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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instruct in the first tab	ctions	are located	08/27/2018	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO		Beriod 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period					
B Owner		of the subsidiary, not that of the parent con List any other name or names under which	rporation. the owner conducts the business of th ccounting period, only the owner on th a payment covering the entire accounti	ne last day of the accounting period should s ng period.	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		TOPSHAM COMMUNICATIONS, LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF O			
		(Number, street, rural route, apartment, or suite nu HAMMOND, NY 13646-0217	mber)		
		(City, town, state, zip)			
С		RUCTIONS: In line 1, give any busine s already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	TOPSHAM COMMUNICATIONS, LLC	6332
	Instructions: List each separate community served by the cable system. A '	community" is the same as a "community unit" as defined in FCC rules:
	"a separate and distinct community or municipal entity (including unincorp	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t	
	as the "first community." Please use it as the first community on all future	
	Note: Entities and properties such as hotels, apartments, condominiums, o	
Area		i mobile nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	FAIRLEE TOWN	VT
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	
Name									6332
E	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p	, , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	hla svetan	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	is in tha	t category (the	number o	of persons or org	ganizations		
	separately for the particular serv Rate: Give the standard rate of							ac and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· · ·	,				o mann a	particular rate	
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			•		•			
	subscriber who pays extra for ca								
	first set" and would be counted of							с и	
	Block 2: If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a					,		, 0	
	sufficient.								
	BLC	DCK 1	r				BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		270	24.95					
	<ul> <li>Service to additional set(s)</li> </ul>		166	6.95					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		9				
-	In General: Space F calls for ra					all your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t	hose services t	hat are	not offered in	combinati	on with any seco	ondary trai	nsmission	
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		•	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		2		C C		<b>U</b>	
ransmissions:	Block 1: Give the standard rat	0,		,					
Rates	Block 2: List any services that listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip				0.100. 2.00				
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
				tion: Non-res					
	Continuing Services:		• Mot	el, hotel					
	Continuing Services:     Pay cable	15.95							
	•			nmercial					
	• Pay cable	15.95	• Cor	nmercial v cable					
	Pay cable     Pay cable—add'l channel	15.95	• Cor • Pay		annel				
	Pay cable     Pay cable     Pay cable—add'l channel     Fire protection	15.95	• Cor • Pay • Pay	cable	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	15.95	• Cor • Pay • Pay • Fire	v cable v cable-add'l ch	annel				
	Pay cable     Pay cable—add'l channel     Fire protection     Burglar protection Installation: Residential	15.95 16.00 100.00	• Cor • Pay • Pay • Fire • Bur	cable cable-add'l ch protection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	15.95 16.00 100.00	• Cor • Pay • Pay • Fire • Bur • Bur • Rec	cable cable-add'l ch protection glar protection services: connect	annel	45.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	15.95 16.00 100.00	• Cor • Pay • Pay • Fire • Bur • Bur • Bur • Bur • Cther s	cable cable-add'l ch protection glar protection services: connect connect	annel	45.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	15.95 16.00 100.00	• Cor • Pay • Pay • Fire • Bur • Bur • Bur • Bur • Cther s	cable cable-add'l ch protection glar protection services: connect	annel	45.00			

counting Period: 2	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	TOPSHAM COMMUNI			63327
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru- • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these to <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c: les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial education uctions in the paper SA1-2 form.	time basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCAX	3	N	BURLINGTON, VT
	WVNY	22	Ν	BURLINGTON, VT
ld Rows as Necessary	WNNE	31	Ν	HANDOVER, NH / HARTFORD, VT
	WVTA	33	E	BURLINGTON, VT
	WFFF	44	Ν	BURLINGTON, VT

EGAL NAME OF								SYSTEM I 633
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for <b>Column 1:</b> Id	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei t the Cc sign of e	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
ignal, indicate <b>Column 4:</b> G	this by placing ive the statior	g a check n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·	·	
						·		
							·	

Accounting Perio	od: 2018/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TOPSHAM COMMUNI	CATIONS	, LLC					63327
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident		-		-	tion that you		tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per				sis anv noni	network telev	ision proa	ram
Statement and		-		fi carry, on a substitute be	olo, any nom			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog		oonood by th		in
	the case of Mexican or Car			the community to which the community with which the				10
				stem carried the substitute			with the r	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program							09.0
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
								······································
						_		
						_		
								·
						_		
						_		
1		1	1			1		1

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TOPSHAM COMMUNICATIONS, LLC	S	YSTEM ID# 63327
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	5,292.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula	,	
	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 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fac and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TOPSHAM COMMUNICATIONS, LLC		SYSTEM ID# 63327
M Channels	CHANNELS Instructions: You must give (1) the number of channels of to its subscribers, and (2) the cable system's total number 1. Enter the total number of channels on which the cable system carried television broadcast stations	stations	5 229
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFOR we can contact about this statement of account.) Name SHELLY L. COLE		315-324-5911
Information	Address PO BOX 217 (Number, street, rural route, apartment, or suite HAMMOND, NY 13646-0217 (City, town, state, zip) Email slcole@cit-tele.com		
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, but only</li> <li>(Owner other than corporation or partnership)</li> <li>(Agent of owner other than corporation or particle in line 1 of space B and that the owner is not</li> <li>X</li> <li>(Officer or partner) I am an officer (if a corporation in line 1 of space B.</li> </ul>	) I am the owner of the cable system as identified in line 1 of space tnership) I am the duly authorized agent of the owner of the cable a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified as or lare under penalty of law that all statements of fact contained here	system as identified wner of the cable system
	Enter an el Enter signa Typed or printed name: Title: Accour	/s/ Shelly L. Cole ectronic signature on the line above to certify this statement. ture using an "/s/ signature" (e.g., /s/ John Smith) Shelly L. Cole held in corporation or partnership)	-
	Date:	8/27/2018	

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ounting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
PSHAM COMMUNICATIONS, LLC	6332
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."	P Special Statement Concerning Gross Receipts Exclusior
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	
Name     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
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         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         x       -         (interest charge)         *       To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 serv	Interest Assessme 
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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