, any nonne	work televisio	n program	
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No'	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou mu	ist complete th	ne progran	n
	log in block 2.	,		, ,	, ,	····	1 3	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their m	neaning is	
	clear. If you need more spa						ioug io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							l.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
			lcast live enter	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		CC or, in	
	the case of Mexican or Can							
		,	when your sys	tem carried the substitute	program. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv		aubatituta pro	arom was carried by your	achla avatam	List the times	accuratel	.,
	to the nearest five minutes.			gram was carried by your				у
	stated as "6:00–6:30 p.m."		i program came		15 p.m. to 0.2	0.50 p.m. sho		
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	as required	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	ITE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
1								

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Trenton TV Cable Co.	S	*STEM ID 10816
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 9,476.18
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 • 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		
	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:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Trenton TV Cable Co.	SYSTEM ID# 10816
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	10 217
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Bruce Beard, Cinnamon Mueller Telephone	314-394-1535
	Address 1714 Deer Tracks Trail, Suite 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip)	
	Email bbeard@cinnamonmueller.com Fax (optional) (314)394-153	38
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Stephen J. Nowell Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Stephen J. Nowell Title: President (Title of official position heid in corporation or partnership)	stem as identified
	Date: 2/28/2018	

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 fing, a determination that would be made by a court of lave

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ton TV Cable Co.	108
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." 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. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Statemer Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?	
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 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 Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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