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					
02/27/2018	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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.
		Telegraphic and the system a material first content are system and manner assigned by the excessing broaden.
	-	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CANBY TELEPHONE ASSOCIATION
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1189
		(Number, street, rural route, apartment, or suite number) MT ANGEL OR 97362
		(City, town, state, zip)
С	INSTI	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
C	name	s 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 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 fling, a determination that would be made by a court of law.

Accounting Period:	2017/2								
Accounting renew.		FORM SA1-2E, PAGE 1b.							
Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CANBY TELEPHONE ASSOCIATION	62618							
	Instructions: List each separate community served by the cable system. A "communi	ity" is the same as a "community unit" as defined in FCC rules: "a							
<b>D</b>	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 filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
Served									
	CITY OR TOWN CANBY	STATE OR							
First Community	CANDI								
Add Rows as Necessary									

Accounting Period: 2017/2

FORM SA1-2E, PAGE 2,

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62618

## **CANBY TELEPHONE ASSOCIATION**

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	1,853	31.00/MTH	People's Choice	1,089	91.00
Service to additional set(s)	770	5.00/10.00	HD DVR	458	15.00
FM radio (if separate rate)			SD DVR	159	10.00
Motel, hotel			EZVIDEO	282	12.95
Commercial	_		WHOLE HOME HD DVR	222	17.00
Converter				I	
• Residential				<b> </b>	
Non-residential					

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		HBO	17.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		CINEMAX	17.00
Fire protection		Pay cable		SHOWTIME/TMC	17.00
•Burglar protection		Pay cable-add'l channel	( tag // // // // // // // // // // // // //	STARZ/ENCORE	15.00
Installation: Residential	··········	Fire protection		LATIN ESSENTIALS	7.00
First set	45.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	9.95				
• FM radio (if separate rate)		Reconnect	10.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address			

Accounting Period: 2	2017/2			FORM SA1-2E. PAGE 3.				
	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID#				
Name	CANBY TELEPHONE ASSOCIATION							
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC to not list the station he station was carried only or List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same or Column 2: Give the channof license. For example, to Column 3: Indicate in each educational station, by entition of ficense content multicast For the meaning of these Column 4: Give the locations	also in space I, if the station was carried it ion concerning substitute basis stations, so on's call sign. Do not report origination proted with a station according to its over-the-a	1) stations carried only on a part-tir carriage of certain network prograte)(2) and (4))]; and (2) certain stating of the proof of the	me basis under ams [sections cions carried on a stitute program applications.  Log)—if the an ams other ams.  N, etc., Identify each art multistream art in its community and multicast.  In moncommercial and and multicast.  It is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KATU	2	1	PORTLAND OR				
	KRCW	3	l	PORTLAND OR				
Add Rows as Necessary	KOIN	6	N	PORTLAND OR				
	KGW	8	N	PORTLAND OR				
	WGN	9	1	CHICAGO IL				
	КОРВ	10	E	PORTLAND OR				

KOPB	10	E	PORTLAND OR
KPTV	12	i	PORTLAND OR
KPDX	13	l	VANCOUVER WA
KUNP	16		LAGRANDE OR
KPXG	22	l	SALEM OR
KNMT	24	1 -	PORTLAND OR
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	anno Noovyevyevyevyevy		
	Pure the Misself County of the		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### CANBY TELEPHONE ASSOCIATION

62618

## 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.

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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							***************************************
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		овенциона.		5			

Primary Transmitters: Radio

Accounting Period: 2017/2 FORM SA1-2E, PAGE 5,									
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#		
Name	CANBY TELEPHONE A	ASSOCIAT	TION				62618		
I	SUBSTITUTE CARRIAGE In General: In space I, identi	fy every nor	network televis	ion program, broadcast by	a distant sta	tion, that your cable syste	m carried on a		
	explanation of the programm	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.							
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and	•	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	broadcast by a distant stat					LYES	LX NO		
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	s "Yes," you ı	must complete the progr	am		
	log in block 2.	DDOODA	MO						
	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								
	effect on October 19, 1976.		_		11 ,,,,,,	EN OUROTITUTE	<u> </u>		
	s	UBSTITUT	E PROGRAM		the second secon	EN SUBSTITUTE RIAGE OCCURRED	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION		
						<u> </u>			
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ccounting Period:	2017/2	FORM SA1-2E, PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CANBY TELEPHONE ASSOCIATION	SYSTEM II 6261						
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	service						
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 \$263,80  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.	00						
į	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-maccounting 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							
	Line 3, TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)							
	Base amount under statutory formula							
	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							
	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)							
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula							
	3. Subtract line 2 from line 1							
		39.80						
		19.00						
	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	3,558.80						
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	58.80						
Due	2. Filling 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	3,578.80						
	Important: Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form for more information.	Copyrights!						

Accounting Period:	<b>D17/2</b> FORM SA1-2E. PAGE 7							
Name	EGAL NAME OF OWNER OF CABLE SYSTEM:  CANBY TELEPHONE ASSOCIATION  SYSTEM ID: 62618							
<b>M</b> 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.							
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	Name         Diane Ori         Telephone         503 845-4442           Address         PO Box 1189							
	(Number, street, rural route, apartment, or suite number)  Mt Angel OR 97362  (City, town, state, zip)							
	Email dori@cbsoregon.com Fax (optional 503 845-4445							
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, 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; 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  X (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.  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.  [18 U.S.C., Section 1001(1986)]							
	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: Paul Hauer							
	Title: President  (Title of official position held in corporation or partnership)							
	Date: 2/27/18							

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counting Period: 2017/2		FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
ANBY TELEPHONE ASSOCIATION		62618
lowing sentence:  "In determining the total number of subscribers service of providing secondary transmissions of scribers and amounts collected from subscriber.  For more information on when to exclude these amount located in the paper SA1-2 form.	17, section 111(d)(1)(A), of the Copyright Act by adding the fol- and the gross amounts paid to the cable system for the basic of primary broadcast transmitters, the system shall not include sub- rs receiving secondary transmissions pursuant to section 119."  Ints, see the note on page (vii) of the general instructions  clude any amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
	x	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and e	enter the sum here	
	(interest charge)  wright.gov/licensing/interest-rate.pdf. For further assistance please	
contact the Licensing Division at (202) 707-8150		
** This is the decimal equivalent of 1/365, which is		
	ment of account already submitted to the Copyright Office, please ID number, and accounting period as given in the original filing.	
ID number		
First community served		8
Accounting period		

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