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 \$
\$
01/02/2018 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

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
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.								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Davis Communications, Inc.							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		P.O. Box 117							
		(Number, street, rural route, apartment, or suite number) Cheney, WA 9904-0117							
		(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 used to identify the business and operation of the system is already appear in page R. In line 2, give the political address of the system if different from the address siven in							
	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in IDENTIFICATION OF CABLE SYSTEM:	space в.						
System	1	IDENTIFICATION OF CABLE STSTEM:							
		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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Davis Communications, Inc.	000265 201
	Instructions: List each separate community served by the cable system. A "commun	ity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you leas the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single ist will serve as a form of system identification hereafter kno
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	Cheney	WA
Community	Medical Lake	WA
	Four Lakes	WA
Rows as Necessary		
,		

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Davis Communications, Inc.

SYSTEM ID#

000265 2017/2

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2					
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	659	69.14/month					
 Service to additional set(s) 	538	1.00/month					
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential	390	18.75/month					
Non-residential							
		T		1			

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	69.14	Motel, hotel		DVR	10.00
 Pay cable—add'l channel 	21.00	Commercial		Premium Channels	20.00
 Fire protection 		Pay cable	18.75		
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
 First set 	-	Burglar protection			
 Additional set(s) 	1.00	Other services:		Overhead drop	60.00
 FM radio (if separate rate) 		Reconnect	3.99		
 Converter 		Disconnect		Underground Drop	
		Outlet relocation	60.00	(\$100.00 min. plus	
		Move to new address		landscape costs)	100.00

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

LEGAL WAVE OF OWNER OF GABLE GROTEIN

000265 2017/2

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

Davis Communications, Inc.

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
KREM	2 / 502	N	Spokane, WA
KAYU	3 / 503	N	Spokane, WA
KXLY	4 / 504	N	Spokane, WA
KHQ	6 / 506	N	Spokane, WA
KSPS	7 / 507	l	Spokane, WA
KSKN	9 / 509	N-M	Spokane, WA
KGP	10 / 510	N-M	Spokane, WA
KXMV	13 / 513	N-M	Spokane, WA
MNT	65	N-M	Spokane, WA
H&I	74	N-M	Spokane, WA
DECAD	75	N-M	Spokane, WA

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Davis Communications, Inc.

000265 2017/2

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
		 					
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Accounting Perio	d: 2017/2 LEGAL NAME OF OWNER OF	CARLE OVO	TENA				FOR		2E. PAGE 5.				
Name			I EIVI:				000		TEM ID# 2017/2				
	Davis Communications, Inc. 000265 2017/ SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Foers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 6: State the times when the substitute program was carried by your cab												
	to delete under FCC rules a was substituted for program effect on October 19, 1976. S 1. TITLE OF PROGRAM	UBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete und	WHI CARR 5. MONTH	EN SUBSTITE LIAGE OCCL 6. TI	TUTE JRRED IMES	7. RE	ASON FOR				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM							

ccounting Period:	2017/2			FORM SA	A1-2E. PAGE								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Davis Communications, Inc.			_	YSTEM ID 65 2017/								
K 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 subscr (as identified in space E) during the accounting period. For a furt page (vii) of the general instructions located in the paper SA1-2 f Gross receipts from subscribers for secondary transmission during the accounting period. IMPORTANT: You must complete a statement in space P conce	ibers for the syster her explanation of form. service(s)	m's secondary tra how to compute t	nsmission servion his amount, see	7,888.00								
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 \$137,10. Use block 2 if the amount of gross receipts in space K is more the Use block 3 if the amount of gross receipts in space K is more the 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 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 this six-month accounting period is \$52.00												
	Line 1. Royalty fee for accounting period				0.00								
	Line 2. Interest drarge. Enter the amount from line 4, space Q, page	e o			0.00								
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PE												
	BLOCK 2: GROSS RECEIPTS OF \$263, 1. Base amount under statutory formula			•									
	Enter amount of gross receipts from space K		•	_									
	Subtract line 2 from line 1		•	_									
	Subtract line 2 from line 1 A. Enter the amount of gross receipts from space K			<u>, </u>									
	Enter the amount form line 3			55,912.00									
	6. Subtract line 5 from line 4			151,976.00									
	7. Multiply line 6 by .005 (enter figure here)				759.88								
	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 \$5	27,600)									
	Enter the amount of gross receipts from space K	-		_									
	2. Base amount under statutory formula			<u>) </u>									
	3. Subtract line 2 from line 1			_									
	4. Multiply line 3 by .01			4 240 00									
	5. Royalty due on the first \$263,800 of gross receipts (under statutor												
	6. Interest charge. Enter the amount from line 4, space Q, page 8												
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD). Add lines 4, 5, an	d 6										
	FILING FEE AND TOTAL REMIT	TANCE DUE											
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3,	above)	\$	759.88									
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee or section of the control of the contr			20.00									
	a TOTAL AMOUNT DUE FOR ACCOUNTING TOTALS	- 0 - u d 0		•	770.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	s 2 and 3		\$	779.88								
	Important: Your remittance must be in the form of an ele	ectronic payment p	avable to the Red	ister of Copyric	hts!								

Accounting Period:	2017/2														FORM SA	A1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Davis Communications															SYSTEM ID: 265 2017/2
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services.	the cable system's to of channels on which broadcast stations. of activated channels m carried television t	the cable	ble	of activa	ted chan	nels duri	ing the ad	ccoun	iting peri	iod.	tions			10	
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORMA	IATION	IS NEED	ED (Ider	ntify an in	ıdividı	ual to wh	nom					
for Further Information	Name Carol	Campbell									Telep	ohone :	509-624	-7129		
	(Number,	street, rural route, apartin ey, WA 99004 n, state, zip)		uite nur	umber)											
	Email	carol@daviscon	nm.net						Fa	ıx (optior	nal) <mark>NA</mark>					
O Certification	(Agent of owner in line 1 of sp	certify that (Check on an corporation or part other than corporation or part other than corporation on the corporation of the c	icion or par wner is not a corpora ereby dec knowledge	partner into a corration) /S /S Tc	ership) I corporation) or a part e under proformation	e boxes.) wwner of the same the colon or parameter (if a penalty of on, and before an "/s/ si	he cable duly author tnership; a partners law that elief, and	system as orized age or ship) of the all statem are made	s iden ent of ene lega nents e in go	the owner all entity is of fact cood faith.	ine 1 of sper of the cardentified a contained hontained	pace B; able sys	stem as ide		m	
		Date:							J	anuary 2	2, 2018					

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ounting Period: 2017/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
vis Communications, Inc.	000265 2017/2
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."	Special Statement Concerning Gross Receipts Exclusion
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 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 Name 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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