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							
DATE RECEIVED AMOUNT	FOR COPYRIGHT OFFICE USE ONLY						
	DATE RECEIVED AMOUNT						
\$ ALLOCATION NUMBER	02/27/2018	7					

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

Α	ACCC	DUNTING 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Quality One Technologies Inc
		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		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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.

ccounting Period:	2011/12	FORM SA1-2E. PAGE 1						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
Name	Quality One Technologies Inc	6024						
	Instructions: List each separate community served by the cable system. A "c							
D	"a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	orated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter knowl ilings.						
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 Community	Columbus Grove	ОН						
Community								
ld Rows as Necessary								

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**Quality One Technologies Inc** 

SYSTEM ID# 60246

# 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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	18	30.25	Tier 2	3	42.50	
<ul> <li>Service to additional set(s)</li> </ul>			Standard Analog	115	74.00	
• FM radio (if separate rate)			Digital Standard	229	81.45	
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		T		T		

# 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			
<ul> <li>Pay cable</li> </ul>		Motel, hotel		Starz/Encore	10.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		НВО	15.76
<ul> <li>Fire protection</li> </ul>		Pay cable		Cinemax	10.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		Showtime	13.75
Installation: Residential		Fire protection		Ultimate Movie Pack	43.50
<ul> <li>First set</li> </ul>	75.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

\*\*SYSTEM ID#

### **Quality One Technologies Inc**

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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
WTLW (IND)	4	1	Lima, OH
WLIO (NBC)	5	N	Lima, OH
WBGU (PBS)	6	E	Bowling Green, OH
WOHL (ABC)	7	N	Lima, OH
WLIO (FOX)	8	1	Lima, OH
WOHL (CBS)	9	N	Lima, OH
WBOH3 (CW)	10	1	Lima, OH
WTOL (CBS)	11	N	Toledo, OH
WNWO (NBC)	12	N	Toledo, OH
WTVG (ABC)	13	N	Toledo, OH
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Quality One Technologies Inc**

60246

#### 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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od: 2017/2						FOF	RM SA1-2E. PAGE 5.
		EM:					SYSTEM ID# 60246
In General: In space I, identi substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant state	fy every non counting pe ng that mus CONCER od, did your ion?	nnetwork televis priod, under spe t be included in NING SUBST r cable system	cion program, broadcast ecific present and former this log, see page (v) of TITUTE CARRIAGE carry, on a substitute b	by a distant st FCC rules, reg the general ins asis, any nonr	ulations, or a structions in t etwork telev	authorizations the paper SA vision prograt	m X NO
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: 76ers 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 5: 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."  Column 6: 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."  Column 7: 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							g ation on. onth ely
S  1. TITLE OF PROGRAM	TLE OF PROGRAM 2. LIVE? 3. STA		ATION'S		RIAGE OC	CURRED TIMES	7. REASON FOR DELETION
	SUBSTITUTE CARRIAGE In General: In space I, identification of the programmi  1. SPECIAL STATEMENT  • During the accounting periproadcast by a distant state Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a funder certain FCC rules, received to the call substicuted in the period of the call substicuted in the case of Mexican or Canace Column 3: Give the call substicuted in the case of Mexican or Canace Column 5: Give the monofirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	Column 1: Give the title of every nor period, was broadcast by a distant statiunder certain FCC rules, regulations, or not use general categories like "move column 3: Give the call sign of the sake that the case of Mexican or Canadian station Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  SUBSTITUTE  SUBSTITU	Column 1: Give the title of every nonnetwork televis period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 4: Give the broadcast station for Mexican or Canadian station; or Mexican or Canadian station; or was broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate clear. If you need more space, please add additional recolumn 1: Give the title of every nonnetwork televit period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcated Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your systifirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carries stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute program ("substitute program (substitute program). The substitute program (substitute program) or the programing that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE explanation of the program of the progr	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant st substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general ins  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you n log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever por 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") the period, was broadcast by a distant station and that your cable system substituted for the under certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on to use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: Tõers 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 lict the case of Mexican or Canadian stations, if any, the community with which the station is lict column 5: Give the month and day when your system carried the substitute program.  Column 5: Give the month and day when your system carried by our cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITL	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Quality One Technologies Inc  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in 1.  SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televibroadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "L. NaB. Basketball: 76ers 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. Use numerals first. Example: for May 7 give "5/7."  Column 5: Give the month and day when your system carried by your cable system. List the tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00—6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules and regulations in effect during the acc	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 syst substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA'  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 progra 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 substitute for the programming of another statunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 3: 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is locatified.).  Column 5: Give the broadcast station's location (the community to which the station is locatified).  Column 6: State the times when the substitute program was carried by your cable system. List the times accurate

ccounting Period:	·				A1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Quality One Technologies Inc			S	YSTEM ID 6024			
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form all amounts (gross receipts) paid to your cable system by subscribe (as identified in space E) during the accounting period. For a further page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission se during the accounting period	ers for the system r explanation of m. rvice(s)	m's secondary tran how to compute th	smission service is amount, see	4,730.79			
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 Use block 2 if the amount of gross receipts in space K is more than  Use block 3 if the amount of gross receipts in space K is more than see page (vi) of the general instructions located in the paper SA1-2 form	\$137,100 but le \$263,800 but le	ess than \$527,600	\$263,800				
	BLOCK 1: GROSS RECEIPTS	OF \$137,100	OR LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, accounting period is \$52.00  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 PERIO	<b>DD</b> Add lines 1 a	and 2	·				
	BLOCK 2: GROSS RECEIPTS OF \$263,800	0 OR LESS (bu	ut more than \$137	,100)				
	Base amount under statutory formula	<u>\$</u>	263,800.00	_				
	2. Enter amount of gross receipts from space K	<b>\$</b>	164,730.79	_				
	3. Subtract line 2 from line 1	\$	99,069.21	=				
	Enter the amount of gross receipts from space K			164,730.79				
	5. Enter the amount from line 3		\$	99,069.21				
	6. Subtract line 5 from line 4		\$	65,661.58				
	7. Multiply line 6 by .005 (enter figure here)			\$	328.31			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			· <u> </u>	0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE TH	HAN \$263,800	(but less than \$52	7,600)				
	Enter the amount of gross receipts from space K							
	Base amount under statutory formula	\$	263,800.00	_				
	3. Subtract line 2 from line 1			_				
	4. Multiply line 3 by .01	' <u>-</u>		_				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory for			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. A							
	FILING FEE AND TOTAL REMITTA	ANCE DUE						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, ab	ove)	\$	328.31				
Due	Filing Fee (See the instructions for more information on filing fee calc	culations)	<u>   \$</u>	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2	and 3		\$	348.31			
	Important: Your remittance must be in the form of an electr See page i of the general instructions in the p				hts!			

Accounting Period:	2017/2			FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF OW Quality One Tech	NER OF CABLE SYSTEM: nnologies Inc		SYSTEM ID# 60246			
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 and nonbroadcast services.  139						
N Individual to Be Contacted		E CONTACTED IF FURTHE but this statement of account	R INFORMATION IS NEEDED (Identify an individual to whom .)				
for Further Information	Name	Jana Manterola	Telephone 5	509-962-0272			
	(† E	805 N Ruby Street Number, street, rural route, apartm Ellensburg, WA 9892					
	Email	City, town, state, zip)  jmanterola@fair	point.com Fax (optional) 509-933-7453				
	CERTIFICATION (Th	nis statement of account mus	st be certified and signed in accordance with Copyright Office regulations)				
O Certification		hereby certify that (Check one	e, but only one, of the boxes.)  **Thership** I am the owner of the cable system as identified in line 1 of space B; of the cable system as identified in line 1.	or			
	(Agent of	f owner other than corporati	on or partnership) I am the duly authorized agent of the owner of the cable systemer is not a corporation or partnership; or				
		or partner) I am an officer (if a 1 of space B.	a corporation) or a partner (if a partnership) of the legal entity identified as owner	of the cable system			
		and correct to the best of my k	ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.				
			X /s/ Mike Shultz				
			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: Mike Shultz				
			Vice President Legislative and Regulatory				
		Date:	02/27/2018				

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 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

counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
uality One Technologies Inc	60246
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
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.	Receipts Exclusion
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 Name Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
xdays	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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