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 COPYRIGE	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	7/10/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1     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.	62996
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Venus Telephone Corporation	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 75 (Number, street, rural route, apartment, or suite number)	
		Venus, PA 16364 (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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Venus Telephone Corporation	62996
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorr discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	
		07.175
First	CITY OR TOWN Pinegrove Township	PA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	TEM II
Name	Venus Telephone Corpo	oration						6299
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 m separately for the particular serv 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 subscriber who pays extra for cate	SERVICE: SUE pace E should c on of television a vay cable) in spa (June 30 or Den blocks in space y transmission sumber of billings ice at the rate in harged for each (Example: "\$20 ounts allowed for in space E, the to their subscrile Where an indi should be count ble service to ac	over all categories o and radio broadcasts ce F, not here. All th cember 31, as the ca e E call for the numb ervice. In general, yo dicated—not the num category of service. D/mth"). Summarize a or advance payment. form lists the categor bers. Give the numb vidual or organizatio ed as a subscriber in dditional sets would l	f secondary by your sys e facts you ase may be) er of subscr bu can comp e number of mber of sets Include bott any standard ries of seco er of subscr n is receivin a each applie be included	tem to subscrib state must be the bers to the cab persons or organised or the receiving servith the amount of drate variations indary transmission ibers and rate fing service that find cable category.	pers. Give ir nose existin anizations of ce). If the charge within a particle sion service or each listed alls under d Example: a	formation g on the proken pers in harged and the inticular rate that cable ed category ifferent i residential	
	first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	has rate categor iers of services t	ies for secondary tra hat include one or m	Insmission s	ary transmissio	ns), list ther	n, together rvice is	
	BEC	NO. OF				BLOOK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:			Duestie			04	
	Service to first set		634 79.95	Premiur	n Movies		91	
	Service to additional set(s)			НВО			20	12.
	• FM radio (if separate rate) Motel, hotel			Starz				12. 12.
	Commercial			Showtin	ne		13	12. 12.
	Converter			Encore			34	12.
	Residential			Cinema	X		10	12.
	Non-residential							
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services 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 as	e (not subscribe hose services th e two exceptions or facilities furnis it in which it is u rate column. the charged by the subscription of the system separate charge	er) information with re- lat are not offered in s: you do not need to shed to nonsubscribe sually billed. If any r e cable system for ea em furnished or offer was made or estable	espect to all combinatior o give rate ir ers. Rate inf ates are cha ach of the a red during th	n with any secon nformation concorrection should arged on a varia opplicable servic ne accounting p	ndary transi ærning (1) s d include bo able per-pro es listed. æriod that w	mission ervices oth the gram basis, rere not	
	brief (two- or three-word) descrip		ine fale for each.					
	brief (two- or three-word) descrip						BLOCK 2	
	CATEGORY OF SERVICE	BLOC		RVICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services:	BLOC RATE C	K 1		RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE C	K 1 CATEGORY OF SEF nstallation: Non-res • Motel, hotel		RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC RATE C	K 1 CATEGORY OF SEF nstallation: Non-res • Motel, hotel • Commercial		RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE C	K 1 CATEGORY OF SEF nstallation: Non-res • Motel, hotel • Commercial • Pay cable	sidential	RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	BLOC RATE C	K 1 CATEGORY OF SEF nstallation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c	sidential	RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE C	K 1 CATEGORY OF SEF nstallation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection	sidential hannel	RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE (	K 1 CATEGORY OF SEF nstallation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior	sidential hannel	RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE (	K 1 CATEGORY OF SEF nstallation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services:	sidential hannel	RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE (	K 1 CATEGORY OF SEF nstallation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior	sidential hannel	RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE (	K 1 CATEGORY OF SEF nstallation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services: • Reconnect	sidential hannel	RATE	CATEGO		RA

Name				FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER C			SYSTEM ID
	Venus Telephone Co	•		6299
G Primary ransmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, is Substitute Basis Station- basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> ou • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the location	lentify every television station (including the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. <b>s:</b> With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, so and stations period on the station period with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progr I(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, rep- rision station for broadcasting over tation, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA	25-1	N	PITTSBURGH, PA
	WTAE	51-1	Ν	PITTSBURGH, PA
Rows as Necessary	WTAE	51-2	N	PITTSBURGH, PA
	WPXI	48-1	N	PITTSBURGH, PA
	WPXI	48-2	Ν	PITTSBURGH, PA
	WPXI	48-3	N	PITTSBURGH, PA
	WPXI	48-3 42-1	N N	PITTSBURGH, PA PITTSBURGH, PA
	WPNT	42-1	Ν	PITTSBURGH, PA
	WPNT WPGH	42-1 43-1	N N	PITTSBURGH, PA PITTSBURGH, PA
	WPNT WPGH WPGH	42-1 43-1 43-2	N N N	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA
	WPNT WPGH WPGH WJAC	42-1 43-1 43-2 34-1	N N N N	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA
	WPNT WPGH WPGH WJAC WWCP	42-1 43-1 43-2 34-1 8-1	N N N N N	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA JOHNSTOWN, PA
	WPNT WPGH WPGH WJAC WWCP WICU	42-1 43-1 43-2 34-1 8-1 12-1	N N N N N N	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA JOHNSTOWN, PA ERIE, PA
	WPNT WPGH WJAC WWCP WICU WQED	42-1 43-1 43-2 34-1 8-1 12-1 38-1	N N N N N E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA JOHNSTOWN, PA ERIE, PA PITTSBURGH, PA
	WPNT WPGH WJAC WWCP WICU WQED WPSU	42-1 43-1 43-2 34-1 8-1 12-1 38-1 12-1 38-1 15-1	N N N N N E E E	PITTSBURGH, PA PITTSBURGH, PA PITTSBURGH, PA JOHNSTOWN, PA JOHNSTOWN, PA ERIE, PA PITTSBURGH, PA STATE COLLEGE, PA

EGAL NAME OF								SYSTEM I 629
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/0				0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

	d: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Venus Telephone Corp	ooration						62996
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	3			
	In General: In space I, identi	ifv everv nor	nnetwork televis	ion program, broadcast by	a <i>distant</i> stati	on. that vour	cable svste	m carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in the	paper 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 nonnet	work televisi	ion progran	1 <u> </u>
Statement and Program Log	broadcast by a distant sta	tion?					YES	NO
Trogram Log	Note: If your answer is "No'	' loovo tho	rost of this nac	o blank. If your answor is "		et complete		-
	-	, leave life	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	ine prograi	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their	meaning is	1
	clear. If you need more spa						incaning ic	
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							٦.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific program		ampie, i Lov	e Lucy O	
			lcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
				e community to which the			FCC or, in	
	the case of Mexican or Can			tem carried the substitute			ith the mor	nth
	first. Example: for May 7 giv		when your sys		logram. Osc			
			substitute pro	gram was carried by your o	able system.	List the time	es accurate	ly
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."							-
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.		· · · <b>,</b> · · · ·					
					[]			1
						N SUBSTIT		7 REASON FOR
			E PROGRAM 3. STATION'S	1		N SUBSTIT AGE OCCU 6. TII	IRRED	7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCU	IRRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	

Accounting Period:	2018/1		FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Venus Telephone Corporation		Ş	8YSTEM ID# 62996
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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	's secondary trans ow to compute thi	mission servi s amount, sec \$ 32	ice
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form formation of the general instructions located in the paper SA1	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00			1
	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 lines 1 an	d 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			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			-
	6. Subtract line 5 from line 4	···		-
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K	320,665.00	_	
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	56,865.00		
	4. Multiply line 3 by .01	\$	568.65	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	-
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	6	\$	1,887.65
	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)	<b>\$</b>	1,887.65	
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		\$	1,907.65
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ights!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Venus Telephone Corporation	SYSTEM ID# 62996
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         2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations         and nonbroadcast services	16 120
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name JANICE L. KLINE Telephone	814-354-2192
	Address 1698 COUNTY LINE RD P.O.BOX 75 (Number, street, rural route, apartment, or suite number) VENUS, PA 16364 (City, town, state, zip)	
	Email jlk@venustel.com Fax (optional) 814-354-219	0
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>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)]</li> <li>(I authorized a mathematication of the statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</li> <li>Typed or printed name:</li> </ul>	stem as identified
	Title: General Manager	
	(Title of official position held in corporation or partnership) Date: 07-10-2018	

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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

	FORM SA1-2E. PA
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
us Telephone Corporation	62
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 fol- lowing 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 sub- scribers 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.	P Special Stateme Concerning Gro Receipts Exclusi
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	
Name Name Mailing Address	
	m 
<b>INTEREST ASSESSMENT</b> 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 Assessm
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
X Davs	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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