### IF YOU ARE FILING FOR A PRIOR ACCOUNTING PERIOD, CONTACT THE LICENSING DIVISION FOR THE CORRECT FORM.

### **SA1-2 Short Form**

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGH	HT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
10/16/2018	\$ ALLOCATION NUMBER

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

THIS WILL BE TH	E FINA	L PAPER MAI	LING YOU RECE	EIVE FROM THE LICEN	SING DIVISION. SEE INSIDE CO	VER FOR M	ORE INFORMATION.				
A Accounting Period			ERIOD COVERI	ED BY THIS STATEM	ENT:						
Bowner	incorr Giv rate ti List	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  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.  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.									
	LEGA	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM:  060945 2017/2									
	455	ATUOM		ILLAGE GE BLVD UNIT O 81435-9459	A						
С	<b>Instructions:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICAT	TION OF CABLE	SYSTEM:							
	2		DRESS OF CABL ural route, apartment, or zip)								
D Area Served	in FC areas of sys	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.									
		CITY OF	R TOWN	STATE	CITY OR TOWN		STATE				
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Community	EX.252.0	***********									
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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 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 Office'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 filing, a determination that would be made by a court of law.

OWN OF MOUNTAIN VILLA				Name
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TOWN OF MOUNTAIN VILLAGE 060

060945

E

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.

BLOCK	(1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential: Service to first set	1041	5845	Digital Tier	274	18 95	
<ul><li>Service to additional set(s)</li><li>FM radio (if separate rate)</li><li>Motel, hotel</li></ul>	14	2745				
Commercial						
• Residential						
<ul> <li>Nonresidential</li> </ul>						

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: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	58°°	Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable-add'l channel  • Fire protection  • Burglar protection  Other Services:  • Reconnect  • Disconnect  • Outlet relocation  • Move to new address	58°°° 58°°° 58°°° 58°°° 58°°°		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TOWN OF MOUNTAIN VILLAGE 060945

Name

### 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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWGN	2	N	Devrer Co
KCNC	4	N	
KRMA	6	٤	
KMGH	7	N	
KUSA	9	N	
KTVO	20	I. I	
KOUR	31	N	
WGN	9	N	Chicago IL
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G

Primary
Transmitters:
Television

ACCOUNTING PERIOD 2017/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TOWN OF MOUNTAIN VILLAGE PRIMARY TRANSMITTERS: RADIO Н **Primary** Transmitters: Radio Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.

060945

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.

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 the Copyright Office regulations on this point, see page (iv) of the general instructions.

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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FORM SA1-2. PAGE 5. ACCOUNTING PERIOD 2017/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TOWN OF MOUNTAIN VILLAGE 060945 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. Substitute Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Special During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program Statement and broadcast by a distant station? **Program Log** ☐ Yes 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 attach additional pages. 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 effect on October 19, 1976.

SI	WHEN CARRIA	7. REASON				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6∉TIMES FROM — TO	FOR DELETION
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**IMPORTANT:** Your remittance must be in the form of an *electronic payment* payable to *Register of Copyrights*. See page i of the general instructions for more information.

8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.

Add lines 4, 5, 6 and 7 .....

\$ 20.00

LEGAL NAME OF OWNER OF CABLE SYSTEM:  TOWN OF MOUNTAIN VILLAGE 060945	Name
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	M Channels
and nonbroadcast services.	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name. John Husler Great Code  Address HII. MTN. Village. Blvd. 2 <sup>nd</sup> fl	Individual to Be Contacted for Further Information
Name Joly Hysler Telephone 970 729-3417  Address HII MTN VIllage blvd 2nd fl (Number, street, rural goute, apartment, or suite number)  Mount Giv Village Co 81435  (City, town, state, zip)  Email (optional) Mosler MATNVIllage 1019 Fax (optional) 970-728-6027	
<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0
I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	Certification
Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or	
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
<ul> <li>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. [See 18 U.S.C. sec.1001]</li> </ul>	
Handwritten signature:	
Typed or printed name: Jany Hasles	
Title: SR. System Technician/headord Technician (Title of official position held in corporation or partnership)	
Date: ./- 26 - 18	

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