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	02/27/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150
Δ			

A	ACCO	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			
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.	38508
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Bentleyville Communications Corporation	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Consolidated Communications	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		121 S 17th Street (Number, street, rural route, apartment, or suite number)	
		Mattoon, IL 61938 (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 us s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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
Name		385
	Bentleyville Communications Corporation	
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	North Bethlehem Township	PA
Community	Bentleyville Borough	PA
	Elsworth Borough	PA
d Rows as Necessary	Somerset Township	PA
	South Strabane Township	PA
	Amwell Township	PA

	LEGAL NAME OF OWNER OF CA	BI E SYSTEM							1-2E. PAGE
Name	Bentleyville Communica		oratio	n				U.V.	3850
	Benneyvine Commanie		oratio						
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
nuco	separately for the particular servi							onargea	
	Rate: Give the standard rate c								
	unit in which it is generally billed.				ny standar	d rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count un			
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	hand block. A tv	vo- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	(2	
		NO. OF		DATE	0.17			NO. OF	DATE
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		700	70.00					
	Service to first set     Service to additional act(a)		768	70.00					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		1	147.50					
	Converter		•	147.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
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								
Other Than	amount of the charge and the un		usually	/ billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the		ha aahi	a avetam far as	ab of the c		an linted		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
nuioo	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and includ	le the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable		• Mc	otel, hotel			HBO		17.7
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	ommercial			Showti	me	15.7
	<ul> <li>Fire protection</li> </ul>			y cable				ovie Channel	11.00
	<ul> <li>Burglar protection</li> </ul>			iy cable-add'l ch	annel		Cinema		14.00
	Installation: Residential			e protection			Playbo	у	12.00
	First set	42.00		rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			econnect		30.00			
	Converter			sconnect					
				Itlet relocation					
	1		। •Mo	ove to new addr	222	10.00			

	L TO MALE OF OWNER OF			evetem in
ame	LEGAL NAME OF OWNER OF			SYSTEM ID 3850
	Bentleyville Commun PRIMARY TRANSMITTERS:	•		
G mary mitters: evision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: <b>Substitute Basis Stations</b> 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 informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> 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-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he 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, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent of the paper SA1-2 form. the community to which the station i	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort 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
	KDKA (CBS)	2	Ν	Pittsburgh, PA
	KDKA (CBS) WTAE (ABC)	2 3	N N	Pittsburgh, PA Pittsburgh, PA
≥cessary				
cessary	WTAE (ABC)	3	N	Pittsburgh, PA
cessary	WTAE (ABC) WPCW (CW)	3 5	N	Pittsburgh, PA Pittsburgh, PA
essary	WTAE (ABC) WPCW (CW) WPCB (IND)	3 5 9	N   	Pittsburgh, PA Pittsburgh, PA Pittsburgh, PA
cessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC)	3 5 9 11	N 1 1 N	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
ecessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
ecessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
ecessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
ecessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
lecessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
lecessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
Necessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
Necessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
Necessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
Necessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
Vecessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
Necessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
Necessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
s Necessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA
s Necessary	WTAE (ABC) WPCW (CW) WPCB (IND) WPXI (NBC) WPGH (FOX)	3 5 9 11 12	N 1 1 1 N 1	Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA

Accounting P							FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
Bentleyville	Communic	ations	Corporation					38508
all-band basis w Special Instruc receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate t Column 4: G	every radio s whose signals tions Concer- it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	station ca were ge rning Al y the sys be recei t the Co sign of o the static ion's sig g a check n's locati	arried on a separate and discrunerally receivable by your cab <b>I-Band FM Carriage:</b> Under Out the whenever it is received a tived at the headend, with the sopyright Office regulations on the each station carried. Son is AM or FM. nal was electronically process the mark in the "S/D" column. on (the community to which the the community with which the	le system during Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	the accountin regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ng period n FM sig 2) it can vertain si yeneral i eparate	d. Inal is generally be expected, ated intervals. Instructions in the. and discrete	H Primary Transmitters: Radio
		-						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Name       LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM         Bentleyville Communications Corporation       385         Substitute       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?         YES       X         NO         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
Substitute       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?         YES       X NO         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.
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.         Substitute basis       Special Statement and Program Log         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.
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.         Substitute basis       Special Statement and Program Log         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.
Substitute       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.         Substitute       Special         Statement and       • 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.
Substitute Carriage: Special Statement and Program Log       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.
Special Statement and Program Log       • 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.
Statement and Program Log       During the decounting period, did your cable system early, on a substitute basis, any nonnetwork television program broadcast by a distant station?         YES       X NO         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.
Program Log       broadcast by a distant station?       YES       X NO         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.       X       NO
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.
log in block 2.
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.
<b>Column 1:</b> 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: 76ers vs. Bulls." <b>Column 2:</b> If the program was broadcast live, enter "Yes." Otherwise enter "No."
<b>Column 3</b> : 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).
<b>Column 5:</b> Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."
<b>Column 6:</b> State the times when the substitute program was carried by your cable system. List the times accurately
to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be
stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the letter "R" if the listed program was substituted for programming that your system was required
to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program
was substituted for programming that your system was permitted to delete under FCC rules and regulations in
effect on October 19, 1976.
WHEN SUBSTITUTE
SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON F
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION
Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM — TO
Image: series of the series
Image: series of the series
Image: series of the series
Image: series of the series
Image: second

Accounting Period:	2017/2			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Bentleyville Communications Corporation			\$	38508 38508
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's s tion of how	secondary trans to compute this	mission servi s amount, sec \$ 27	се
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	) but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	1
	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 line	nes 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	276,669.06		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	12,869.06		
	4. Multiply line 3 by .01		\$	128.69	
	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 .		\$	1,447.69
	FILING FEE AND TOTAL REMITTANCE DU	JF			
		_			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,447.69	
240	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			\$	1,467.69
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Bentleyville Communications Corporation	SYSTEM ID# 38508
<b>M</b> 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	7 67
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		509-962-0272
	Address 305 N Ruby Street (Number, street, rural route, apartment, or suite number) Ellensburg, WA 98926 (City, town, state, zip)	
	Email jmanterola@fairpoint.com Fax (optional) 509-933-745	33
O	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) of the legal entity identified as own in line 1 of space B.  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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. [I B U.S.C., Section 1001(1986)]  (X /s/ Mike Shultz  Typed or printed name:  Mike Shultz  Typed or printed name:  Mike Shultz  Title:  Vice President Legislative and Regulatory  (Title of official position held in corporation or partnership)  Date:  02/27/2018	ystem as identified

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 telephol 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

inting Period: 2017/2	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
leyville Communications Corporation	385
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> </ul>	P Special Statemen Concerning Gross Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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