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

Cable Systems (Short Form)     For additional information contact the U.S. Copyright	STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
General instructions are located		DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	General instructions are located	06/16/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/2 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.
	х	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
		Spring City Cable TV, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 729 (Number, street, rural route, apartment, or suite number)
		Spring City, TN 37381 (City, town, state, zip)
С		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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.

Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Spring City Cable TV, Inc.	0
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	OTATE
First	Spring City	STATE TN
Community	Rhea County	TN
	กลางการแหน่งของการการการการการการการการการการการการการก	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							SYS	TEM ID
Name	Spring City Cable TV, In	с.								
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	SERVICE: SU pace E should on of television ay cable) in spa (June 30 or De blocks in space / transmission s umber of billing ice at the rate in harged for each (Example: "\$2 ounts allowed f in space E, the to their subscr Where an inc	cover all and radii ace F, no ecember e E call service. I s in that ndicated n catego 0/mth"). or advar form lis ibers. Gi lividual c	categories of o broadcasts of here. All the 31, as the ca for the number n general, yo category (the —not the num y of service. I Summarize a ice payment. ts the categor ve the number r organizatior	secondar by your sy a facts you se may be er of subso u can com number of ber of sel include bo ny standa ies of sec er of subso n is receiv	ystem to sub u state must e). cribers to the npute the nu of persons o ts receiving oth the amou and rate varia condary tran- cribers and r ing service t	e cab mbe r orga servi unt o ations smiss rate f	pers. Give nose existi ole system, r of subscr anizations ce). f the charg s within a p sion servic or each lis alls under	information ng on the broken ibers in charged e and the particular rate e that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again unde nas rate catego ers of services	dditiona er "Servio ries for s that incl	sets would b ce to additiona econdary tran ude one or mo	e included al set(s)." nsmission ore secon	d in the cour service that dary transm	nt un t are iissio	der "Servic different fr ns), list the	e to the om those em, together	
	BLC	DCK 1						BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF	SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s)		786 410	39.95 0.95						
	• FM radio (if separate rate) Motel, hotel									
	Commercial									
	Converter     Residential									
	Non-residential									
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECU In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib- nose services ti e two exceptior or facilities furn it in which it is rate column. e charged by th your cable sys separate charge	er) inforr hat are r ns: you d ished to usually b ne cable tem furn e was ma	nation with re ot offered in c o not need to nonsubscribe illed. If any ra system for ea ished or offere ade or establi	spect to a combination give rate rs. Rate in the are ch ch of the ed during	on with any information s normation s narged on a applicable s the account	seco conc houl varia ervic ing p	ndary trans ærning (1) d include b able per-pr es listed. æriod that	smission services oth the ogram basis, were not	
		BLOO	CK 1						BLOCK 2	
	CATEGORY OF SERVICE			DRY OF SER		RATE		CATEG	ORY OF SERVICE	RATE
	Continuing Services:     Pay cable	46.00		ion: Non-res	idential			Promiu	m Channel	19.9
	Pay cable—add'l channel	+0.00		mercial				1 rennu		10.0
	Fire protection		• Pay							
	•Burglar protection		• Pay	cable-add'l ch	annel					
	Installation: Residential		<ul> <li>Fire</li> </ul>	protection						
	• First set	39.95		lar protection						
	<ul> <li>Additional set(s)</li> </ul>	18.95	Other se	ervices:						
	• FM radio (if separate rate)	4.05		onnect						
	<ul><li>FM radio (if separate rate)</li><li>Converter</li></ul>	4.95	• Disc	onnect onnect et relocation						

ng Period: 2	-			FORM SA1-2E. PAGE 3.
ame	LEGAL NAME OF OWNER OF			SYSTEM ID# 0
	Spring City Cable TV,			0
G mary mitters: vision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(et substitute program basis, an <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channed of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these the <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repor- evision station for broadcasting over station, an independent station, or a (for network multicast), "1" (for indepo- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a _og)—if the og)—if the on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WRCB	3.1	N	Chattanooga, TN
	WRCB-2	3.2	N-M	Chattanooga, TN
Necessary	WOOT	6.1	Ν	Chattanooga, TN
	WOOT-2	6.2	N-M	Chattanooga, TN
	WOOT-3	6.3	N-M	Chattanooga, TN
	WOOT-4	6.4	N-M	Chattanooga, TN
	WTVC	9.1	N	Chattanooga, TN
	WTVC-2	9.2	N-M	Chattanooga, TN
	WTVC-3	9.3	N-M	Chattanooga, TN
	WDEF	12.1	N	Chattanooga, TN
	WDEF-2	12.2	N-M	Chattanooga, TN
	WDEF-3			
		12.3	N-M	Chattanooga, TN
	WNGH	12.3 18.1	N-M E	Chattanooga, TN Chatsworth, GA
	WNGH	18.1	E	Chatsworth, GA
	WNGH WNGH-2	18.1 18.2	E E-M	Chatsworth, GA Chatsworth, GA
	WNGH WNGH-2 WNGH-3	18.1 18.2 18.3	E E-M E-M	Chatsworth, GA Chatsworth, GA Chatsworth, GA
	WNGH WNGH-2 WNGH-3 WELF	18.1 18.2 18.3 23.1	E E-M E-M E	Chatsworth, GA Chatsworth, GA Chatsworth, GA Dalton, GA
	WNGH WNGH-2 WNGH-3 WELF WELF-2	18.1 18.2 18.3 23.1 23.2	E E-M E-M E E E-M	Chatsworth, GA Chatsworth, GA Chatsworth, GA Dalton, GA Dalton, GA
	WNGH WNGH-2 WNGH-3 WELF WELF-2 WELF-3	18.1 18.2 18.3 23.1 23.2 23.3	E E-M E-M E E E-M E-M	Chatsworth, GA Chatsworth, GA Chatsworth, GA Dalton, GA Dalton, GA Dalton, GA
	WNGH WNGH-2 WNGH-3 WELF WELF-2 WELF-3 WTCI	18.1 18.2 18.3 23.1 23.2 23.3 45.1	E E-M E-M E E-M E-M E-M	Chatsworth, GA Chatsworth, GA Chatsworth, GA Dalton, GA Dalton, GA Dalton, GA Chattanooga, TN
	WNGH WNGH-2 WNGH-3 WELF WELF-2 WELF-3 WTCI WTCI-2	18.1         18.2         18.3         23.1         23.2         23.3         45.1         45.2	E E-M E-M E E E-M E-M E E E-M	Chatsworth, GA Chatsworth, GA Chatsworth, GA Dalton, GA Dalton, GA Dalton, GA Chattanooga, TN Chattanooga, TN

egal name o Spring City	F OWNER OF ( Cable TV, I		YSIEM:					SYSTEM
	st every radio	station c	arried on a separate and disc nerally receivable by your ca					н
eceivable if (1 on the basis of or detailed inf paper SA1-2 for Column 1: 1 Column 2: 5 Column 3: 1 ignal, indicate Column 4: 0	) it is carried b monitoring, to formation about orm. dentify the cal State whether f the radio star this by placin Give the statio	y the sys be rece at the Co I sign of the station tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. ion (the community to which the community with which th	at the system's he system's FM and this point, see p essed by the cable the station is lice	eadend, and (a tenna, during c age (v) of the g system as a s nsed by the FC	2) it can certain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				UNEL OIGH		0,0		
VRHA VDNT	AM AM	X X	Spring City, TN Dayton, TN			+		
		<u>^</u>		-		+		
	<b>_</b>			]				
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Accounting Peric	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Spring City Cable TV,	Inc.						0
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion. that vour ca	ible svstei	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No"	' leave the	rest of this pac	e blank If your answer is '	'Yes " vou mi	ist complete the	e progran	
	log in block 2.	, 10010 110	root of the pag		roo, you me		o program	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their me	eaning is	
	clear. If you need more spa							
	<b>Column 1:</b> Give the title period, was broadcast by a			ision program ("substitute				ion
	under certain FCC rules, re							
	Do not use general categor	ies like "mo						
	"NBA Basketball: 76ers vs.			жи лон : I «				
				r "Yes." Otherwise enter "N Isting the substitute progra				
				ne community to which the		nsed by the FC	C or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give		when your sys	tem carried the substitute	orogram. Use	numerals, with	the mon	th
			e substitute pro	gram was carried by your o	cable system.	List the times a	accuratel	v
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."	"D" : ( ()						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.		2			Ū		
							тг	
	s	UBSTITUT	E PROGRAM	1		N SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
				•	1.1			

Accounting Period:	2017/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	Spring City Cable TV, Inc.
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.         IMPORTANT: You must complete a statement in space P concerning 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 \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	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-mon 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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2
	2. Enter amount of gross receipts from space K \$ 160,459.00
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 160,459.00
	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 \$ 3.70
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 289.29
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 289.29
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 309.29
	EFT Trace # or TRANSACTION ID # 2616FE39
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2017/2		FORM SA1-2E. PAGE
Name	LEGAL NAME OF Spring City Ca	WNER OF CABLE SYSTEM: ble TV, Inc.	SYSTEM I
M Channels	<ol> <li>to its subscriber</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the c</li> </ol>	bu must give (1) the number of channels on which the s, and (2) the cable system's total number of activate number of channels on which the cable television broadcast stations	25
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS about this statement of account.)	NEEDED (Identify an individual to whom
for Further Information	Name	Walter Hooper	Telephone 423-365-7288
	Address	PO Box 729 (Number, street, rural route, apartment, or suite number)	
		Spring City, TN 37381 (City, town, state, zip)	
	Email	walter3@springcitycable.com	Fax (optional)
O Certification	I, the undersign     (Own     (Ager     in     X     (Offic     in     in     I have examine	ed, hereby certify that (Check one, <i>but only one</i> , of the <b>r other than corporation or partnership)</b> I am the over the <b>r other than corporation or partnership)</b> I am the over the statement of account and hereby declare under prese, and correct to the best of my knowledge, information in 1001(1986)] $\frac{X}{K} = \frac{X}{K} = \frac{K}{K} = $	ner of the cable system as identified in line 1 of space B; or im the duly authorized agent of the owner of the cable system as identified n or partnership; or tner (if a partnership) of the legal entity identified as owner of the cable system enalty of law that all statements of fact contained herein
		Typed or printed name: Walter I	looper
		Title: President (Title of official position held in corp.	ration or partnership)

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unting Period: 2017/2	2					FORM SA1-2E. PAGI
L NAME OF OWNER O						SYSTEM
ing City Cable TV	, Inc.					
The Satellite Home V lowing sentence: "In determinin service of pro scribers and a For more information located in the paper a During the accountin	<b>EMENT CONCERNING GROSS RE</b> Viewer Act of 1988 amended Title 17, secting the total number of subscribers and the viding secondary transmissions of primary amounts collected from subscribers receive non when to exclude these amounts, see the SA1-2 form. If period, did the cable system exclude any riers to satellite dish owners?	ion 111(d)(1)(A), of t gross amounts paid broadcast transmitt ing secondary transr he note on page (vii	he Copyright , to the cable s ers, the syste nissions pursu ) of the genera	system for the b m shall not inclu uant to section al instructions	asic ude sub- 119."	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the to	otal here and list the satellite carrier(s) bel	ow	\$			
Name		Mailing Address				
INTEREST ASSE	COMENT	11				
	his worksheet for those royalty payments s f interest assessment, see page (viii) of the				-	Q
For an explanation o	his worksheet for those royalty payments	e general instruction	s located in th		form. 285.59	Q Interest Assessme
For an explanation o	his worksheet for those royalty payments a finterest assessment, see page (viii) of the	e general instruction	s located in th		form.	
For an explanation of Line 1 Enter the am	his worksheet for those royalty payments a finterest assessment, see page (viii) of the	e general instruction	s located in th	e paper SA1-2	form. 285.59	
For an explanation of Line 1 Enter the am	his worksheet for those royalty payments of finterest assessment, see page (viii) of the nount of late payment or underpayment	e general instruction	s located in th	x	form. 285.59 1%	
For an explanation of Line 1 Enter the am Line 2 Multiply line	his worksheet for those royalty payments of finterest assessment, see page (viii) of the nount of late payment or underpayment	e general instruction	s located in th \$	x	form. 285.59 1% 2.86 473 days 1,350.84	
For an explanation of Line 1 Enter the am Line 2 Multiply line Line 3 Multiply line	his worksheet for those royalty payments of f interest assessment, see page (viii) of the rount of late payment or underpayment 1 by the interest rate* and enter the sum h 2 by the number of days late and enter the	e general instruction	s located in th \$	x	form. 285.59 1% 2.86 473 days 1,350.84	
For an explanation of Line 1 Enter the am Line 2 Multiply line Line 3 Multiply line 2 Line 4 Multiply line 3	his worksheet for those royalty payments of interest assessment, see page (viii) of the nount of late payment or underpayment 1 by the interest rate* and enter the sum h	e general instruction	s located in th	x x x x 0.0027	form. 285.59 1% 2.86 473 days 1,350.84 74 3.70	
For an explanation of Line 1 Enter the am Line 2 Multiply line Line 3 Multiply line Line 4 Multiply line in space L, (p	his worksheet for those royalty payments of f interest assessment, see page (viii) of the rount of late payment or underpayment 1 by the interest rate* and enter the sum h 2 by the number of days late and enter the 3 by 0.00274** and enter here	e general instruction ere	s located in th	xx 0.0027	form. 285.59 1% 2.86 473 days 1,350.84 74 3.70 arge)	
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