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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable Syste General instru in the first tab	ctions	are located	02/13/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED]		
Accounting Period		2017/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31 Il - see instructions)	
		Instructions:			
В				idiary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	h the owner conducts the business of t	the cable system.	
		If there were different owners during the single statement of account and royalty fe Check here if this is the system's first filing	e payment covering the entire account		ubmit a
	-	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		C & W CABLE INC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	7)	
			<u></u>	,	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO BOX 490 (Number, street, rural route, apartment, or suite n	umber)		
		ANNVILLE KY 40402-0490 (City, town, state, zip)			
	INCTO		oss or trado namos usod to ida	ntify the business and operation of the	a vistom unloss those
С				he system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	C & W CABLE INC	3336
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First		
Community		
Add Rows as Necessary		
	BURNING SPRINGS	KY KY
	ISLAND CREEK	

								FORM SA1-	-2E. PAG
Name		ABLE SYSTEM						515	1 ⊑IVI II 333
	C & W CABLE INC								00
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Fransmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Rales	separately for the particular serv			• • •		•		chargeu	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	• •	,		ny standa	rd rate variation	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not			•		•			
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	nder "Servi	ce to the	
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A to	vo- or thre	e-word descript	tion of the	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRID	ERO	RATE	CAT	EGORT OF SEI	NICE	SUBSCRIBERS	rvA
	Service to first set		652	18.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NEMIE		e				
-	In General: Space F calls for ra	-			-	Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• •	•	
Other Than	amount of the charge and the ur								
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	, ,			•	Ű	•		
	brief (two- or three-word) descrip		•						
								BLOCK 2	
		BI O					_		
	CATEGORY OF SERVICE	BLO RATE	-	ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services:	-	CATEG	ORY OF SER tion: Non-res		RATE	CATEG	DRY OF SERVICE	RA
		-	CATEG Installa			RATE	CATEGO	DRY OF SERVICE	RA
	Continuing Services:	RATE	CATEG Installa • Mot	tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RA
	• Pay cable	RATE	CATEG Installa • Mot • Con	tion: Non-res el, hotel		RATE	CATEGO	DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mot • Con • Pay	tion: Non-res el, hotel nmercial	idential	RATE	CATEGO	DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE		DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE	CATEGO	DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burq Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	idential	RATE		DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burq Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	idential	RATE		DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burq Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect connect	idential	RATE		DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	idential annel	RATE		DRY OF SERVICE	RA

ccounting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	C & W CABLE INC			3336
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 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 t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the locatio	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	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 indent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTVQ	36	N	
	WKYT	27	N	
Rows as Necessary	WKLE	46	<u>Е</u>	LEXINGTON, KY
	WLEX	18	N	LEXINGTON, KY
	WDKY	56	I	DANVILLE, KY
	WYMT	57	N	HAZARD, KY
	WLJC	65	I	BEATTYVILLE, KY

EGAL NAME OF		CABLE 3	ISTEM.					SYSTEM I 33
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Identify the call tate whether the the radio stat this by placing vive the station	y the sys be recein at the Co I sign of e the static tion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. hal was electronically process 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 his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ii eparate a	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	
		l						
]						
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	C & W CABLE INC							3336
					•			
	SUBSTITUTE CARRIAG				-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ine general in			
Special	During the accounting per				isis any noni	network tele	vision nroa	ram
Statement and		-		in ourry, on a substitute be	iolo, any nom			
Program Log	broadcast by a distant sta	UOT					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must compl	ete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			at the state of the second				
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, it tr	ieir meanin	g is
	· ·			vision program ("substitute	e program") t	hat, during	the account	ting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	am uties, for e	example, i	Love Lucy	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which the			he FCC or,	in
				stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	5:28:30 p.m	. should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t your syste	m was requ	iired
	to delete under FCC rules							
	was substituted for program	•	your system w	as permitted to delete und	ler FCC rules	and regula	ations in	
	effect on October 19, 1976	•						
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM ·	— то	
							_	
							_	
					·			
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							_	
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					·			+
							_	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: C & W CABLE INC	SY	STEM ID# 3336
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 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 t	his six-mon	
	accounting period is \$52.00 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 \$137,1	· · · · · · · · · · · · · · · · · · ·	
	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,	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 informati		ts!

Accounting Period:	2017/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: E INC			SYSTEM ID# 3336
M Channels	 to its subscribe Enter the tot system carrie Enter the tot on which the 	rs, and (2) the cable system's tota al number of channels on which t	roadcast stations	counting period.	8 28
N Individual to Be Contacted	we can contact	about this statement of account.	R INFORMATION IS NEEDED (Identify an ind		
for Further Information	Name	VEOLA R WILLIAMS		Telephone (606) 364-5357
	Address	PO BOX 490 (Number, street, rural route, apartme ANNVILLE, KY 40402- (City, town, state, zip)			
	Email	vbwilliams@prtcr	net.org	Fax (optional) (606) 364-2138	
O Certification	I, the undersig (Owr (Age ir X (Off ir I have examinare true, completed	ned, hereby certify that (Check one ner other than corporation or par nt of owner other than corporati n line 1 of space B and that the own icer or partner) I am an officer (if n line 1 of space B. ed the statement of account and he	t be certified and signed in accordance with C e, but only one, of the boxes.) rtnership) I am the owner of the cable system a ion or partnership) I am the duly authorized ag ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of t ereby declare under penalty of law that all state nowledge, information, and belief, and are mad	as identified in line 1 of space B; or lent of the owner of the cable system he legal entity identified as owner of ments of fact contained herein	
			X /s/ Veola R Williams		
			VICE-PRESIDENT ial position held in corporation or partnership)		
		Date:		2-13-18	

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ounting Period: 2017/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
W CABLE INC	3336
 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 made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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
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