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					
02/05/2018	\$ 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	ACCOUNTING 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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	MONMOUTH INDEPENDENCE NETWORK								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	405 N HOGAN RD								
	(Number, street, rural route, apartment, or suite number) MONMOUTH, OR 97361-1616								
	(City, town, state, zip)								
С	INSTRUCTIONS: 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 IDENTIFICATION OF CABLE SYSTEM:								
	MINET								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 405 N HOGAN RD (Number, street, rural route, apartment, or suite number)								
	MONMOUTH, OR 97361-1616								
	(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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/2							
	T	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	MONMOUTH INDEPENDENCE NETWORK	63086						
Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules as parate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 k 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.							
	CITY OR TOWN	STATE						
First	MONMOUTH	OR						
Community	INDEPENDENCE	OR						
Add Rows as Necessary								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

*SYSTEM ID 63086

MONMOUTH INDEPENDENCE NETWORK

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.

BL	OCK 1	BLOCK	(2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	0000011102110		5.11265111 61 62111162	00000111001110	
 Service to first set 	1,759	30.00	BASIC	1,393	30.00
 Service to additional set(s) 			EXPANDED BASIC	1,005	74.00
 FM radio (if separate rate) 			DIGITAL	386	94.00
Motel, hotel					
Commercial					
Converter					
 Residential 	1,076	8.50			
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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set		 Burglar protection 			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63086

MONMOUTH INDEPENDENCE NETWORK

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
KATU		N	PORTLAND, OR
KATU2		N-M	PORTLAND, OR
KGW1		N	PORTLAND, OR
KGW2		N-M	PORTLAND, OR
KGW3		N-M	PORTLAND, OR
KOAC1		E	PORTLAND, OR
KOAC2		E-M	PORTLAND, OR
KOAC3		E-M	PORTLAND, OR
KOIN		N	PORTLAND, OR
KPDX1		I	PORTLAND, OR
KPTV1		N	PORTLAND, OR
KUNP1		l	PORTLAND, OR
KPXG1		I-M	SALEM, OR
KPXG2		I-M	SALEM, OR
KPXG3		I-M	SALEM, OR
KRCW1		l	SALEM, OR
KRCW2		I-M	SALEM, OR
KRCW3		I-M	SALEM, OR
KWVT1		l	SALEM, OR
KWVT2		I-M	SALEM, OR
KWVT3		I-M	SALEM, OR

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63086

MONMOUTH INDEPENDENCE NETWORK

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

Primary Transmitters: Radio

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
							
	T						
							
							
	 						
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	T						
							
							
			 				
	 						
	l						
	 						
	1				1		

Accounting Perio	nd: 2017/2						FORI	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF MONMOUTH INDEPEN						7 014	SYSTEM ID# 63086
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant state Note: If your answer is "Noteg in block 2. 2. LOG OF SUBSTITUTI In General: List each subsiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the brothe case of Mexican or Car Column 5: Give the motifirst. Example: for May 7 gives	E: SPECIA tify every no accounting pring that mu T CONCEI riod, did yoution? Time the concern of the concern E PROGRA titute prograce, please of every not a distant start gulations, ries like "me Bulls." m was broad sign of the adcast statination statination statination and day we "5/7."	AL STATEME Innetwork televious Innetwork televious Innetwork televious Interiod, under signist Interiod, under signist Interiod substitution Interiod system Interiod sy	ision program, broadcast by becific present and former F in this log, see page (v) of the triple of	y a distant star CC rules, reg he general instant sisis, any none s "Yes," you in s wherever p e program") t ted for the prineral instruct am titles, for a "No." ram. e station is life station is life program. U	network te must compossible, if hat, during ogrammin icions for fuexample, "censed by lentified). se numera	r authorization the paper S levision prog YES plete the prog their meaning of another rither informal I Love Lucy" The FCC or, als, with the r	stem carried on a ans. For a further GA1-2 form. Tram X NO gram g is ting station ation. or in month
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ramming that od; enter the der FCC rules WHE CARRI	t your syst letter "P" it s and regu N SUBST AGE OCC	em was <i>requ</i> f the listed pr lations in	uired			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
								"
								"

	2017/2				SA1-2E. PAGI			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MONMOUTH INDEPENDENCE NETWORK			,	SYSTEM II 630			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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			-	45,220.00 gross receipts)			
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	00 but less	than \$527,600	5263,800				
	BLOCK 1: GROSS RECEIPTS OF \$7	137,100 C	R LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roy accounting period is \$52.00	alty fee tha	at you must pay fo	r this six-mon				
	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	d lines 1 an	nd 2	••				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L	ESS (but	more than \$137,	100)				
	Base amount under statutory formula		263,800.00	_				
	2. Enter amount of gross receipts from space K			_				
	3. Subtract line 2 from line 1	\$	18,580.00	_				
	4. Enter the amount of gross receipts from space K		<u>\$</u>	245,220.00	-			
	5. Enter the amount from line 3		<u>\$</u>	18,580.00	-			
	6. Subtract line 5 from line 4		\$	226,640.00	-			
	7. Multiply line 6 by .005 (enter figure here)			\$	1,133.20			
	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 \$2	.63,800 (b	out 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>		<u>-</u>			
	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 line	s 4, 5, and	6					
	FILING FEE AND TOTAL REMITTANCE I	DUE						
Filing Fee and								
otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,133.20	-			
Due	Filing Fee (See the instructions for more information on filing fee calculations)	s)	<u>\$</u>	20.00	-			
	I							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3.			\$	1,153.20			

Accounting Period:	2017/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF MONMOUTH INDEPEND		(SYSTEM ID# 63086
M Channels	_			s on which the cable system carried television broadcast station er of activated channels during the accounting period.	ns
Oldinois	Enter the total number of system carried television l			e	
	Enter the total number of on which the cable systen and nonbroadcast service	n carried television b		t stations	225
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name JOHN	COOPER		Telepho	one 503-837-0703
	(Number, s	HOGAN RD treet, rural route, apartme OUTH, OR 9730			
	Email	JCOOPER@MIN	NETFIBI	ER.NET Fax (optional)	
	CERTIFICATION (This state	ment of account mus	st be cer	tified and signed in accordance with Copyright Office regulation	ns)
O Certification	• I, the undersigned, hereby	certify that (Check on	ne, <i>but on</i>	ly one, of the boxes.)	
	(Owner other tha	an corporation or pa	ırtnershi	p) I am the owner of the cable system as identified in line 1 of sp	ace B; or
				artnership) I am the duly authorized agent of the owner of the ca ot a corporation or partnership; or	ble system as identified
	X (Officer or partn in line 1 of spa		a corpor	ation) or a partner (if a partnership) of the legal entity identified a	s owner of the cable system
		ect to the best of my l	-	eclare under penalty of law that all statements of fact contained hoge, information, and belief, and are made in good faith.	erein
			X	/s/ John Cooper	_
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	John Cooper	
				or of Finance In held in corporation or partnership)	
		Date:		January 5, 2018	

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ounting Period: 2017/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NMOUTH INDEPENDENCE NETWORK	63086
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	-
INTERFOR ACCEPANTAL	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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 www.copyright.gov/licensing/interest-rate.pdf . 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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