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						
08/10/2018	\$ 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

	1	
Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20181 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions.
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
		HAEFELE TV INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 312 (Number, street, rural route, apartment, or suite number)
		SPENCER, NY 14883-0312
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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		IDENTIFICATION OF CABLE SYSTEM:
	1	BURDETT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	SAME AS ABOVE (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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2018/1	FORM CALLOE DAGE AN
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name		
	HAEFELE TV INC	23467
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the	
	as the "first community." Please use it as the first community on all future fil	
	Note: Entities and properties such as hotels, apartments, condominiums, or i	
Area	identified city.	mobile nome parks should be reported in parentheses below the
Served	action of the second of the se	
	CITY OR TOWN	STATE
First	BURDETT VILLAGE	NY
Community	ORANGE TOWN	NY
_	MILO TOWN	NY
Add Rows as Necessary	HECTOR TOWN	NY
Add Nows as Necessary	BRADFORD TOWN	NY
	READING TOWN	NY
	READING TOTAL	

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**HAEFELE TV INC** 

SYSTEM ID# 23467

# 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					
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
<ul> <li>Service to first set</li> </ul>	1,067	24.95						
<ul> <li>Service to additional set(s)</li> </ul>	698	1.00						
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel								
Commercial								
Converter								
Residential								
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	9.00/14.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
Additional set(s)	10.00	Other services:			
• FM radio (if separate rate)		• Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	10.00		
		Move to new address	30.00		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 23467

HAEFELE TV INC

PRIMARY TRANSMITTERS: TELEVISION

# G

### 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
WETM DT 18-1	18	N	ELMIRA, NY
WETM DT 18-2	18	N-M	ELMIRA, NY
WETM DT 18-3	18	N-M	ELMIRA, NY
WETM DT 18-4	18	N-M	ELMIRA, NY
WSKG DT 46-1	42	E	BINGHAMTON, NY
WSKG DT 46-2	42	E-M	BINGHAMTON, NY
WSKG DT 46-3	42	E-M	BINGHAMTON, NY
WSKG DT 46-4	42	E-M	BINGHAMTON, NY
WCNY DT 24-1	<b>2</b> 5	E	SYRACUSE, NY
WCNY DT 24-2	25	E-M	SYRACUSE, NY
WCNY DT 24-3	<b>2</b> 5	E-M	SYRACUSE, NY
WCNY DT 24-4	25	E-M	SYRACUSE, NY
WENY DT 36-1	36	N	CORNING, NY
WENY DT 36-2	36	N	CORNING, NY
WENY DT 36-3	36	N-M	CORNING, NY
WENY DT 36-4	36	N-M	CORNING, NY
WHEC DT 10-1	10	N	ROCHESTER, NY
WNYS DT 43-1	44	I	SYRACUSE, NY
WNYS DT 43-2	44	I-M	SYRACUSE, NY
WYDC DT 48-1	48	N	CORNING, NY
WJKP DT 48-2	48	N-M	CORNING, NY
WYDC DT 48-3	48	N-M	CORNING, NY
WSPX DT 56-1	15	l	SYRACUSE, NY
WSPX DT 56-2	15	I-M	SYRACUSE, NY

Accounting Period: 2018/1 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 23467 HAEFELE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WSPX DT 56-3** 15 I-M SYRACUSE, NY **WSYT DT 68-1** 19 Ν SYRACUSE, NY **WSYT DT 68-2** 19 N-M SYRACUSE, NY

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

HAEFELE TV INC 23467

### 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
N/A							
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Name	LEGAL NAME OF OWNER OF HAEFELE TV INC	- CABLE SYS	o I EIVI:				SYSTEM ID# 23467					
	MAEFELE IV INC											
	SUBSTITUTE CARRIAG	F: SPECIA	AL STATEME	NT AND PROGRAM LOC	3							
- 1	In General: In space I, ident		_			tion that your cable eyet	em carried on a					
-	substitute basis during the a											
Substitute	explanation of the programn											
Carriage:	I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special 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 sta	ation?				YES	NO					
	Note: If your answer is "No	n" leave the	rest of this no	age blank. If your answer is	"Yes" vou n	nust complete the prod	_					
	j	, icave tric	rest of this pe	age blank. If your anower is	, 100, you i	nust complete the prog	ium					
	log in block 2.  2. LOG OF SUBSTITUT	F PROGRA	AMS									
	In General: List each subs			rate line. Use abbreviations	s wherever po	ossible, if their meaning	j is					
	clear. If you need more spa											
	<b>Column 1:</b> Give the title period, was broadcast by a			vision program ("substitute								
	under certain FCC rules, re											
	Do not use general catego	ries like "mo										
	"NBA Basketball: 76ers vs.		dooot livo ont	er "Yes." Otherwise enter '	'No."							
				casting the substitute progr								
	Column 4: Give the bro	adcast stati	on's location (	the community to which the	e station is lic		in					
	the case of Mexican or Cal											
	first. Example: for May 7 gi	,	wnen your sy	stem carried the substitute	program. Us	se numerals, with the m	iontn					
			e substitute pr	ogram was carried by your	cable syster	m. List the times accura	ately					
	to the nearest five minutes		a program car	ried 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."		listed program	n was substituted for progr	rammina that	vour evetom was room	irod					
	to delete under FCC rules											
	was substituted for program						3					
	effect on October 19, 1976	<b>5.</b>										
					WHE	EN SUBSTITUTE						
	S	UBSTITUT	E PROGRAM	1		IAGE OCCURRED	7. REASON FOR					
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION					
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO						
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2018/1													SA1-2E. PAGE
l l			LE SYSTEM	M:								•	SYSTEM II 2346
Instruc all amo (as ider page (v Gr	etions: The unts (gros ntified in s ii) of the g oss receip ring the ad	e figure you as receipts) pace E) dur general instr ots from sub eccounting p	paid to y iring the a tructions bscribers period	your cab account located s for sec	ble systen ting period I in the pa condary tr	n by sub d. For a f iper SA1 ransmiss	scribers f further ex -2 form. ion servic	for the s eplanation	ystem's se on of how t	econdary tra to compute	ansmission this amour	service nt, see	3,917.90
IMPOR	TANT: Yo	u must con	nplete a	stateme	ent in spa	ce P cor	icerning (	gross re	ceipts.		(Aı	mount of g	ross receipts)
<ul><li>Instruction</li><li>Complete</li><li>Use bloe</li><li>Use bloe</li><li>Use bloe</li></ul>	ons: To co tete block 1 ock 1 if the ock 2 if the ock 3 if the	mpute the , block 2, c amount of amount of amount of	royalty for block; f gross ref f gross ref f gross ref	3. eceipts i eceipts i eceipts i	in space h in space h in space h	K is more K is more	than \$13 than \$20	37,100 I 63,800 I	out less tha	an \$527,60		00	
				BLOCK	( 1: GRO	SS REC	EIPTS C	OF \$137	7,100 OR	LESS			
			m with g	jross rec	ceipts of \$	137,100	or less, th	ne royalt	y fee that y	ou must pa	y for this si	x-mon	
	•		nting ner	riod									
													0.00
Line 3.	TOTAL RO	OYALTY FE	EE PAYA	ABLE FO	OR ACCO	UNTING	PERIOD	Add lir	nes 1 and 2	2	<u> </u>		
		BLOC	CK 2: GF	ROSS F	RECEIPT	S OF \$2	263,800	OR LES	SS (but mo	ore than \$	137,100)		
1. Base	amount u	nder statuto	ory formu	alu				· · · · · .	\$	263,800	0.00		
2. Enter	amount o	f gross rece	eipts fron	n space	K			· · · · · .	\$	163,917	7.90		
3. Subtr	act line 2	from line 1 .							\$	99,882	2.10		
4. Enter	the amou	nt of gross	receipts	from sp	ace K					. \$	163,9	17.90	
5. Enter	the amou	nt from line	3							. \$	99,8	82.10	
6. Subtr	act line 5	from line 4 .								\$	64,0	35.80	
7. Multip	ply line 6 b	y .005 (ente	er figure	here)							<u>\$</u>		320.18
8. Intere	est charge.	. Enter the	amount f	from line	e 4, space	Q, page	8				· · · · · <u> </u>		0.00
9. <b>TOT</b> /	AL ROYAL	TY FEE PA	AYABLE	FOR A	CCOUNT	ING PE	RIOD. Add	d lines 7	and 8		<u>\$</u>		320.18
		BLOCK	< 3: GR(	OSS RE	ECEIPTS	OF MC	RE THA	N \$263	,800 (but	less than	\$527,600)		
1. Enter	the amou	nt of aross	receipts	from sp	ace K								
		-						-		263.800	0.00		
			-					-					
								-					
	-	-									1.3	19.00	
	_												
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			FILIN	IG FEE	AND TO	TAL RE	MITTAN	ICE DU	E				
1. Roya	lty Fee Pa	yable for Ad	ccountine	g Period	d (from Blo	ock 1, 2,	or 3, abov	re)		\$	3	20.18	
2. Filing	Fee (See	the instruct	tions for	more inf	formation	on filing	fee calcul	ations) .		. \$		20.00	
3. TOT/	AL AMOU	NT DUE FO	OR ACCO	OUNTIN	IG PERIO	D. Add	lines 2 ar	nd 3			\$		340.18
	LEGAL N HAEF  GROS: Instruct all amo (as idet) Page (v Gr du IMPOR  COPYRI(Instruction Complete Use bloch See page (v Authority Authorit	LEGAL NAME OF OW HAEFELE TV I  GROSS RECEIF Instructions: The all amounts (gros (as identified in spage (vii) of the gross receip during the act IMPORTANT: Yo  COPYRIGHT ROY Instructions: To co Complete block 1 if the Use block 2 if the Use block 3 if the Use block 3 if the See page (vi) of the gross accounting period Line 1. Royalty fee Line 2. Interest ch Line 3. TOTAL ROYAL Control of the gross accounting the gross account in the gross account the gros	LEGAL NAME OF OWNER OF CABI HAEFELE TV INC  GROSS RECEIPTS Instructions: The figure you all amounts (gross receipts) (as identified in space E) du page (vii) of the general inst Gross receipts from sut during the accounting p IMPORTANT: You must cor  COPYRIGHT ROYALTY FE Instructions: To compute the • Complete block 1, block 2, c • Use block 2 if the amount of • Use block 3 if the amount of • Use block 2 if the amount of • Use block 3 if the amount of • Use block 2 if the amount of • Use block 2 if the amount of • Use block 5 if the amount of • Use block 6 if the amount of • Use block 7 if the amount of • Use block 8 if the amount of • Use block 9 if the amount of • Use block 1 if the amount of • Use block 1 if the amount of • Use block 2 if the amount of • Use block 2 if the amount of • Use block 1 if the amount of • Use block 2 if the amount of • Use block 1 if the amount of • Use block 2 if the amount of • Use block 1 if the amount of • Use blo	LEGAL NAME OF OWNER OF CABLE SYSTE HAEFELE TV INC  GROSS RECEIPTS Instructions: The figure you give in all amounts (gross receipts) paid to (as identified in space E) during the page (vii) of the general instructions Gross receipts from subscribers during the accounting period.  IMPORTANT: You must complete a  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty of the complete block 1, block 2, or block 1 Use block 2 if the amount of gross receipts of the amount of gross of Use block 3 if the amount of gross of See page (vi) of the general instructions  Instructions: As a cable system with graccounting period is \$52.00  Line 1. Royalty fee for accounting per Line 2. Interest charge. Enter the amount of gross receipts of the amount of gross receipts from 3. Subtract line 2 from line 1	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC  GROSS RECEIPTS Instructions: The figure you give in this spatal amounts (gross receipts) paid to your cal (as identified in space E) during the accoun page (vii) of the general instructions located Gross receipts from subscribers for set during the accounting period	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC  GROSS RECEIPTS Instructions: The figure you give in this space deterr all amounts (gross receipts) paid to your cable system (as identified in space E) during the accounting period page (vii) of the general instructions located in the pa Gross receipts from subscribers for secondary tr during the accounting period.  IMPORTANT: You must complete a statement in space Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 3 if the amount of gross receipts in space Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 3 if the amount of gross receipts in space Instructions: As a cable system with gross receipts in space Instructions: As a cable system with gross receipts of \$ accounting period is \$52.00  Line 1. Royalty fee for accounting period  Line 2. Interest charge. Enter the amount from line 4, set Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT  1. Base amount under statutory formula  2. Enter amount of gross receipts from space K	LIEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC  GROSS RECEIPTS Instructions: The figure you give in this space determines the all amounts (gross receipts) paid to your cable system by suck (as identified in space E) during the accounting period. For a 1 page (vii) of the general instructions located in the paper SA1-Gross receipts from subscribers for secondary transmiss during the accounting period.  IMPORTANT: You must complete a statement in space P cor COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Use block 1 if the amount of gross receipts in space K is strong to the space (ii) of the general instructions located in the paper SA1-BLOCK 2 if the amount of gross receipts in space K is more See page (vi) of the general instructions located in the paper SA1-BLOCK 1: GROSS RECEIPTS OF \$2.00  Instructions: As a cable system with gross receipts of \$137,100 accounting period is \$52.00  Line 1. Royalty fee for accounting period .  Line 2. Interest charge. Enter the amount from line 4, space Q, Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING BLOCK 2: GROSS RECEIPTS OF \$2.00  1. Base amount under statutory formula .  2. Enter the amount of gross receipts from space K .  3. Subtract line 2 from line 1 .  4. Enter the amount gross receipts from space K .  5. Enter the amount under statutory formula .  3. Interest charge. Enter the amount from line 4, space Q, page 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PEF BLOCK 3: GROSS RECEIPTS OF MC .  1. Enter the 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 state) file fee	LIEGAL NAME OF OWNER OF CABLE SYSTEM:  HAEFELE TV INC  GROSS RECEIPTS Instructions: The figure you give in this space determines the form yo all amounts (gross receipts) paid to your cable system by subscribers (as identified in space E) during the accounting period. For a further expage (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service during the accounting period.  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 leverage of the service of th	LEGAL NAME OF OWNER OF CABLE SYSTEM:  HAEFELE TV INC  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic page (wi) 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 re COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  **COPYRIGHT ROYALTY FEE Instructions: To compute the gross receipts in space K is \$137,100 or less to Sub lock 2 if the amount of gross receipts in space K is more than \$283,800 is Use block 2 if the amount of gross receipts in space K is more than \$283,800 is Use block 3 if the amount of gross receipts in space K is more than \$283,800 is See page (wi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$137 instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00  Line 1. Royalty fee for accounting period	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. Or a further explanation of how to page (vil) 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.  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 fit he amount of gross receipts in space K is more than \$137,100 but less th Use block 3 fit he amount of gross receipts in space K is more than \$263,800 but less th Sue block 2 fit he amount of gross receipts in space K is more than \$263,800 but less th 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  Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y 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 and 2 and 3	LEGAL NAME OF OWNER OF CABLE SYSTEM:  HAEFELE TV INC  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pail amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tracking the saccounting partial. For a utrher explanation of how to compute 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.  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 fit the amount of gross receipts in space K is more than \$137,100 but less than or equal vise block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal vise block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,60 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 peacounting 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 \$1.  Base amount under statutory formula.  \$ 263,800  2. Enter amount of gross receipts from space K.  \$ 163,917  3. Subtract line 2 from line 1.  \$ 99,882  Hence the amount from line 4.  \$ 4. Enter the amount of gross receipts from space K.  \$ 163,907  1. Enter the amount of gross receipts from space K.  2. Base amount under statutory formula.  \$ 263,800  Short and the st	ROSS 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 is definited in space E) during the accounting period. For a further explanation of how to compute this amount you pay. Enter the all amounts (gross receipts) from subscribers for recondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE Instructions: To complete the royalty fee you owe:  • Complete block 1, block 2, or block 3.  Use block 1 fit 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 to Use block 3 if the amount of gross receipts in space K is more than \$137,100 or Less.  • Use block 2 if the amount of gross receipts in space K is more than \$137,100 or Less.  • Use block 2 if the amount of gross receipts in space K is more than \$137,100 or Less.  • Use block 2 if the amount of gross receipts of \$137,100 or less, the royalty fee that you must pay for this si accounting period is \$25.00  Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this si accounting period is \$25.00  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)  1. Base amount under statutory formula  \$ 263,800.00  2. Enter amount of gross receipts from space K  \$ 163,917.90  4. Enter the amount from line 4  5 99,882.10  4. Enter the amount of gross receipts from space K  5 163,900.00  1. Enter the amount of gross receipts from space K  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  1. Royalt	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 clade system by subclosers for the systems secondary framemission service of all comparisons. 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 from subscribers for secondary framemission service) and in the general instructions for secondary framemission service (so during the accounting period.  Gross receipts from subscribers for secondary framemission service(s) during the accounting period and.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  **Complete block 1, block 2, or block 3.**  **Use block 2 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 are page (w) of the general instructions located in the page 5A1 2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$32.00.  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$32.00.  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)  1. Base amount under statutory formula  Subtract line 2 from line 4.  \$ 4, Maintyl line 6 by 0.00 (enter fligure here).  \$ 163,917.90  3. Subtract line 2 from line 4.  \$ 4, Maintyl line 6 by 0.00 (enter fligure here).  \$ 1,319.00  4. Enter the amount of gross receipts from space K.  \$ 163,917.90  5. Royalty due on the first \$263,800 of gross receipts (under statutory formula).  \$ 263,800.00  1. Enter the amount of gross

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  HAEFELE TV INC	SYSTEM ID# 23467
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	27
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	80
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	Address  LEE D HAEFELE  Telephone  Address  24 E TIOGA ST PO BOX 312 (Number, street, rural route, apartment, or suite number)	607-589-6235
	SPENCER NY 14883  (City, town, state, zip)  Email htv@htva.net Fax (optional) 607-589-7213	
Ocertification	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 II  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 ow 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)]  X /s/ LEE D HAEFELE  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:  LEE D HAEFELE  Title:  PRESIDENT  (Title of official position held in corporation or partnership)	system as identified ner of the cable system
	Date: 08/08/18	

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.

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
AEFELE TV INC	23467
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  YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address	
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 3 Multiply line 2 by the number of days late and enter the sum here	<u>.                                    </u>
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	
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	

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 th 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.