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

TOR COPYRIGHT OFFICE USE ONLY  DATE RECEIVED  AMOUNT  \$  7/18/2018  ALLOCATION NUMBER							
7/18/2018	FOR COPYRIGHT OFFICE USE ONLY						
7/18/2018	DATE RECEIVED	AMOUNT					
	7/18/2018						

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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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.
		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
		COLFAX CABLE CO. PO BOX 268, SAINT JOHN, WA 99171
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		(Number, street, rural route, apartment, or suite number)
		(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	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:	2018/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	COLFAX CABLE CO. PO BOX 268, SAINT JOHN, WA 99171	31102
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
<b>-</b>	CITY OR TOWN	STATE
First Community	COLFAX	WA
Add Rows as Necessary		
		,

Accounting Period: 2018/1

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID#** 31102

# COLFAX CABLE CO. PO BOX 268, SAINT JOHN, WA 99171

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:						
<ul> <li>Service to first set</li> </ul>	473	52.00				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
<ul> <li>Residential</li> </ul>						
<ul> <li>Non-residential</li> </ul>						

F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel		Digital Basic	19.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Encore & Starz	10.50
<ul> <li>Fire protection</li> </ul>		Pay cable		Movie Channel	14.50
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		Showtime	14.50
Installation: Residential		Fire protection		Cinemax	9.00
<ul> <li>First set</li> </ul>		Burglar protection		НВО	15.50
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### COLFAX CABLE CO. PO BOX 268, SAINT JOHN, WA 99171

31102

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
KREM	2	N	SPOKANE, WA
KAYU	3	l	SPOKANE, WA
KXLY	4	N	SPOKANE, WA
KXQ	6	N	SPOKANE, WA
KSPS	7	E	SPOKANE, WA
KWSU	10	E	PULLMAN, WA
KUID	12	E	MOSCOW, ID
KSKN	22	l	SPOKANE, WA
KGPX	50	l	SPOKANE, WA
KQUP	68	l	SPOKANE, WA
	•		
	•		
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## COLFAX CABLE CO. PO BOX 268, SAINT JOHN, WA 99171

31102

## 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 STATIO							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<del> </del>						
	<b></b>						
	<b></b>						
	<del> </del>						
	<del> </del>						
	<b></b>						<b> </b>
	<del> </del>						
	<del> </del>						<b> </b>
	<b></b>						
	<del> </del>						
	<b></b>						
	<b></b>						
	<b>†</b>						
	<del> </del>						<del> </del>
	<b></b>						
	<b></b>						
	<del> </del>						
	<del> </del>						
	<b></b>						
	<del> </del>						<b> </b>
	<b></b>					L	
	<del> </del>						
	<del> </del>						
	<b></b>						
	<del> </del>						
	<b></b>						
	1	l	ı	I	l		1

	1 2242/4							
Accounting Perio	d: 2018/1 LEGAL NAME OF OWNER OF	CARLE SYS	TEM:				FOR	SYSTEM ID#
Name	COLFAX CABLE CO.			JOHN, WA 99171				31102
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm  1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant state	fy every non ecounting pe ing that mus r CONCER iod, did you	nnetwork televiseriod, under spet t be included in	sion program, broadcast be ecific present and former F this log, see page (v) of the FITUTE CARRIAGE	y a <i>distant</i> stat CC rules, regune general instr	lations, or au ructions in th	ithorizations e paper SA1	For a further -2 form.
riogiani Log	<b>Note:</b> If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complete		_
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, ree Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	itute progra ce, please a of every no distant stati gulations, o es like "mo Bulls." n was broad sign of the s idcast static adian static th and day re "5/7." es when the Example: a er "R" if the ind regulatio	m on a separa add additional ranetwork televition and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "sting the substitute program to community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting perio	e program") that ed for the program titles, for ex No."  am. e station is lice to station is idented to program. Use to cable system to 6:2 tramming that y d; enter the left	eat, during the gramming of ns for further ample, "I Lo ensed by the ntiffied).  List the times are as a part of the second process.  List the times are as a part of the second process.  List the times are a part of the second process.	e accounting another state information ve Lucy" or e FCC or, in with the more accurate hould be was require elisted programme.	tion n. nth
	effect on October 19, 1976.					EN SUBSTI		
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	3. STATION'S CALL SIGN	1 4. STATION'S LOCATION	5. MONTH		URRED TIMES — TO	7. REASON FOR DELETION
								"
								"
							<u> </u>	
								"
							_	
								"
								"
							_	

Accounting Period:	2018/1			FORM SA	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  COLFAX CABLE CO. PO BOX 268, SAINT JOHN, WA 99171			S	YSTEM ID 3110
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar 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 explanation 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.	system's on of how	secondary trai v to compute ti	nsmission servic nis amount, see	7,099.35
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 or less  Use block 3 if the amount of gross receipts in space K is more than \$263,800 or less block 3 if the amount of gross receipts in space K is more than \$263,800 or less block 3 if the general instructions located in the paper SA1-2 form for more in	but less t	than \$527,600 on.		
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that y	you must pay fo	or this six-month	
	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 line	es 1 and 2	2	<u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but m	ore than \$13	7,100)	
	Base amount under statutory formula	\$	263,800.00	<u>)                                    </u>	
	2. Enter amount of gross receipts from space K	\$	147,099.35	<u>i_</u>	
	3. Subtract line 2 from line 1	\$	116,700.65	<u>i_</u>	
	Enter the amount of gross receipts from space K		. \$	147,099.35	
	5. Enter the amount from line 3		\$	116,700.65	
	6. Subtract line 5 from line 4		\$	30,398.70	
	7. Multiply line 6 by .005 (enter figure here)			\$	151.99
	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 a	and 8		\$	151.99
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but	less than \$5	27,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			<u> </u>	
	3. Subtract line 2 from line 1		·	_	
	4. Multiply line 3 by .01			<del>-</del>	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	6. Interest charge. Enter the amount from line 4, space Q, page 8		-	· ·	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,				
	FILING FEE AND TOTAL REMITTANCE DUE	<u> </u>			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	151.99	
Due	2. Filing 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			\$	171.99
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		_		jhts!

Accounting Period:	2018/1			FORM SA1-2E. PAGI	E 7
Name		OWNER OF CABLE SYSTEM: LE CO. PO BOX 268, SAII	Г JOHN, WA 99171	SYSTEM I 311	
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	number of channels on which television broadcast stations. number of activated channels able system carried television by		10 154	
N Individual to Be Contacted		BE CONTACTED IF FURTHI	R INFORMATION IS NEEDED (Identify an individual	to whom	
for Further Information	Name	Cheryl Van Lith		Telephone 509-648-3322	
	Address	PO Box 268 (Number, street, rural route, apartm	nt, or suite number)		
		Saint John, WA 9917 (City, town, state, zip)			
	Email	sjcable@stjohnc	ble.com Fax (d	optional)	
_	CERTIFICATION	(This statement of account mu	be certified and signed in accordance with Copyrigh	t Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check on	but only one, of the boxes.)		
	(Owne	r other than corporation or pa	nership) I am the owner of the cable system as identifie	ed in line 1 of space B; or	
			n or partnership) I am the duly authorized agent of the er is not a corporation or partnership; or	owner of the cable system as identified	
		er or partner) I am an officer (if line 1 of space B.	corporation) or a partner (if a partnership) of the legal en	ntity identified as owner of the cable system	
		e, and correct to the best of my k	eby declare under penalty of law that all statements of foowledge, information, and belief, and are made in good		
			X /s/ Eric Trump		
			nter an electronic signature on the line above to certify th nter signature using an "/s/ signature" (e.g., /s/ John Smi		
		Typed or printed	ame: Eric Trump		
			General Manager  all position held in corporation or partnership)		
		Date:		7/13/18	

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 the 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 telephon 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 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#
DLFAX CABLE CO. PO BOX 268, SAINT JOHN, WA 99171	31102
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	 
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	-
x days	-
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.	

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.

Address

ID number

First community served Accounting period